

Bölüm 13

KOLOREKTAL KANSER GENETİĞİ, SPESİFİK GENLER VE MUTASYONLAR

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GİRİŞ

Kolorektal kanser (KRK) dünya genelinde olduğu gibi ülkemizde de kadın ve erkeklerde 3. en sık kanser türüdür ⁽¹⁾. Bu kanser türünün gelişmesinde çevresel ve kalıtsal faktörler önemli rol oynar. Ortaya çıkış şekli açısından sporadik, kalıtsal ya da famiyal paternde olabilmektedir. Sporadik patern tüm KRK olgularının %70'ini oluşturmaktadır. Hiçbir aile hikayesi olmayan genellikle 50 yaş üzeri kişilerde çevresel ve beslenme faktörlerine bağlı olarak gelişir. Kalıtsal patern KRK olgularının %10'undan az bir kısmını oluşturur. Bu grup hastalar kanserin gelişiminin polip zemininde olup olmamasına göre sınıflandırılır. Polipozis zemininde gelişen hastalıklar famiyal adenomatöz polipozis (FAP), MUTYH ilişkili polipozis (MAP), hamartomatöz polipozis sendromları (Peutz-Jeghers, Jüvenil Polipozis, PTEN Hamartom Tümör Sendromu) olarak adlandırılırken, polipozis zemininde gelişmeyen hastalıklar ise herediter non-polipozis kolorektal kanser (HNPCC; Lynch Sendromu) olarak adlandırılır. Famiyal patern ise en az anlaşılan grup olup olguların %25'e yakın kısmından sorumludur. Bu gruptaki hastaların ailesinde KRK hikayesi olmasına rağmen herediter paternin özelliklerini taşımamaktadır ⁽²⁾. Kalıtsal paternde spesifik mutasyonlar ile hastalık başlıyorken, sporadik olgularda somatik mutasyonların birikimi söz konusudur. Bir başka deyişle, sporadik olgularda genetik mutasyonlar sadece tümör dokusunda bulunurken kalıtsal olgularda bireyin tüm hücrelerinde mutasyon bulunur ⁽²⁾. Famiyal olgularda ise genetik anomaliler tam olarak anlaşılammıştır ⁽²⁾.

Bu bölümde özellikle sporadik KRK olgularının moleküler genetik özelliklerine yer verilecektir.

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Genel popülasyonda gelişen kolorektal kanserlere kıyasla MAP zemininde gelişenlerde prognoz daha iyi olabilir ⁽⁶⁶⁾. Retrospektif Avrupa kohort çalışmasında 147 MAP ilişkili kolorektal kanser olgusunun 272 eşleştirilmiş kontrol hastasına kıyasla yaş, evre, cinsiyet, tümör yerleşimi, ülke ve tanı yaşının dahil edildiği çok değişkenli analizde dahi anlamlı şekilde daha iyi sağkalıma sahip olduğu görülmüştür.

KOLOREKTAL KANSERLERLE İLİŞKİLİ YENİ GENLER

CHEK2 Mutasyonu

Hücre siklusu kontrol noktası kinaz 2 (cell cycle checkpoint kinase 2- CHEK2) geni germ hattı mutasyonu artmış meme ve KRK ile ilişkili bulunmuştur. Popülasyon tabanlı bir çalışmada 1934 kolon kanseri olgusunun 533'ünde CHEK2 mutasyonu saptanmıştır. Bu olguların ailesinde de kolon kanseri riskinin yüksek olduğu görülmüştür ⁽⁶⁷⁾.

GREM1 Mutasyonu

Gremlin 1 geni (GREM1) mutasyonu sonucu otozomal dominant kalıtılan herediter mixed polipozis sendromu gelişir. Bu sendrom Aşkenazi Yahudilerinde görülür ve adölesan dönemde başlayan çok sayıda kolorektal polip ve ekstrakolonik tümörlerle karakterizedir ^(68,69).

Bu mutasyonlara ek olarak AXIN2 mutasyonu, NTHL1 mutasyonu, POLD1 ve POLE mutasyonları da düşük oranlarda KRK ile ilişkili bulunmuştur ⁽⁷⁰⁾.

KAYNAKÇA

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