

BÖLÜM 10

SERVİKS KANSERİ

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GENEL BAKIŞ

Serviks kanseri, meme ve kolorektal kanserden sonra dünya çapında kadınlarda üçüncü en yaygın kanserdir. 2018'de dünya çapında tahmini 570.000 yeni serviks kanseri vakası ve 311.000 ölümlle sonuçlanan vaka görülmüştür.¹ Ortanca tanı yaşı 48'dir ve vakaların çoğu 35-55 yaşları arasında teşhis edilir; 20 yaş altında oran sadece %0.2'dir.²

Serviks kanseri, preinvaziv servikal intraepitelyal neoplaziden (CIN) invaziv kansere yavaş ilerler ve düzenli tarama, tedavi edilebilen preinvaziv dönemi asemptomatik kadınlarda saptayabilir. Dolayısıyla, uygun tarama programları halk sağlığı için hayatidir. Gelişmiş ülkelerde, serviks kanseri vakalarının çoğu düzenli Pap smear taraması yapılmayan kadınlarda görülür.

Yüksek riskli HPV genotipleri ile persistan enfeksiyon ve serviks kanseri arasındaki sıkı ilişki, moleküler biyolojik yöntemlerle ortaya konmuştur. Serviks kanseri vakalarında HPV enfeksiyonu prevalansı %99.7'dir.³ Bu yüksek nedensel ilişki, aşıların geliştirilmesi yoluyla birincil korunma fırsatına yol açmıştır.

RİSK FAKTÖRLERİ

- Erken yaşta ilk cinsel aktivite-18 yaşından önce ilk cinsel aktivitede bulunan kadınlarda, serviks kanseri 2 kat fazla görülmüştür.⁴
- Birden fazla cinsel partner-Bir partnere kıyasla, altı veya daha fazla partneri olanlarda risk 3 kat fazladır.⁴

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Evre en önemli prognostik faktördür.⁶⁹ Radikal histerektomi ve lenf nodu diseksiyonu sonrası, negatif pelvik lenf nodu olan Evre IB veya IIA hastalığı olanlarda beş yıllık sağkalım %88-96 arasındayken, benzer evre hastalığı ve lenf nodu metastazı olanlar için %50-74 arasındadır.^{70, 71} Paraaortik lenf nodu pozitifliği durumunda sonuçlar daha kötüdür^{70, 72}. Cerrahi evreleme veya lenf nodu diseksiyonu geçiren hastalar arasında, pozitif lenf nodlarının sayısı da prognozu etkiler.⁷³

TAKİP

Tedavi edilen hastalar için uzun süreli gözlem, olası bir nüksün erken saptanmasını, böylece daha düşük morbidite ile sağkalımı artıran tedavilerin uygulanabilmesini sağlar.

Hastalar tedavi sonrası iki yıl boyunca 6 ayda bir, beş yıla kadar 6-12 ayda bir ve daha sonra yıllık olarak öykü ve fizik muayene ile takip edilir. Nüks için alarm edici semptomlar; vajinal kanama veya akıntı, abdominopelvik ağrı, idrar semptomları ve / veya bağırsak alışkanlıklarında değişikliklerdir. Nüks için alarm edici olan fizik muayene bulguları ise büyümüş lenf nodları, fragil veya nodüler vajinal lezyon, rektovajinal septumda nodülerite ve pelviste ele gelen kitle olarak sayılabilir. Rutin akciğer grafisi ve BT, asemptomatik hastalarda nüksü saptamada başarılı olmadığından, semptomu olmayan hastada yapılması önerilmez. Tüm vücut FDG-PET, nüks şüphesi olan hastalarda rekürren serviks kanserinin saptanması için duyarlı ve özgül bir modalitedir⁷⁴. Asemptomatik hastalarda da nüksü belirlemede başarılıdır.

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