Bölüm
16

EPİTELYAL OVER KANSERİNDE CERRAHİ YAKLAŞIM

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GİRİŞ

Over kanseri, kadın üreme sisteminin en ölümcül patolojisidir. Kadınlarda tüm kanser vakalarının % 3'ünü temsil eder ve tüm kanser ölümlerinin % 5'ini oluşturur[1] Dünya çapında yılda yaklaşık 200.000 kadına over kanseri teşhisi konmaktadır[2]. Tanı alan kanserlerin neredeyse % 70'ine ileri evre hastalık teşhisi konulmaktadır[3]. Mevcut tedavi yöntemleriyle, 5 yıllık sağkalım oranı, organ sınırlı ya da erken evre hastalığı olanlarda (Uluslararası Jinekoloji ve Obstetrik Federasyonu (FIGO) evre I-II) %92 ; ilerlemiş hastalığı olan kadınlarda % 30 - 40 arasındadır(FIGO evre III-IV)[4]. Bu nedenle, over kanseri, zorlu ve karmaşık bir malignitedir. Yüksek mortalite oranı, etkili erken teşhis yöntemlerinin eksikliğinden ve non-spesifik semptomlardan kaynaklanır. Bu durum hastaların yaklaşık % 70'inin ileri evrede teşhis alması ile ilişkilidir. Vakaların yalnızca % 15-25'i erken evrede, tümörler pelvis içinde lokalize olduğunda teşhis edilir.

Over kanseri yönetiminde tedavi hemen hemen her zaman cerrahi ve kemoterapinin bir kombinasyonunu içerir. Over kanseri tedavisinde muazzam gelişmeler, son yirmi yılda yapılmış olup, ilerlemiş hastalığı olan birçok hasta çalışmasında medyan sağkalımı 6 yıldan fazladır. Bu başarı, daha yeni, aktif kemoterapötik ajanların keşfi ve sitoredüksiyon ile agresif cerrahi evrelemenin öneminin daha iyi anlaşılması ile ilgilidir. Günümüzde over kanseri tedavisinin sistematik bir şekilde yönetilmesi için başlangıç cerrahi tedavi aşağıdaki üç hedefi içermelidir: (1) evreleme, (2) sitoredüksiyon ve (3) kesin bir histolojik tanı koyma.

Sitoredüktif cerrahi başlangıç tedavinin temelini oluşturur. Veriler, over kanserinde, tümör yükünün azaltılmasının bu hastalığın tedavisinde önemli olduğu için diğer solid tümörlerden farklı olduğunu açıkça göstermektedir.

[1] Malatya Eğitim ve Araştırma Hastanesi Obstetri ve Jinekoloji Kliniği

bir hastalıkta etkiliyse ortaya çıkan bir sonraki soru, bu tekniğin primer ileri over kanseri olan hastalarda sonuçlarını iyileştirmek ve nüks oranı yaklaşık % 70 ile mücadele etmek için uygulanması makul olur mu? [56,57]. Klinik onkologların çoğu, neoadjuvan ve / veya adjuvan kemoterapisi ile kökleşmiş CS algoritmalarına dayanarak, aşırı ve gereksiz primer bir hastalık durumunda CS'ye HIPEC eklemeyi düşündüklerinden, kanıt eksikliği nedeniyle bu soru cevapsız kalmaktadır[58,59]. Ancak bu soru ciddi bir dikkate almayı hak ediyor.

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