

# HEPATOSELÜLER KANSERDE GERİATRİK HASTA YÖNETİMİ

## 35. BÖLÜM

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### GİRİŞ

Hepatoselüler karsinom (HCC) dünya genelinde yaygınlığı giderek artmakta ve kansere bağlı ölümlerin en sık üçüncü nedeni haline gelmektedir (1-2). 2012 itibarıyla, dünya genelinde 14 milyondan fazla HCC vakası var iken bu sayının önümüzdeki yirmi yıl içinde 22 milyona çıkması beklenmektedir (3). HCC'li hastaların ortalama medyan yaşı 63'tür (medyan tanı yaşı 56 ile 74 arasındadır (4). HCC'nin insidansı 65-69 yaşlarındaki kişilerde % 8 ve 70 yaş ve üzerindeki kişilerde % 3 artmıştır (5-6). HCC yaşlı yetişkinlerde giderek artmaktadır, özellikle Avrupa ve ABD'de geç başlangıçlı HCC'nin hepatit, karaciğer yağlanması ve komorbiditelerin yaşlanma ile ilişkili olabileceği belirtilmektedir (4). HCC, primer karaciğer malignitelerinin % 90'ından fazlasını oluşturur ve çoğu hepatit ve / veya sirozlu hastalarda görülür (2).

Amerika Birleşik Devletleri'nde, Hepatit C virüsü (HCV) enfeksiyonu, HCC'nin en yaygın nedeni iken gelişmekte olan ülkelerde ve Asya'da, Hepatit B virüsü (HBV) enfeksiyonu en yaygın sebebidir (2-7). HBV ve HCV için etkili tedavilere rağmen, HCC riski tamamen ortadan kaldırılamamıştır ve HCC, kriptojenik siroz, obezite, insülin direnci, hiperlipidemi ve non-alkolik yağlı karaciğer hastalığında (NAFLD) artış gibi risk faktörleri nedeniyle görülmeye devam etmektedir (2-8-9). Yaşlılarda HCC'nin yaygınlığı ve artan insidansı göz önüne alındığında, geriatrik popülasyonda HCC'yi tedavi ederken ortaya çıkan sorunlar ve tedavi yönetimi önemlidir. Birçok klinik çalışmada yaşlı hastalar dışlanmıştır ancak birkaç retrospektif ve meta-analizlerde genç hastalar ile seçilmiş yaşlı hastalarda benzer yaklaşımların tedavide aynı etkinlikte olduğu gösterilmiş

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bildirilen sonuçlar açısından yaşlı yetişkinlerin alt grup analizlerine odaklanması önemlidir.

## SONUÇ

Genel olarak, HCC tanılı ve iyi performans durumuna sahip yaşlı yetişkinler, bir çok tedavi seçeneğine sahip; cerrahi, transplant, lokal ablatif tedaviler ve sistemik tedavi dahil olmak üzere standart tedavileri tolerasyonları iyi olup ve bu tedaviler yararlı görünmektedir. Geriatrik tarama araçları ve CGA'nın ileriye dönük olarak araştırılması ve klinik araştırmalara dahil edilmesi gerekir, böylece yaşlı hastalarda zinde, kırılğan veya zayıf olup olmadıklarına bakılmaksızın sonuçları ve güvenliği nasıl tahmin edeceğimizi daha iyi anlayabiliriz. Bu tür klinik deneyimler ve araştırmalar, HCC'li artan yaşlı yetişkin nüfus için en iyi desteği optimize etmek ve kişiselleştirmek için gereklidir.

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