

Bölüm 14

EPİTELYAL OVER KANSERİ EPİDEMİYOLOJİSİ VE RİSK FAKTÖRLERİ

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GİRİŞ

Over kanseri, Amerika Birleşik Devletleri'nde en sık görülen ikinci jinekolojik malignite ve en sık görülen jinekolojik kanser ölüm nedenidir (1). Over malignitelerinin %95'i overin epitelyal hücrelerinden kaynaklanır; kalan kısmı ise diğer over hücre tiplerinden (germ hücreli tümörler, seks kordu-stromal tümörler) ortaya çıkar(2) En sık görülen alt tip epitelyal over tümörlerinin %75'ini oluşturan seröz karsinomdur (2,3).

Epitelyal over karsinomunun (EOK) en sık görülen histolojik alt tipi olan seröz karsinom, histoloji ve klinik davranıştaki benzerlikler nedeniyle, fallop tüpü ve peritoneal seröz karsinom ile yakından ilişkili olarak kabul edilir (4). Diğer histolojik epitelyal over kanseri türleri arasında endometrioid, clear cell ve müsinöz tipler bulunur. Bazı uzmanlar seröz karsinomların hepsinin fallop tüplerinden kaynaklandığını ileri sürmüştür. Bu düşünce, proflaktik bilateral salpingo-oforektomi yapılan BRCA mutasyon taşıyıcılarının tuba fimbriyasında fallop tüpü intraepitelyal karsinomu tespit eden çalışmalara dayandırılmaktadır. Bu neoplazmın daha sonra over, periton veya fallop tüpünün invaziv kanserine ilerleyebileceği öne sürülmüştür ancak kanıtlanmamıştır (5). Ek olarak, bazı veriler peritoneal karsinomun fallop tüplerinden kaynaklandığını göstermektedir (6,7).

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KORUYUCU FAKTÖRLER

Over kanseri riskini azaltma ile en güçlü ilişkiye sahip faktörler arasında aşağıdakiler yer almaktadır:

- Oral kontraseptifler
- Multiparite
- Salpingooferektomi
- Tüp ligasyonu
- Histerektomi
- Emzirme

Yüksek Riskli Kadınların Yönetimi

EOK açısından güçlü bir aile hikayesi olan kadınların yönetimi; yaşına, reproduktif planlarına ve risk derecesine bağlıdır. Transvajinal ultrasonografi, serum CA 125 veya diğer prosedürlerle taramanın erken tanı için değeri net olmadığından, bu kadınların takip planı bireyselleştirilmelidir.

Hereditör over kanseri düşündürülen aile hikayesi olan kadınlar (BRCA gen mutasyonu, Lynch sendromu gibi) genetik danışmanlık ve genetik testlerden geçmelidir. Fertilité planları tamamlandıktan sonra histerektomili veya histerektomi olmadan risk azaltıcı bilateral salpingooforektomi (rrBSO) bu kadınlar için önemli bir seçenektir. Ancak BSO, peritoneal karsinom olasılığını tamamen ortadan kaldırmaz (104-105).

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