

# Bölüm 16

## MİDE KANSERİ

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### MİDE ADENOKARSİNOMU

#### 1. Epidemiyoloji

Mide kanseri, dünya çapında en yaygın üçüncü kanser ilişkili ölüm nedeni olarak bilinmektedir (1). Fakat tüm dünyada mide kanseri insidansı son birkaç dekatta hızla düşmüştür(2). Bu düşüşün nedenlerinden biri, H. Pylori, diyet ve çevresel risk faktörleri gibi bazı risk faktörlerinin daha iyi tanınması olabilir. Hem gelişmiş hem de gelişmekte olan ülkelerde mide kanseri, erkeklerde kadınlardan daha yaygın olarak görülür.

Mide kanserinin %70'ten fazlası gelişmekte olan ülkelerde ortaya çıkarken, coğrafi bölgelere göre insidansında farklılıklar görülmektedir. Doğu Asya, Doğu Avrupa ve Güney Amerika'da mide kanseri insidansı yüksek olarak izlenirken, Kuzey Amerika ve Afrika'nın bazı bölgelerinde insidansın çok düşük olduğu görülür (5). Ayrıca aynı bölgede, farklı etnik gruplar arasında da görülmeye sıklığı konusunda da önemli farklılıklar bulunmaktadır. Hatta bir çok ülkede, kuzeyden güneye mortalite ve insidansta farklılıklar gözlemlenmiştir. Örneğin Japonya'da mide kanseri mortalitesi ve insidansı, kuzeydoğu bölgelerinde daha fazla izlenir(3).

Özellikle uluslararası göç halinde ve özellikle ikinci ve üçüncü kuşak göçmenlerde, yerel yaşam tarzı modelini benimsemeleri, mide kanseri riskinde değişikliğe yol açabilir. Amerika Birleşik Devletleri'nde yaşayan Japon göçmenler arasında yapılan çalışmalar, genetik faktörlerden ziyade çevresel faktörlerin, mortalite ve insidans oranlarını daha fazla etkilediğini tespit etmiştir(4).

#### 2.Risk Faktörleri

##### *I. Çevresel Faktörler*

**Tuz ve konsserve yiyecekler:** Son dönemde yapılan çalışmalar kuvvetle göstermektedir ki; yüksek miktarda tuz alımı ve tuzlanmış balık, kurutulmuş et, tuzlu sebzeler gibi tuzla korunmuş çeşitli yiyecekler mide kanseri riskini artırmaktadır(6-7).

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lidir. Diğer tedavilere cevap vermeyen inatçı semptomları olan hastalar için, total gastrektomi uygulanabilir.

## KAYNAKLAR

1. Ferlay J, Soerjomataram I, Dikshit R, Eser S, Mathers C, Rebelo M, Parkin DM, Forman D, Bray F. Cancer incidence and mortality worldwide: sources, methods and major patterns in GLOBOCAN 2012. *Int J Cancer* 2015; 136: E359-E386 [PMID: 25220842 DOI: 10.1002/ijc.29210]Zhu AL, Sonnenberg A. Is gastric cancer again rising? *J Clin Gastroenterol* 2012; 46:804.
2. Kakizoe IW. Figures on cancer in Japan-1993. Foundation for Promotion of Cancer Research, Tokyo 1993.
3. Haenszel W, Kurihara M. Studies of Japanese migrants. I. Mortality from cancer and other diseases among Japanese in the United States. *J Natl Cancer Inst* 1968; 40:43.
4. Haenszel W, Kurihara M, Segi M, Lee RK. Stomach cancer among Japanese in Hawaii. *J Natl Cancer Inst* 1972; 49:969.
5. Jemal A, Bray F, Center MM, et al. Global cancer statistics. *CA Cancer J Clin* 2011; 61:69.
6. Tsugane S, Sasazuki S. Diet and the risk of gastric cancer: review of epidemiological evidence. *Gastric Cancer* 2007; 10:75.
7. Peleteiro B, Lopes C, Figueiredo C, Lunet N. Salt intake and gastric cancer risk according to Helicobacter pylori infection, smoking, tumour site and histological type. *Br J Cancer* 2011; 104:198.
8. Tricker AR. N-nitrosocompounds and man: sources of exposure, endogenous formation and occurrence in body fluids. *Eur J Cancer Prev* 1997; 6:226.
9. You WC, Zhang L, Yang CS, et al. Nitrite, N-nitrosocompounds, and other analytes in physiological fluids in relation to precancerous gastric lesions. *Cancer Epidemiol Biomarkers Prev* 1996; 5:47.
10. Bouvard V, Loomis D, Guyton KZ, et al. Carcinogenicity of consumption of red and processed meat. *Lancet Oncol* 2015.
11. Lauby-Secretan B, Scoccianti C, Loomis D, et al. Body Fatness and Cancer--Viewpoint of the IARC Working Group. *N Engl J Med* 2016; 375:794.
12. Yang P, Zhou Y, Chen B, et al. Overweight, obesity and gastric cancer risk: results from a meta-analysis of cohort studies. *Eur J Cancer* 2009; 45:2867.
13. Ladeiras-Lopes R, Pereira AK, Nogueira A, et al. Smoking and gastric cancer: systematic review and meta-analysis of cohort studies. *Cancer Causes Control* 2008; 19:689.
14. IARC Working Group on the Evaluation of Carcinogenic Risks to Humans, Schistosomes, Liver Flukes and Helicobacter pylori. Vol 61 of IARC monographs on the evaluation of carcinogenic risks to humans. International Agency for Research on Cancer, Lyon, 1994.
15. Boysen T, Mohammadi M, Melbye M, et al. EBV-associated gastric carcinoma in high- and low-incidence areas for nasopharyngeal carcinoma. *Br J Cancer* 2009; 101:530.
16. Tramacere I, Negri E, Pelucchi C, et al. A meta-analysis on alcohol drinking and gastric cancer risk. *Ann Oncol* 2012; 23:28.
17. Barstad B, Sørensen TI, Tjønneland A, et al. Intake of wine, beer and spirits and risk of gastric cancer. *Eur J Cancer Prev* 2005; 14:239.

