

## Bölüm 80

# JİNEKOLOJİK KANSERLERDE TARAMA

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### GİRİŞ

Jinekolojik maligniteler, dünyada ve ülkemizde kadınlardaki morbidite ve mortalitenin önemli sebeplerindendir. Bu maligniteler; uterin kanser, serviks kanseri, over kanseri, vulvar ve vajinal kanserlerdir. Esas olarak postmenopozal dönemde gözükseler de gençlerde tanı aldığında reproduktif fonksiyonlar üzerine de olumsuz etki yapmaktadırlar. En sık görülen jinekolojik kanser endometrium kanseridir. En mortal jinekolojik malignite ise over kanseridir.

### UTERİN KANSERDE TARAMA

Uterin maligniteler, gland epitelienden kaynaklanan endometrial kanser (EK) ve destek dokudan kaynaklanan uterin sarkom olmak üzere ikiye ayrılır. EK gelişmiş ülkelerde en sık görülen jinekolojik kanserdir (1). 5 yıllık genel sağkalım %80 olup, prognoz genellikle iyidir. Hastalar çoğunlukla (%73.9) erken evrede (I/II) tanı alırlar (2). Sarkomlar ise tüm uterin malignitelerin %3 gibi az bir kısmını oluşturmasına rağmen uterin malignitelere bağlı ölümlerin önemli bir kısmının nedenidir (3).

EK için artmış risk faktörleri; artmış estrojen seviyeleri ile ilişkili klinik durumlar (Polikistik over sendromu, Diabetes Mellitus, obezite, yağlı beslenme, infertilite), erken menarş, geç menopoz, Lynch sendromu, ileri yaş ( $\geq 55$  yaş), hipertansiyon ve tamoksifen kullanımınıdır.<sup>(4)</sup> EK'den ko-

ruyucu faktörler ise önceden  $\geq 1$  yıl kombine oral kontraseptif (KOK) kullanmak ve grand multiparitedir (4).

Dünya genelinde yaşam beklentisinin ve obezitenin artması ile birlikte EK insidansı da artmaktadır (5). Ülkemizde 2014 yılı istatistiklerine göre kadınlarda 9.8/100.000 insidans hızı ile en sık görülen 4. kanser türüdür (6).

EK'de hastaların %75-90'ı anormal uterin kanama semptomu ile başvurur (7). Amerikan Kanser Derneği (ACS),  $>65$  yaş tüm kadınlara EK riskleri ve semptomları hakkında bilgi verilmesini ve semptomlar ortaya çıkarsa ileri değerlendirme yapılmasını önermektedir (8). Lynch sendromu (LS) olan veya sendrom için yüksek risk taşıyanlar dışında, asemptomatik kadınların EK yönünden taranmasını destekleyecek kanıt yoktur (8). Bu riskli gruptaki tarama önerileri dahi tartışmalıdır fakat genel kabul gören yaklaşım, Lynch sendromundaki yaşam boyu %22-50 olan EK riski nedeniyle 35 yaşından itibaren tüm hastalara endometrial biyopsi yaparak senede bir taramaktır (8,9). Ayrıca, LS olan hastalara adet takvimi tutmaları ve anormal uterin kanamaları olmaları durumunda klinisyene başvurmaları önerilmelidir (10). LS mutasyonu taşıyan ve fertilité beklentisi olmayan 40 yaşını tamamlamış kadınlara profilaktik histerektomi de seçenek olarak sunulabilir (11).

Tamoksifen kullanan hastalarda rutin EK tarama önerisi yoktur; ancak anormal uterin kanama ile başvuranlarda ileri tanısal çalışma yapılmalıdır.

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ile kıyaslandığında CIN 3 olan hastalarda vajinal kanser gelişme oranı anlamlı olarak daha yüksek bulunmuştur (standardize insidans oranı 6.8, %95 CI 5.6-8.2) (68). Vajen kanserinde en sık başvuru kanama şeklindedir; tarama testi bulunmamaktadır. Sigarayı bırakma, anogenital bölgede (anüs, vulva, serviks, vajen) HPV duyarlı (pre)invaziv lezyon öyküsü olanların takibinde tüm anatomik bölgelerin incelenmesi ve HPV aşısı vajen kanserinin engellenmesinde önemlidir.

## SONUÇ

Serviks kanserinde HPV veya Pap smear gibi tarama testleri bulunmasına karşın diğer jinekolojik kanserlerde halihazırda tarama testleri mevcut değildir; hastalar ancak kanama veya kitleye bağlı semptomatik olduğunda tanı almaktadırlar.

**Anahtar Kelimeler:** Jinekoloji, kanser, tarama.

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