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Ramazan Erda PAY

GİRİŞ

Tümör markerleri, tümör veya doku tarafından üretilen, biyokimyasal veya imünokimyasal yöntemlerle hastanın doku, kan idrarı, asit sıvısı veya diğer vücut sıvalarında ölçümleri yapılabilen maddelerdir. Genellikle glikoprotein yapıda antijenik oluşumlardır. Enzim, hormon, reseptör, büyümeye faktörleri, biyolojik cevap modülatörleri de tümör markeri olarak kullanılabilir. (1) İdeal tümör markeri, o tümör tarafından salınmalı, patolojik ve fizyolojik olgular arasında değer farklığı olmalı, vücut kompartmanlarında tespit edilebilir düzeylerde yükselmeli, sensittivitesi ve spesifitesi yüksek olmalı, düşük maliyetli olmalı, düzeyi tümör volümünü ve rezidüel tümörü yansıtmalıdır. (2) Güncel çalışmaların katkısıyla günümüzde indirekt tarama yoluyla saptanan DNA, RNA ve protein seviyeleri de yeni tümör markerlarının keşfine imkan sağlamaktadır.

Bu bölümde jinekolojik onkolojinin sık görülen kanserleri olan over, endometrium ve serviks kanserlerinde yaygın kullanılan tümör markerlarına değineceğiz.

1. OVER KANSERLERİ VE TÜMÖR MARKERLARI

Over kanseri jinekolojik malignite bağlı ölümlerin en sık sebebi olup, malignitelein %95 i epitelyal kökenlidir. Kalan kısmı germ hücreli tümör ve seks kord stromal tümörlerdir. Türkiye'de yıllık yeni epitelyal over-tuba-periton kanseri vaka sayısı 2500-3500 arasında kabul edilmektedir. En sık 50-70 yaş arasında izlenmekte olup, ortalama görülme yaşı 63 tür. Hastaların %70'i tanı anında evre 3c ve üzendir. US National Cancer Database Surveillance, Epidemiology, and End Results (SEER)' e göre de hayat boyu over kanseri görülme riski 1.4% olarak bildirilmiştir. (3) Over kanseri tanı tarama ve takipte yaygın kullandığımız ve günümüzde çalış-

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