

## Bölüm 7

# ENDOMETRİUM KANSERİNDE EPİDEMİYOLOJİ VE ETYOPATOGENEZ

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### GİRİŞ

Endometrium kanseri neredeyse her jinekoloğun rastladığı en sık tanı alan jinekolojik malignitedir. Bu kanser tipinin epidemiyolojisi, patofizyolojisi ve tanısal ve yönetim stratejilerinin tam olarak anlaşılabilmesi jinekoloğa, yakalanma riski artmış kadınların risklerinin azalması ve erken teşhisinin artması konusunda olanak sağlar. 2012 yılında dünya genelinde mortalite oranı 100.000 kadında 1.7-2.4 arasında olan 527.600 kadın uterin kanser tanısı almıştır (1). Birleşik Devletler’de diğer gelişmiş ülkelerde olduğu gibi uterin kanser her yıl 60.000’den fazla yeni vaka ve 10.000’den fazla hastalığa bağlı ölüm ile en sık jinekolojik malignitedir (2).

Endometrium adenokanseri uterin kanserin en sık histolojik tipidir. Endometrioid endometrial adenokanserin en temel risk faktörü endojen ya da eksojen estrojenin progestin tarafından karşılanmamış halde salınımıdır (örneğin postmenopozal progesteronsuz estrojen replasman tedavisi). Diğer risk faktörleri tamoksifen tedavisi, obezite ve nulliparitedir. Ek olarak Lynch Sendromu olan kadınların (herediter nonpolipozis kolerorektal kanser) da endometrium kanseri gelişme riski belirgin olarak artmıştır.

### EPİDEMİYOLOJİ

2012 yılında dünya genelinde 527.600 kadın uterin kanser tanısı almıştır (1). Uterin kanser gelişmiş ülkelerdeki en sık jinekolojik malignitedir, 74 yaşına kadar olan kadınlarda insidansı 100.000’de 14.7 olup mortalite oranı 100.000’de 2.3’tür (1). Gelişmekte olan ülkelerde servikal kanser daha sık görülmekte olup uterin kanser 2. en sık malignitedir, 74 yaşına kadar olan kadınlarda insidansı 100.000’de 5.5 olup mortalite oranı 100.000’de 1.5’tir.

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