18. La Vecchia C, Negri E, Decarli A, et al. A case-control study of diet and gastric cancer in northern Italy. *Int J Cancer* 1987; 40:484.
19. Wang Z, Butler LM, Wu AH, et al. Reproductive factors, hormone use and gastric cancer risk: The Singapore Chinese Health Study. *Int J Cancer* 2016; 138:2837.
20. Edgren G, Hjalgrim H, Rostgaard K, et al. Risk of gastric cancer and peptic ulcers in relation to ABO blood type: a cohort study. *Am J Epidemiol* 2010; 172:1280.
21. Take S, Mizuno M, Ishiki K, et al. The effect of eradicating *Helicobacter pylori* on the development of gastric cancer in patients with peptic ulcer disease. *Am J Gastroenterol* 2005; 100:1037.
22. Vannella L, Lahner E, Osborn J, Annibale B. Systematic review: gastric cancer incidence in pernicious anaemia. *Aliment Pharmacol Ther* 2013; 37:375.
23. Genta RM. Acid suppression and gastric atrophy: sifting fact from fiction. *Gut* 1998; 43 Suppl 1:S35.
24. Shimoyama T, Fukuda S, Tanaka M, et al. Evaluation of the applicability of the gastric carcinoma risk index for intestinal type cancer in Japanese patients infected with *Helicobacter pylori*. *Virchows Arch* 2000; 436:585.
25. Hermann RE. Newer concepts in the treatment of cancer of the stomach. *Surgery* 1993; 113: pp. 361
26. Tsujii Y, Kato M, Inoue T, et al. Integrated diagnostic strategy for the invasion depth of early gastric cancer by conventional endoscopy and EUS. *Gastrointest Endosc* 2015; 82:452.
27. Wanebo HJ, Kennedy BJ, Chmiel J, et al. Cancer of the stomach. A patient care study by the American College of Surgeons. *Ann Surg* 1993; 218:583.
28. Kahrilas PJ, Kishk SM, Helm JF, et al. Comparison of pseudoachalasia and achalasia. *Am J Med* 1987; 82:439.
29. Graham DY, Schwartz JT, Cain GD, Gyorkey F. Prospective evaluation of biopsy number in the diagnosis of esophageal and gastric carcinoma. *Gastroenterology* 1982; 82:228.
30. Dooley CP, Larson AW, Stace NH, et al. Double-contrast barium meal and upper gastrointestinal endoscopy. A comparative study. *Ann Intern Med* 1984; 101:538.
31. The General Rules for the Gastric Cancer Study in Surgery and Pathology, 12th, Japanese Research Society for Gastric Cancer (Ed), Kanahara Shuppan, Tokyo 1993.
32. Ajani JA, In H, Sano T, et al.. Stomach.. In: AJCC Cancer Staging Manual, 8th, Amin MB. (Ed), AJCC, Chicago 2017. p.203.
33. Kim SJ, Kim HH, Kim YH, et al. Peritoneal metastasis: detection with 16- or 64-detector row CT in patients undergoing surgery for gastric cancer. *Radiology* 2009; 253:407.
34. Lee JJ, Lee JM, Kim SH, et al. Diagnostic performance of 64-channel multidetector CT in the evaluation of gastric cancer: differentiation of mucosal cancer (T1a) from submucosal involvement (T1b and T2). *Radiology* 2010; 255:805.
35. Yoshida S, Tanaka S, Kunihiro K, et al. Diagnostic ability of high-frequency ultrasound probe sonography in staging early gastric cancer, especially for submucosal invasion. *Abdom Imaging* 2005; 30:518.
36. Willis S, Truong S, Gribnitz S, et al. Endoscopic ultrasonography in the preoperative staging of gastric cancer: accuracy and impact on surgical therapy. *Surg Endosc* 2000; 14:951.
37. McGrath K, Brody D, Luketich J, Khalid A. Detection of unsuspected left hepatic lobe metastases during EUS staging of cancer of the esophagus and cardia. *Am J Gastroenterol* 2006; 101:1742.

38. Yun M, Lim JS, Noh SH, et al. Lymph node staging of gastric cancer using (18) F-FDG PET: a comparison study with CT. J Nucl Med 2005; 46:1582.
39. Smyth E, Schöder H, Strong VE, et al. A prospective evaluation of the utility of 2-deoxy-2-[(18) F]fluoro-D-glucose positron emission tomography and computed tomography in staging locally advanced gastric cancer. Cancer 2012; 118:5481.
40. Sarela AI, Lefkowitz R, Brennan MF, Karpeh MS. Selection of patients with gastric adenocarcinoma for laparoscopic staging. Am J Surg 2006; 191:134.
41. Vinuela EF, Gonen M, Brennan MF, et al: Laparoscopic versus open distal gastrectomy for gastric cancer: A meta-analysis of randomized controlled trials and high-quality nonrandomized studies. Ann Surg 2012; 255: pp. 446-456
42. Bonenkamp JJ, Hermans J, Sasako M, et al. Extended lymph node dissection for gastric cancer. N Eng J Med. 1999; 340:908.
43. Yoo CH, Noh SH, Shin DW, et al: Recurrence following curative resection for gastric carcinoma. Br J Surg 2000; 87: pp. 236-242