BÖLÜM 5

JİNEKOLOJİK KANSERLERDE GENETİK RİSK VE TESTLER

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GİRİŞ

İnsan genom projesinin 2003 yılında tamamlanmasıyla birlikte kadın sağlığında da çok sayıda yenilik ve gelişme kaydedilmiştir. Özellikle kişiselleştirilmiş kanser riskini öngörmede kalıtsal kanser testlerine dayanan önemli adımlar atılmıştır. Ailesel kanser sendromlarının tespiti ile kişiselleştirilmiş kalifiye bir değerlendirme sağlanarak, gerekli bilgilendirilmelerin yapılması doğrultusunda kanser taramasının erken dönemlerde başlaması ve kanser gelişimini önleyici metotlarla morbidite ve mortalitenin azaltılması sağlanır.

Esasen kadınlar için en yaygın sağlık hizmeti veren birinci basamak aile hekimlerinin ve jinekologların, hasta ve yakınlarına kanıtlanmış tarama ve risk azaltma önlemlerini uygulayabilmeleri için, kansere genetik yatkınlık barındırabilecek kadınları tanıyabilmeleri gerekmektedir. Daha yeni kemoterapötik ajanların, hedefe yönelik tedavilerin ve immünoterapilerin ortaya çıkmasıyla birlikte kanser tedavisinde olağanüstü ilerleme kaydedilmiş olsa da, malignitelerin tedavisi hala kesin olarak garanti edilememektedir. Bu nedenle, kanserlerin tedaviden ziyade birincil önlenmesi altın standart olarak kabul edilmelidir.

Jinekolojik kanserlerde moleküler ve genetik olaylarla ilgili bilgimizin giderek artmasına rağmen halen buz dağının tepesini görmekteyiz. Her yeni bilgi ile birlikte daha fazlasını öğrenmeye devam ediyoruz.

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kanser genetiği uzmanlarından ziyade, hastaların en sık ziyaret ettiği birinci basamak hekimlerinin sorumluluğundadır. Bu nedenle, tüm hekimler potansiyel bir kalıtsal sendromun uyarı işaretlerini belirleyebilmek için iyi bir kanser öyküsü almak ve bu bireyleri (ve ailelerini) kansersiz ve sağlıklı kalma şanslarını önemli ölçüde artırabilecek kaynaklara yönlendirmekle yükümlüdür.

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