Bölüm
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EPİTELYAL OVER KANSERLERİ

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GİRİŞ

Over kanserleri gelişmiş ülkelerde jinekolojik kanserlerde 2.sırada iken, jinekolojik malignite nedeniyle ölümlerde ilk sıradadır. Türkiye de yüz bin de 6.9 oranın da görülür. Over kanserlerinin yaklaşık %95 i epitelyal hücrelerden oluşurken, geri kalan kısmı diğer over hücrelerinden meydana gelir (germ hücreli,seks kord stromal hücreler) [(1).]. Yüksek grade seröz over kanseri, tubal kanser ve peritoneal karsinomlar klinik davranış ve tedavilerinin ortak olması nedeniyle aynı hastalık olarak lanse edilirler. Bunu gösteren güçlü patolojik işaretler ve bulgularda mevcuttur. High grade seröz over kanseri son yapılan çalışmalarla çoğunluğunun tuba uterina fibriasından geliştiği biliniyor [(3,4,5)]. Bir kadının tüm hayatı boyunca over kanseri olma riski %1.4, over kanserinden ölme riski yaklaşık %1'dir. Son yıllarda over, tuba ve peritoneal kanserlerde yeni çıkan kemoterapi ilaçlarına bağlı olarak sağ kalımda artş izlenmiştir [(5,6)]. Over kanseri en sık 55 ve 64 yaşları arasında,ölüm ise 75 ve 84 yaşları arasında görülür [(6).]

Sonuç olarak over kanserleri kadın kanserleri arasında en geç tanı alan jinekolojik tümör olmaları nedeniyle belirli semptomları (karın ağrısı, karın şişkinliği, kilo kaybı, bulantı-kusma vb.) olan olgular erken dönemde ayrıntılı olarak değerlendirilmelidir.

İnvaziv kanser;

Over kanserleri en az iki farklı mekanizma ile meydana gelirler ve oluşan tümörler davranış bakımından tamamen birbirinden farklıdırlar [(2)].

Tip 1 tümörler;daha çok over yüzey epitelinden veya tubanın fibrial ucundaki endosalpengeal hücrelerin yada ovulasyon sırasında over yüzey hücreleri ile endometrial hücrelerin invajinasyonu sonrasında gelişen tümörlerdir. Bu tip tümörler genellikle yavaş olarak gelişir ve endometrioid, clear cell, müsinöz ve low grade seröz over kanserlerini kapsar.

Tip 2 over kanseri (high grade seröz over kanseri) genelde p53 genindeki muatasyonlar sonucu oluşan tuba mukozasına benzeyen tümörlerdir. Bunlar hızlı olarak gelişen daha çok ileri evre de yakalanan tümörlerdir [(2)].

Tablo 1: Epitelyal over kanserleri oranları(7)
Seröz (sıklıkla high grade seröz over kanseri); %75-80
Müsinöz;%10
Endometrioid tip;%10
Clear cell;%2
Brenner;%1
Miks tip:%1
Undiferansiye tip:%1.

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- 1) karboplatin+gemsitabin+placebo, 6 ile 10 kür, progresyon oluşana kadar
- 2) karboplatin+gemsitabin+bevasizumab ,6 ile 10 kür, progresyon oluşana kadar

Hastalıksız sağkalım bevasizumab grubunda daha iyiydi. Median hastalıksız sağkalım bevasizumab için 12.4 ay iken, placebo grubunda 8.4 aydı (p<0.0001). Bu çalışmada genel sağkalım değerlendirilmemiştir.

AURELİA randomize çalışmasında [82]; Platin dirençli nüks over kanserli hastalarda standart kemoterapisiye (peg doksorubisin, paklitaksel, gemsitabin, topotekan), bevasizumab (15 mg/kg,3 hafta da bir) eklenip eklenmemesinin etkisi araştırılmıştır. Bevasizumab eklenen grupta hastalıksız sağkalım 6.7 ay iken placebo grubunda 3.4 aydı (p<0.001). Fakat genel sağkalımda herhangi bir fark yoktu. Bu çalışmalara bakıldığında seçilmiş hastalara bevasizumab eklenmesi yararlı olabilir.

Bevasizumab'a bağlı yan etkilerde sıkça tartışma konusu olmuştur [83];

- Hipertansiyon(en sık),
- Yorgunluk,
- Proteinüri,
- Vasküler tromboz,
- Serebral iskemi,
- Kanama, pulmoner hipertansiyon,
- Yara yeri enfeksiyonu,
- Gastrointestinal perforasyon ile fistül(%11) görülebilir.

PARP inhibitörleri;

Platin sensitif over kanserinde bugün onay almış 3 tane PARP (poly adenosine diphosphate-riboz polymerase) inhibitörü vardır; olaparib, niraparib ve rucaparib. Study 19 [84] ve SOLO2 [85] çalışmasında; platin bazlı kemoterapisi tamamlanan ve devamında olaparib alan hastalarda hastalıksız sağkalımda artma izlenmiştir. Benzer etkiler NOVA [87] ve ARIEL [86] çalışmalarında da ortaya çıkmıştır. PARP inhibitörleri özellikle BRCA mutasyonu olan hastalarda en iyi performansı gösterir. Yan etkiler oluştuğunda doz miktarı azaltılır ya da tedaviye ara verilir.

Anahtar kelimeler: Epitelyal Over Kanserleri, Sitoredüksiyon, Laparaskopi, Lenfadenektomi.

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