BÖLÜM 32

NADİR ENDOMETRİYAL KANSERLER

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GİRİŞ

Endometrium kanseri (EK) gelişmiş ülkelerde en sık görülen jinekolojik kanserdir. Kanserlerinin yüzde 90'ından fazlası epitelden kaynaklanan endometriyal, geri kalanların çoğu myometrial kastan veya daha az sıklıkla endometriyal stromadan kaynaklanan mezenkimaldir (1).

Epitelyal endometrium kanserleri; 1983 yılında Bokhman tarafından endokrin ve metabolik etkilerine göre tip I ve tip II şeklinde iki alt tip olarak sınıflandırılmıştır. Tip I endometriyal kanserler en sık görülen alt tip olup yaklaşık %65'ini kapsar. Östrojen maruziyeti ile ilişkili ve çoğunlukla endometrioid histolojide düşük derecelidir. Tip I daha iyi prognozlu olup 5 yıllık sağkalım %85'in üstündedir. Tip II endometriyal kanserler daha kötü prognozlu olup tüm endometriyal kanserlerin %10-20'sidir ve endometriyal kanserlere bağlı ölümlerin %40'ından sorumlu görülen tümörlerdir (2). Bu sınıflandırma sistemi EK'yi anlamak için yardımcı olmasına rağmen, iki tipten birine tam olarak uymayan bazı histolojik alt tiplerin biyolojik çeşitliliğini veya klinik sonuçlarının çeşitliliğini kapsamamaktadır. Tek başına cerrahiyle tedavi edilecek hastalar ile nüks açısından risk altında olan ve bu nedenle adjuvan tedaviye ihtiyaç duyan hastalar arasında ayrım yapmak büyük bir zorluk olmaya devam etmektedir. Bu yüzden EK için çok sayıda sınıflandırma sistemi geliştirilmiştir.

A-MOLEKÜLER SINIFLANDIRMA SİSTEMİ

2013 yılında Kanser Genom Atlas Projesi (TCGA) 370'ten fazla EK'yi karakterize etmek için genomik, transkriptomik ve proteomik analizleri kullanarak farklı prognostik sonuçlara sahip tümör hücresi genomik mimarisine dayalı dört moleküler alt tipi belirledi (3). Bu moleküler alt tipler EK'lerin patogenezi hakkında fikir verirken alt sınıflandırması için de bir yol gösterir.

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Genellikle lokalde nüks eder. Metastatik hastalıkta vaka bildirimlerinde mTOR inhibitörlerin etkin olduğu bildirilmiştir (58).

SONUÇ

Endometrium kanserlerde sınıflama sistemiyle tek başına cerrahi ile tedavi edilebilecek hastalar ve hem lokal hem de uzak nüks açısından önemli risk altında olan, bu nedenle adjuvan tedaviye ihtiyaç olan hastalar arasında ayrım yapılması çalışılmaktadır.

Evre IV bir hasta için ek tedavi ihtiyacının belirlenmesi daha kolaydır ancak erken evre hastalık için nüks riskine göre adjuvan tedaviye ihtiyaç duyulup duyulmadığını belirlemek birden fazla patolojik özelliklere bağlı olabilir. Mevcut bilgilerimizle henüz yeterli bilgiye sahip değiliz. EK için çok sayıda risk sınıflandırma sistemi, klinik deneylerle veya kurumsal tercihlere dayalı geliştirilmiştir. Bu derlemede nadir görülen endometrium kanser tiplerinin histopatolojik ve immünohistokimyasal özellikleri, prognoz ve güncel yaklaşımları vurgulanmaya çalışılmıştır. Nadir görülen endometrium kanserleri hakkında daha fazla bilgi öğrendikçe tedavi ve izlem şekillerimiz netleşecektir.

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