MALİGN MELANOM'DA GERİATRİK HASTA YÖNETİMİ

41. BÖLÜM

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GİRİŞ

Melanom, melanositlerin malign tümörü olup morbiditesi ve mortalitesi yüksek bir hastalıktır. İnsidansı tüm dünyada hızla artmaktadır. İnsidansın en yüksek olduğu yerler gelişmiş ülkelerdir. Sağlık Bakanlığı verilerine göre ülkemizde 2014 yılında yeni olgu hızı 100.000 kişide erkeklerde 1.8, kadınlarda ise 1.2 dir. Hastalığın etyolojisinde suçlanan temel faktör, yürütücü mutasyonların oluşmasını sağlayarak karsinogenez yolaklarının ilerlemesine neden olan UV ışınlardır.

Melanom tedavisinin temelini erken tanı ve cerrahi eksizyon oluşturmaktadır. Erken evrede uygun cerrahi ile uzun süreli sağ kalım beklenmekle birlikte ileri evre hastalıkta sonuçlar yüz güldürücü değildir. İçinde bulunduğumuz on yılda malign melanomda kullanıma giren immun kontrol noktası inhibitörleri ile MAPK yolağında görevli enzimleri hedefleyen BRAF ve MEK inhibitörleri son dönemde metastatik hastalıkta sağkalım avantajı göstermiştir.

YAŞLI MALİGN MELANOM HASTASINDA EPİDEMİYOLOJİ VE ONKOGERİYATRİK DEĞERLENDİRME

Malign melanom vakalarının % 40'ından fazlası farklı klinikopatolojik özellikler ile birlikte ≥65 yaş üzerinde teşhis edilir (1). Yaşlı hastalar sıklıkla daha büyük breslow kalınlığı, artmış ülserasyon sıklığı, artmış mitotik index gibi iyi tanımlanmış negatif prognostik faktörler ile birlikte hastalığın ileri evrelerinde tehşis edilir (2). Hatta yukarıda belirtilen özelliklerle ilişkisi dikkate alınarak ileri yaş, melanomda bağımsız bir kötü prognostik faktör olarak ele alınır (3). Son otuz yılda malign melanomlu genç erişkinlerde görülen mortalitede iyileşmenin aksine yaşlılarda mortalite sabit kaldı. Farklı biyolojik ve moleküler profiller, im-

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