

ÖZEFAGUS KANSERİNDE GERİATRİK HASTA YÖNETİMİ

33. BÖLÜM

Cumali ÇELİK¹

GİRİŞ

Kanser, yaşlanmayla ilişkili bir hastalıktır ve ortalama olarak bu demografik değişimle beraber yaşlı nüfusun artmasına paralel olarak dünyanın değişik bölgelerinde, örneğin Amerika Birleşik Devletleri ve Birleşik Krallıkta, özefago-gastrik hastaların medyan kanser yaşı 68-70 iken %30'dan fazlası tanı anında 75'i yaşın üzerindedir (1). Özefagus kanserleri (ÖK) özellikle 50 yaş ve üzerinde görüldüğünden japonya da yaşlı popülasyonun artması ile sık görülmektedir. Yaşlı hastalarda sıklıkla komorbiditeler, bilişsel gerileme, polifarmasi ve sosyal sorunlar vardır (2). Yaşlanma ile ortaya çıkan açık fizyolojik değişiklikler ve komorbiditeler gibi hastayla ilişkili faktörler, fonksiyonel statü ve sınırlı sosyal destek tedavi düzenlenirken göz önünde bulundurulması gereken durumlarken yalnızca kronolojik yaş kanser tedavisi sunmak ve tolerasyonunu tek başına dikte etmemelidir. ÖK için şu anda mevcut tedavi modaliteleri şunları içerir: endoskopik submukozal diseksiyon (ESD), özefajektomi, radyoterapi, kemoterapi, kemoradyoterapi (KRT) (3). Cerrahi rezeksiyon veya kombine modalite tedavileri radyasyon ve kemoterapi yaşlılarda genellikle çok toksik olarak hissedilir. Ancak son çalışmalar lokalize özefagus kanseri olan çoğu yaşlı hasta için tedavilerin nüks riskini düşürdüğü ve genel sağkalımı arttırdığı yönünde.

ESD mukozal tabaka (T1a) ile sınırlı yüzeysel EC için geliştirildi (3). EK'li yaşlı hasta sayısının artmasına rağmen, klinik çalışmalar çoğunluğu ya yalnız genç hastalardan ya da genç hastaların ağırlıkta olduğu şekilde yapılmıştır (4). Bazı çalışmalar yaşlı hastalara odaklanmış olmasına rağmen (5), bunlar nispeten sınırlı sayıda hastayla ve tek kollu çalışmalardır (6,7). Ayrıca yaşlı hastalar yüksek morbidite ve mortalite oranlarına sahiptir (8,9). Bu nedenle, bir EK'li yaşlı hastalar için optimal tedavi yöntemi henüz yoktur.

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