

## Bölüm 3

# ERKEN VE LOKAL İLERİ EVRE SERVİKS KANSERİNDE CERRAHİ TEDAVİ

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### GİRİŞ

Uluslar arası Jinekoloji ve Obstetri Federasyonunun (FIGO) Jinekolojik Onkoloji komitesi tarafından 2009 daki serviks kanseri evrelemesinde erken evre olarak 1A1,1A2,1B1,1B2 ve 2A1 i kabul edilmiştir(1).Bilindiği gibi aynı komite 2018 yılında klinik evrelemeden çok görüntüleme yöntemleri ve patolojik bulguları içine alan yeniden gözden geçirilmiş serviks kanseri evrelemesini yayınlamıştır(Tab- lo 1). En son yayınlanan bu evreleme sisteminde erken evrenin yanına 1B3,2A2 de alınmış ve bu iki evre lokal ileri serviks kanseri olarak adlandırılmıştır(2). FIGO nun kriterlerine göre serviks kanseri olgularının %60-70 i erken evrede tanı alır(3).

**Tablo 1.FIGO 2018\*Erken Evre ve Lokal İleri Evre Serviks Kanseri**

Erken evre	Lokal ileri evre	İleri evre
1A1, 1A2, 1B1, 1B2, 2A1	1B3,2A2	2B-4B

\*(FIGO 2009 Serviks kanseri evrelemesinin yeniden gözden geçirilmesi )

Serviks kanserinde tedavi 1900 lü yıllarda multi modal bir sistematiikle ortaya çıkmıştır. Klasik radikal cerrahi, radyoterapi ve kemoterapi ön planda olmuş. İki binli yıllarda yaşam kalitesi ,genel sağ kalım, progresyonsuz ve hastaliksız sağ ka- lım gibi parametreler ön planda olmaya başlar(4) .Bu gelişmeler tedavinin kişisel- leşmesine doğru bir eğilim ortaya çıkarır. Bugün serviks kanserinin tedavisinde radikal cerrahi tedavinin yerini; minimal invaziv cerrahi(Konvensiyonel /Robo- tik/ laparoskopi),sinir koruyucu cerrahi, fertilitte koruyucu cerrahi ve sentinal lenf nodu haritalaması gibi daha az radikal cerrahi yaklaşımalar almıştır(5).

nodu uygulamalarının sağkalım sonuçlarını gösteren randomize çalışmalar halen devam etmekte olup, literatürün bu konuda doyurulması serviks kanserinde SLN uygulamalarının rutine girmesi için oldukça önem arz etmektedir(46). Bu hususta en önemli çalışma 2021 yılında tamamlanması beklenen SENTIX çalışmasıdır. Lokal ileri evre kanserlerde lateral olarak genişletilmiş paremetrektomi, kompartman rezeksiyonu olarak adlandırılan total mezometriyal rezeksiyon teknikleri ile ilgili olarak çalışmalar birikmeye başlamıştır(47).

Erken evre ve lokal ileri evre kanserde gelecek; akıllı makinelerin kullanıldığı multidisipliner aynı zamanda olguya özel bireyselleştirilmiş tedavinin olacaktır.

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