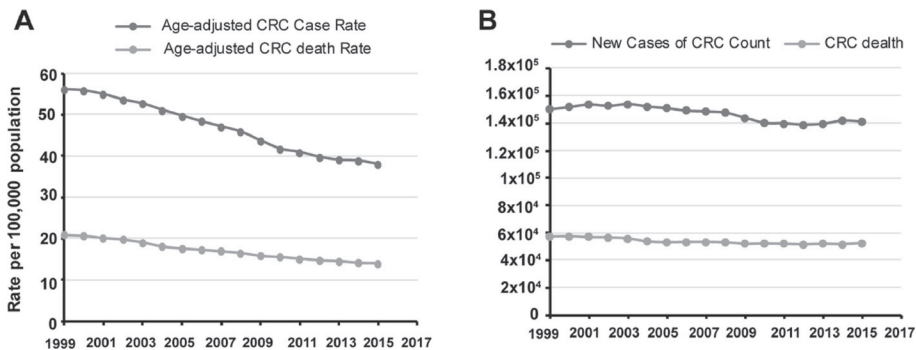


Kolorektal Kanserde Bağırsak Mikrobiyomunun Rolü

Xiaolun Sun

1 Kolorektal kanser (CRC) epidemiyolojisi

Kalın bağırsak, sindirim sistemi uzunluğunun sadece %20'sini ve mukozal yüzey alanının %6'sını oluşturmasına rağmen (Helander ve Fandriks 2014), kolorektal kanser (CRC), gastrointestinal (GI) kanalda teşhis edilen bir numaralı kanserdir ve kolorektal kanser; Amerika Birleşik Devletleri'ndeki (ABD) yeni GI kanserleri vakalarının %44'ünden fazlasını oluşturmaktadır (Siegel ve diğerleri 2019). Neyse ki, yaygın kolonoskopi taraması ve araştırmaların ilerlemesiyle, yaşa göre düzeltilmiş yeni CRC vakalarının oranı 1999'da 100.000 nüfusta 56'dan 2015'te 100.000 nüfusta 38'e (CDC2019) tutarlı bir şekilde düşmüş, ancak toplam vaka sayıları 1999'da 150.014'ten 2015'te 140.788'e kadar gerilemiştir (Şekil 1a). Tutarlı bir şekilde, yaşa göre ayarlanmış CRC ölüm oranı, 1999'da 100.000 nüfus başına 21'den 2015'te 100.000 nüfus başına 14'e düşmüş, ancak toplam vaka sayıları 1999'da 57.222'den 2015'te 52.396'ya kadar gerilemiştir (Şekil 1b). Sonuç olarak kolorektal kanser, hem erkek hem de kadınlarda tüm kanserlerin üçüncü en yaygın nedenidir ve ABD'de kansere bağlı ölümlerin ikinci önde gelen nedenidir (Siegel ve ark. 2019). Bu nedenle, CRC'nin yeni vakalarını ve ölüm oranlarını önemli ölçüde azaltmak için gidilecek uzun bir yol olduğu görülmektedir ve CRC'nin altında yatan mekanizmayı araştırmak ve yeni terapötik yaklaşımları keşfetmek acil bir meseledir.



Şekil 1. 1999-2015 yılları arasında yaşa göre belirlenmiş CRC yeni vakaları ve ölümleri. (a) Amerika Birleşik Devletleri'ndeki yeni CRC vakalarının ve ölümlerin oranları. (b) CRC'den kaynaklanan yeni vaka ve ölümlerin toplam sayıları

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