## *Bölüm 3.2.1*

# CERRAHİ TEDAVİ ENDİKASYONLARI

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## GİRİŞ

Prostat kanseri (PCa), günümüzde en sık tanı koyulan ikinci kanser olup, kansere bağlı ölümlere bakıldığında altıncı en sık mortalite nedenidir (1). Bu yüzden PCa tedavisi yıllar içerisinde sürekli değişim göstermektedir. 1900'lu yılların başında perineal yolla başlayan cerrahi (radikal prostatektomi) serüven 1948'de retropubik (abdominal) yöntemin tanımlanması sonrasında Patrick Walsh'ın 1980'deki cerrahi yönteme katkıları ve 2000'li yıllardan itibaren minimal invaziv yöntemlerin (laparoskopi ve robotik teknoloji) gelişmesiyle PCa tedavisinde cerrahi tedavi yerini korumaktadır.

Bu süreç zarfında ilk zamanlar radikal prostatektomi risk skorundan bağımsız olarak uygulanırken günümüzde artık hastaların risk gruplarına ayrılması ve bu risk gruplarına göre tedavi seçenekleri sunulması önerilmiştir. Risk skorlaması ve evrelemesinde ; Prostat spesifik antijen (Psa), rektal muayene, multiparametrik prostat mrı, histopatoloji (prostat biyopsisi), gerekirse kemik sintigrafisi/tüm abdominal kesitsel görüntüleme yada Ga-68 PSMA gibi görüntüleme yöntemleri kullanılmaktadır. Neticede hastalar mevcut bulgular eşliğinde D'amico'ya göre lokalize (düşük-orta-yüksek risk), lokal ileri yada metastatik olarak evrelendirilmektedir (2). Bu evrelerde hastalara birçok tedavi yöntemi (radikal prostatektomi, radyoterapi (rt), aktif izlem, fokal tedavi, hormonoterapi, kemoterapi) sunulmaktadır.

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|---|---|---|---|---|---|
| Sooriakumaran ve ark. | Retrospektif | 22.8 | %20.8 | % 88.7 | %88.7 |
| Steuber ve ark. | Vaka-Kontrol | 32.7 | %7 - 35 | | |
| Leyh-Bannurah ve ark. | Retrospektif | 43.5 | Veri yok | | %65 - 52, P < 0.001 |
| Heidenreich ve ark. 2018 | Retrospektif | 53.6 | %9.7 | % 85.6 | |

GS: Genel Sağkalım KSS: Kanser Spesifik Sağkalım

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