



## BÖLÜM 21

# PANDEMİ SÜREÇLERİNDE JİNEKOLOJİK KANSERLERE YAKLAŞIM

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### GİRİŞ

11 Mart 2020'de Dünya Sağlık Örgütü, COVID-19'u bir pandemi ilan etmiş <sup>(1)</sup>, ülkemizde de ilk COVID-19 vakası tespit edilmiştir <sup>(2)</sup>. COVID-19'a bağlı mortalite oranı, küresel olarak bildirilen vakalarda %3.4'tür <sup>(1)</sup>. Mortalite oranı yaş ve diğer sağlık sorunlarına bağlı olarak %0.2-22.7 arasında değişmektedir <sup>(3,4)</sup>. Ülkeler, COVID-19 yayılımını önleyerek mortaliteyi azaltmak için kapanma, sosyal mesafe, seyahat kısıtlaması ve eğitim kurumlarının kapatılması gibi halk sağlığını koruma stratejileri uygulamışlardır <sup>(5)</sup>. Bununla birlikte COVID-19 pandemisi, dünya çapında sağlık sistemi üzerinde önemli bir yük oluşturmuştur <sup>(6)</sup>. Hastanelerde elektif prosedürler COVID-19'un yayılmasına neden olabileceği ve acil durumlar için kaynakların optimize edilmesi gerekliliği nedeniyle durdurulmuştur <sup>(7)</sup>. Bu nedenle hastanelerde daha az ameliyat, daha az hasta ziyareti ve daha fazla koruyucu önlemlere odaklanan yönergeler yayınlanmıştır <sup>(8,9)</sup>. Bu sonuçlardan etkilenen alanlardan biri kadın hastalıkları ve doğum muayenehanesi ziyaretleridir. Kadın hastalıkları ve doğum alanına ilişkin kontrollerine katılımı %46 civarında bir düşüş saptanmıştır <sup>(10)</sup>. Bu düşüşten etkilenen gruplardan biri olan jinekolojik kanserli hastalardır <sup>(11)</sup>. Kanser hastalarında COVID-19'a bağlı mortalite oranı ile ilgili spesifik raporlar olmamasına rağmen, düşük bağışıklık nedeniyle bu grup

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