

Bölüm 5

ERKEN VE LOKAL İLERİ EVRE SERVİKS KANSERİNDE ADJUVAN KEMOTERAPİ

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GİRİŞ

Serviks kanseri kadınlarda en sık görülen dördüncü kanserdir ve kadınlarda tespit edilen kanserlerin yaklaşık %12'sini oluşturur (1). Servikal displazi tedavisi ve taramalardaki önemli ilerlemelere rağmen erken evrede %70-90 olan sağ kalım tüm evrelerde yaklaşık %60 civarındadır(2,3). Radikal cerrahi sonrası radyoterapi veya kemoradyoterapi lokal rekürens riskini azaltabilirken extrapelvik rekürrenste etkisi yeterli değildir. Bazı risk faktörü bulunan hastalarda (lenf nodu metastazı, derin stromal invazyon, bulky tümör varlığı) adjuvan tedavinin eklenmesi uygundur (4).

Serviks kanserinde adjuvan kemoterapinin yeri genelde radyo terapi ile birlikte kullanım şeklindedir (5). Burada kemoterapinin yeri serviks kanserinin erken evre veya lokal ileri evrede ayrı ayrı ele alınacaktır.

ERKEN EVRE SERVİKS KANSERİNDE ADJUVAN KEMOTERAPİ:

Erken evre serviks kanseri evre 1A yada 1B1 olarak tanımlanır. Erken evre serviks kanserinde günümüzde standart tedavi modifiye radikal histerektomidir(5). Bazı klavuz rehberler erken evre serviks kanserinde radikal cerrahi sonrası uygun hastalarda radyoterapi veya kemoradyoterapi tedavilerini de önermektedir (5,6,7). Cerrahi için uygun olmayan hastalarda tedavi primer radyoterapidir.

Evre IB2-IIIB serviks kanserinde cerrahi sonrası patolojik risk faktörlerine göre NCCN radyoterapi/kemoradyoterapi önermektedir (5). Postoperatif radyoterapi (+/-kemoterapi) intermediate veya yüksek riskli hastalara önerilmektedir (8).

Takeshima ve arkadaşları intermediate ve yüksek riskli hastalarda tek başına postoperatif adjuvan tedavinin etkisini araştırmış ve tek başına adjuvan kemoterapinin yararı olabileceğini bulmuştur (9).

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Anahtar Kelimeler: serviks kanseri, adjuvan kemoterapi

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