GEBELİK VE KANSER EPİDEMİYOLOJİSİ

1. BÖLÜM

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GİRİŞ

Gebelik sırasında kanser tanısının epidemiyolojisini incelemek zordur çünkü ülke çapındaki kayıtlar genellikle hem obstetrik hem de onkolojik verileri birleştirmez. Kansere bağlı erken hafta gebelik kaybı ve düşük vakalarının olduğundan az tahmin edilmesi ve ayrıca postnatal dönemde kanser tanısı alan birçok kadında gebelik sırasında varolan kanserin tanısının konulamadığı göz önünde bulundurulduğunda gebelik ve kanser birlikteliğinin bildirilen rakamlardan daha yüksek olduğu düşünülmektedir. Gestasyonel kanser terimi gebelikte veya doğum sonrası ilk 1 yılda kanser tanısı konulan vakaları tanımlar.

Kadınlarda görülen tüm malign tümörlerin yaklaşık % 20- 30'u 45 yaş altında görülmekte ve üreme çağındaki kadınları etkileyebilmektedir.[1,2] Gebelikte kanser sıklığı 1960 lı yıllarda 1/2000 gebelikte görülmekte iken 2000 li yıllarda bu oran 1/1000-1500 lere yükselmiştir.[3-5]

Genel olarak kanser görülme sıklığındaki artışın yanı sıra son yıllarda yardımcı üreme tekniklerindeki ilerlemeler ve kadınların sosyal ve iş hayatındaki etkin rollerinden dolayı ortalama gebe kalma yaşında gecikme gebelik ve kanser birlikteliğini arttırmıştır. Kadın doğum uzmanları, gebelik sırasında kanser teşhisi konan veya kanser geçmişi olan gebeliklerle her geçen gün daha çok ilgilenmek ve yönetmek zorunda kalmaktadır. Bu tür gebeliklerin yönetimi, en azından kadın doğum uzmanı, jinekolojik onkoloji, perinatoloji, medikal onkoloji ve neonatolojiyi de içeren multidisipliner bir yaklaşım gerektirir.

Gebelikte kanser tanısı koymak ve tedavi şeklini belirlemek birçok açıdan klinisyen için zorlukları beraberinde getirir. Malignite semptomlarının mide bulantısı, kusma, meme değişiklikleri ve karın ağrısı gibi gebeliğin semptomları

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