

Bölüm 6

FERTİLİTE KORUYUCU YAKLAŞIMLAR

Volkан EMİRDAR¹

Günümüzde yılda 100.000 den fazla yeni kanser vakası bildirilmekle birlikte, 40 yaş altı reproduktif dönemde hastalar bu vakaların %3 ünү oluşturmaktadır(Cronin & ark., 2018). Reproduktif dönemde meme kanseri kadın kanserlerinde birinci sırayı almaktadır. Kanser tedavilerindeki yenilikler ile kür ve sağkalım oranları artmış, tedavi sonrası gonadotoksik tedavilerin yol açabileceği fertilité kaybı riskine karşı üremenin korunması alanında yeni yaklaşımalar hız kazanmıştır. Bu modalitelerin yaygınlaşması için sağlık profesyonellerinin doğru zamanda, doğru bilgilendirme ve yönlendirmeler ile hastaları gonadotoksik tedaviler öncesinde fertilité koruyucu tedaviler için uygun birimlere yönlendirmesi önem kazanmıştır. Fertilite koruyucu yaklaşımının artık gonadotoksik tedavi alacak tüm hastalar ile detaylı şekilde tartışılması ve hastaların tedavi öncesi fertilité koruyucu yaklaşımalar için üreme sağlığı uzmanına yönlendirilmesi konusunda 2006 yılında Amerikan Üreme Endokrinolojisi Derneği (ASRM) görüş bildirmiştir (Lee & ark., 2006). Yeni yaklaşımalar ile fertilité korunması konusunda çok büyük bir yol kastedilmesine rağmen farkındalık maalesef hala istenilen seviyeye ulaştırılamamıştır. Farkındalıkın arttırılabilmesi için bu hasta grubu ile çalışan tüm sağlık profesyonellerinin multidisipliner işbirliği içerisinde hastaları belirli algoritmalar ile üreme sağlığı uzmanı ile buluşturmaları en önemli basamağı oluşturmaktadır (Quinn & ark., 2008; Quinn & ark., 2009a, 2009b).

Etkili bir fertilité koruyucu program için medikal onkolog, radyasyon onkologu, cerrahi onkolog, reproduktif endokrinolog ve ürolog arasında sağlıklı bir iletişim olması gereklidir. Bu hasta grubu ile primer çalışan onkologlar; tedavi sonrası oluşabilecek fertilité kaybı risklerini hastalar ile konuşup, hastaları ayrıntılı bilgilendirmeli ve tedavi öncesi uygulanabilecek yaklaşımalar için reproduktif endokrinolog ve üroglara hastaları doğru zamanda yönlendirme hususunda başlıca rol alırlar. En ideal yaklaşım adolesan ve reproduktif dönemdeki tüm kanser hastalarının gonadotoksik tedaviler öncesinde fertilité prezervasyonu konusunda uzman üreme sağlığı uzmanı ve üroglara vakit kaybetmeden yönlendirilmesi, hastanın hastalığının seyri ve прогнозu gözönünde bulundurularak ilgili tüm branşların multidisipliner işbirliği ile hasta için en uygun yaklaşımın birlikte se-

1 Kadın Hastalıkları ve Doğum Uzmanı, İzmir Medicalpark Hastanesi, Kadın Hastalıkları ve Doğum Departmanı, e-mail: volkanemirdar@yahoo.com

ERKEK HASTALAR

Testis Dokusu ve Sperm Kriyoprezervasyonu

Erkek hastalarda sperm kriyoprezervasyonu temel fertilité prezervasyon tekniğini oluşturmaktadır. Postpubertal erkek hastalarda kanser tedavisi öncesi semen uygun yöntemlerle alınarak kriyoprezervasyon işlemleri uygulanmalıdır (D. Ohl & ark., 2001). Semende yeterli ve sağlıklı sperm elde edilemediği durumlarda invaziv yöntemlereler testis dokusundan sperm elde edilerek kriyoprezervasyon işlemi uygulanabilir (D. Ohl & ark., 2008).

Testis kanseri nedeniyle cerrahi planlanan hastalar yine tedavi öncesi bilgilendirilmeli ve sperm kriyoprezervasyonu önerilmelidir. Yine konjenital olarak veya geçirilmiş enfeksiyonlara bağlı testis boyutlarında küçüklük veya sperm sayısı ve hareket azlığı, sperm şekil bozukluğu gibi durumlarda ilerde karşılaşılabilen muhtemel azospermi riskine karşı sperm kriyoprezervasyonu fertilité koruyucu yöntem olarak hastalara önerilmelidir.

Yine karşılaşılan obstruktif ve non-obstruktif azospermi olgularında testis dokusu dondurma yöntemi geçerliliği kanıtlanmış bir fertilité koruyucu yöntem olarak günümüzde uygulanmaktadır (Meirow & Schenker, 1995). Prepubertal erkek çocuklardan kriyoprezervasyon için sperm örneği alınmadığından deneyel de olsa testis dokusu kriyoprezervasyonu tek fertilité koruyucu seçenek olarak uygulanmaktadır. İlerleyen yıllarda yeni teknolojiler ile çözülen testis dokusundan elde edilecek olan spermatojenik kök hücreden sperm üretilmesi ile ilgili çalışmalar devam etmekte olup henüz başarılı sonuçlar bildirilmemiştir.

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