

## BÖLÜM 9



# KARDİAÖZOFAGEAL KANSERLERDE NEOAJUVAN TEDAVİNİN YERİ

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### ÖZET

Özofagus kanseri , dünyada en yaygın sekizinci kanserdir ayrıca kansere bağlı ölümler arasında ise altıncı sırada yer alan önemli bir halk sağlığı problemidir. Kötü prognozlu seyreden bir hastalık olması nedeni ile yılda 500 binden fazla (2020) ölümün sebebi olarak gösteriliyor. Özofagus kanserleri yerleşim yerlerine göre servikal(proksimal) ,torakal ve abdominal(distal) olarak kabaca sınıflanabilir. Distal tümörlerden özofagogastrik bileşke tümörleri daha seyrekdir ayrıca diğerleri skuamoz hücreli karsinom olma eğilimindeyken alt özofagus kanserleri çoğunlukla adeno karsinom tipindedir. Özofagus ve mide bileşkesinde mukozal geçiş bölgesinde ortaya çıkarlar. Genellikle etyolojik gelişim açısından, bileşke bölgesinin asit reflüye maruz kalma ve metaplazi gelişimi suçlanır. Bileşke tümörlerinin insidansı yemek yeme alışkanlıkları nedeni ile ülkeler arasında farklılık gösterir. Ancak obez ve aşırı yemek yiyebilen böylece reflüye maruz kalan bireylerin bulunduğu gelişmiş ülkelerde son yıllarda artmaktadır. Özofagus kanseri tedavisinde ilk tercih cerrahi

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sun skuamöz hücreli karsinoması olan hastalar neoadjuvan kemoradyasyondan fayda gördüğü (CROSS) için tercih edilmesi doğru olacaktır.

Uygun cerrahi sınırlar ve yeterli lenfadenektomi cerrahi tedavinin ana hedefi olmalıdır. Lokal olarak ilerlemiş hastalığı olan hastalar ayrıca neoadjuvan kemoradyoterapi veya kemoterapi almalıdır. Tümör boyutu ve yayılımı, preoperatif görüntüleme nodal tutulum ve hastanın komorbiditeleri bu hastalarda optimal tedaviyi seçerken göz önünde bulundurulmalıdır

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