

## Bölüm 11

# ENDOMETRİUM KANSERİ TEDAVİSİNDE RADYOTERAPİ VE BRAKİTERAPİ

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### GİRİŞ

Endometriyum kanseri, uterusun en iç tabakası olan endometriyum kaynaklı bir uterin kanserdir.(1) Endometriyum kanseri (EK), jinekolojik kanserler içinde en sık, tüm kanserler içinde beşinci sıklıkla görülen malignitedir.(2) Endometriyum kanseri, obezite ve yaşam süresinin uzamasıyla birlikte özellikle gelişmekte olan ülkelerde görülme sıklığı giderek artan bir eğilim göstermektedir.(3) Olguların yaklaşık %90'ında anormal uterin kanama görüldüğünden çoğunlukla erken evrede tanı konmaktadır.(4) Hastaların %80'i evre I'de tanı almaktadır ve tanı sırasında medyan yaş 63 olarak bildirilmektedir. Sağkalım, hastalık evresiyle orantılı olarak değişmektedir; evre I'de 5 yıllık sağkalım %95 iken lokal ileri olgularda bu oran %68, uzak metastazlı olgularda ise %17'lere düşmektedir.(5,6) Türkiye'de yıllık 3850 yeni vaka bildirilmekte olup uterin korpus kanserlerine bağlı yaklaşık 520 ölüm görülmektedir.(7)

Tanı için genellikle pipelle endometriyal örnekleme ya da dilatasyon ve küretaj ile endometriyal biyopsi kullanılmaktadır.(8) Endometriyum kanserinin ortaya çıkmasındaki en önemli risk faktörleri; obezite, erken menarş, geç menapoz, nulliparite, diyabet, ileri yaş (> 55 yaş) ve tamoksifen kullanımı olduğu gösterilmiştir.(9) Endometriyum kanserinde tedavi genellikle cerrahi olarak uterus, serviks, overler ve fallop tüplerinin çıkartılması; bazen lenf nodu örnekleme ve/veya lenf nodu diseksiyonunu kapsar.(1)

Endometriyum kanserinin evrelemesinde, cerrahi teknik ve adjuvan tedavi yaklaşımlarında son yıllarda değişim yaşanmaktadır. Cerrahi halen esas tedavi olmakla birlikte, hasta popülasyonunun genellikle  $\geq 60$  yaş olması ve eş zamanlı

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seksiyonu sonrasında RT ile toksisitenin fazla olduğu, bu nedenle BT ve yoğunluk ayarlı RT (YART) teknikleriyle daha az yan etki ve yüksek lokal kontrol sağlanabileceği düşünülmüştür. Yapılan çalışmalarda; yüksek riskli lokal ileri olgularda RT-KT'nin birlikte kullanımı ile sağkalım oranlarının arttığı gösterilmektedir.

EK'de morbiditeyi azaltan minimal invazif cerrahi yaklaşımların ön plana çıkması ve KT'nin artan oranda rutin kullanımı, nüks riskinin azalmasını sağlamıştır. Adjuvan tedavi modalitelerini iyileştirmek ve moleküler analiz verileri doğrultusunda hedefe yönelik tedavi stratejilerini geliştirmek için yeni çalışmalara ihtiyaç vardır.

**Anahtar Kelimeler:** Uterus maligniteleri, endometrium kanseri, tedavi, radyoterapi, brakiterapi.

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