

BÖLÜM 4

OVER KANSERİNDE PRİMER ADJUVANT KEMOTERAPİ

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GİRİŞ

Overin, fallop tüplerinin ve peritoneal epitelin kanserleri benzer klinik özellikler göstermektedir; bu nedenle pratikte ve bilimsel çalışmalarda üç hastalık da Epitelyal Over Kanseri (EOK) olarak adlandırılır. EOK kadın genital kanserleri içerisinde en fazla ölüm oranına sahip kanserdir. Hastaların yaklaşık %75'i ileri evrede tanı almaktadır. Semptomların çoğu zaman asemptomatik olması, hastalığın peritoneal yüzeylerden yayılması ve erken tarama testinin olmaması, EOK'nin geç tanı almasına yol açmaktadır.¹ Over kanseri insidansı yaş ile artmakta beraber hayatın 6. ve 7. dekatlarında pik yapmaktadır.² Amerikan Kanser Cemiyetinin verilerine göre 2019 yılında EOK için 22.530 yeni vaka ve yaklaşık 13.980 ölüm tahmin edilmektedir. Kadınların yaşam boyu over kanserine yakalanma riski %1.3' tür. EOK'nin 5 yıllık sağ kalımı ise %47.6 olarak hesaplanmaktadır.³ Ülkemiz Sağlık Bakanlığı 2014 verilerine göre ise; over kanseri kadınlarda en sık görülen 7. kanserdir (100.000'de 6.1) ve kadın genital kanserleri arasında endometriyum kanserinden sonra görülen 2. sırayı almaktadır.⁴

Epitelyal over kanserleri tüm over kanserlerinin %90'ını oluştururken, %10'unu ise germ hücreli over tümörleri, seks kord stromal orjinli tümörler ve nadir görülen over kanserleri oluşturmaktadır. 2014 Dünya Sağlık Örgütü (World Health Organization) (WHO) sınıflamasına göre epitelyal over kanserleri 5 kategoriye ayrılır. Olguların % 70' ini yüksek dereceli seröz karsinom, %10' unu berrak hücreli karsinom, % 10' unu endometrioid karsinom, %2-%4' ünü müsinöz karsinom, ve %2'sini düşük dereceli seröz karsinom oluşturmaktadır.^{5,6}

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GHT' de bilateralite %3 civarında olduğu için premenopozal evre 1 hastalarda fertilitte koruyucu cerrahi olarak unilateral salpingo-ooforektomi (USO) uygulanabilir. İleri evrelerde debulking cerrahi yapılır. GHT' lerde salınan östrojene bağlı eş zamanlı endometrial hiperplazi (%25) ve endometrium kanseri (%5) tespit edilebildiği için mutlaka endometrial örnekleme yapılmalıdır.⁷⁰

GHT'lerin adjuvant kemoterapisi açısından yapılmış randomize kontrollü çalışma bulunmamaktadır. Ameliyat sonrası tedavi edilmemiş evre 1 GHT'in çoğunun prognozu çok iyidir. Ancak, kötü prognozlu hastaların tedavileri için tek başına paklitaksel veya paklitaksel ile kombine edilmiş doksorubisin, siklofosfamid (CAP) gibi, paklitaksel, vinblastin ve bleomisin (PVB) ve paklitaksel, etoposid ve bleomisin (BEP) gibi tedavi seçenekleri mevcuttur. Üç protokolün de yanıt oranları benzerdir ve %60 ile %100 arasında değişebilmektedir. BEP en çok kullanılan protokoldür. Brown ve ark.'nın yaptığı tek başına paklitaksel ve BEP protokollerinin karşılaştırıldığı çalışmada; yeni teşhis edilen olgularda cevap oranları her iki hasta grubunda da benzerdi. PFS değerlendirildiğinde BEP ile paklitaksel sırasıyla (46 ay ve 52 ay), median OS (97 ay ve 52 ay) idi. Ayrıca, tekrarlayan hastalıkların yanıt oranlarının sırasıyla (%71 ve %37) idi. Sonuç olarak BEP protokolü en uygun tedavi seçeneği olarak görülmektedir.^{72,73}

Sertoli-leydin hücreli tümörler için standart adjuvant kemoterapi protokolü yoktur ve evre IA-IB iyi diferansiye SLHT için cerrahi sonrası adjuvant kemoterapiye ihtiyaç da yoktur. İleri evre ve grade 2-3 hastalar için BEP protokolü uygulanabilir. Aynı zamanda BEP protokolü hem nüks hastalarda hem de cerrahi sonrası rezidü tümörü olanlarda kullanılmaktadır beş yıllık OS %70 ile %90 arasında değişmektedir.⁷⁴ Platin-taksan protokolü BEP' e karşı daha az toksik bir tedavi alternatifi olarak bildirilmiştir.⁷³

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