

Bölüm 1

KANSERDE ERKEN TARAMA GEREKTİREN GRUPLAR VE TARAMA YÖNTEMLERİ

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GİRİŞ

Kanser önlenabilir bir hastalıktır. Birincil korunma, kanseri önleyecek müdahaleleri içerir, ikincil korunma ise kanser veya prekanseröz lezyonların saptanması ve kontrol edilmesine yol açan müdahaleleri içerir (örneğin, tarama ve erken teşhis). Üçüncül korunma, kanser teşhis edildiğinde tedavi uygulanmasıdır. Kanser taramasındaki temel amaç; tarama programını, hedef popülasyona uygulayarak, kanser gelişim sürecini, henüz klinik bulgular ortaya çıkmadan erken evrede iken tespit etmek ve bireylerde kansere bağlı mortalite hızını düşürmektir. Rutin kanser taraması için öneriler meme, servikal, kolorektal, akciğer ve prostat kanseri için kullanılabilir. Üç kuruluş, bu kanserlerin her biri için tarama kılavuzları sağlar: American Cancer Society (ACS), The National Comprehensive Cancer Network (NCCN) ve The United States Preventive Services Task Force (USPSTF).

Tarama testlerinin fayda ve etkinliğini değerlendirmek, testi uygulamak ve kanseri saptamaktan çok daha komplikedir. Tarama testlerinin yararını değerlendirirken ortaya çıkabilecek “biaslar” mevcuttur. Bunlara örnek olarak “lead-time bias” bireyin erken tanı alması ile surveyin uzaması ve bunda tedavinin rolünün olmaması; yavaş seyirli hastalıkların erken tanısına bağlı “overdiagnosis bias” olması; daha iyi prognozu olan, yavaş büyüyen veya daha az ilerleyen vakaları tercihli olarak tanımlayan “Length time bias”; taramaya katılan bireylerin gönüllü olmasında ailede kanser öyküsü gibi risk faktörlerine sahip olması “selection bias” verilebilir (Asco-Sep 6th). Bu biasların önlenmesi için, randomize çalışmalar ile tarama testinin kanser ilişkili mortaliteyi azalttığıının gösterilmesi en iyi yoldur.

Meme kanseri için mamografi veya prostat kanseri için prostat spesifik antijen (PSA) gibi yaygın olarak kullanılan tarama testleri, tarama başına %5 ila

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ince ve kalın bağırsakların goblet hücrelerinde ve gastrik bağırsak metaplazisinde eksprese edilen küçük, stabil bir proteindir. Pepsinojen ve TFF3 kombinasyonu, mide kanseri için daha da yüksek hassasiyet sağlayabilir (Kaise & et al, 2011). Asemptomatik sağlıklı bireylerin *H. pylori* için mide kanseri insidansını azaltmak için rutin olarak taranması önerilmez. Bu tür bir yaklaşımın, yüksek oranda görülen alanlarda mide kanseri insidansını azaltabileceğini gösteren sınırlı sayıda veri bulunmaktadır (Ford et al, 2014).

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