

Bölüm 9

MESANE KANSERİNİN TANI VE TAKİBİNDE KULLANILAN SERUM VE İDRAR BELİRTEÇLERİ

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GİRİŞ

Mesane kanseri genitoüriner kanserler içinde Amerika Birleşik Devletleri’nde en sık görülen ikinci kanserdir (1). Dünyada ise tüm kanserler içinde en sık görülen onbirinci kanser olma özelliği taşımaktadır (2). Dünya genelinde yaşa göre standardize edilmiş insidans erkeklerde 8.9 (100.000 kişi -yıl) ve kadınlarda 2.2 (2008 verileri) iken Avrupa'daki erkeklerde 27 ve kadınlarda 6 olarak görülmüştür (2).

Genellikle gelişmiş ülkelerde sıklığı giderek artış göstermektedir. Değişici epitel hücreli kanserler %90 oranında en sık görülen histolojik tip olmakla birlikte yassı hücreli kanserler ve adeno kanserler mesane de görülen diğer kanser tipleridir (3).

Mesane kanserinin tanısı sistoskopi, sitoloji ve çıkarılan materyalin patolojik değerlendirmesi ile konur. Eğer yapılan tetkiklerde mesane kanseri saptanmış veya üriner sitoloji pozitif bulunmuş ise; tanısal sistoskopi atlanır ve anestezi altında şüpheli alan biyopsileri veya tümör rezeksiyonu uygulanır (4). Ancak başlangıç tedavisine rağmen olguların %30-85’inde endoskopik rezeksiyondan sonra tümör tekrarı görülür ve bunların %16-25’i daha yüksek dereceli tümörler ortaya çıkar (3). Kas invazyonu saptanmayan tümörlerin yaklaşık %10’unda izlem sırasında invaziv veya metastatik kanser gelir.

Mesane kanseri tanısı konulduktan sonra hastalık için uygulanan izlem süreçleri hastalığın tanısını koymak kadar önemlidir. Rutin olarak uygulanması önerilen sistoskopi ve idrarın sitolojik değerlendirmesidir. Ancak sistoskopinin invaziv bir işlem olması ve idrarın sitolojik değerlendirmesinin düşük duyarlılığı yeni belirteçlerin tanımlanması gerekliliğini ortaya çıkarmıştır. Bu derlemede tanı ve/veya izlemde halen kullanılan veya geliştirilme aşamasında olan mesane tümör belirteçleri gözden geçirilmiştir.

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