

GERİATRİ VE PRİMER KARACİĞER MALİGNİTELERİ

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GİRİŞ

İleri yaşlarda beklendiği üzere maligniteler daha fazla görülmektedir. Malignitelerin yaklaşık %50 si geriatrik popülasyonda görülmekte ve hastaların %70'inde mortal olarak seyretmektedir(2). Ülkemizde kanser önemli bir halk sağlığı problemi olarak değerlendirilmektedir. Beklenen yaşam süresinin artması da önemli bir etkidir. Türkiye İstatistik Kurumu (TÜİK) verilerine göre 2023 yılında toplumun yaklaşık yüzde 10'un ve 2050 yılına kadar da yaklaşık %20' sinin 65 yaş ve üzerinde olacağı tahmin edilmektedir (3).

Yaşlı hasta grubunda, genç hasta grubuna göre kullanılan standart kemoterapi düzeyleri ve standartları da farklılık göstermektedir. Standardize tedavi planının olmaması, artmış toksisite riski, tıbbi tedaviye ulaşım problemleri gibi farklı sorunlar ana nedenler arasında sayılmaktadır(4).

Yaşlılarda en sık tanı konulan kanserlerden birisi olan ve hepatoselüler kanser(HCC)'in sıklığı gittikçe artmaktadır. HCC günümüzde erkek hastalar arasında kansere bağlı en sık ikinci ölüm nedenidir(3-5).

HCC genellikle orta - ileri yaşta ve çoğu zaman siroz ile birlikte görülmektedir. İleride insidansının daha fazla artması beklenmektedir. Bu durumun farklı nedenleri mevcuttur. Özellikle HCV karaciğer hasarı ve karaciğer sirozu oluşumuna HBV 'den daha sık neden olmaktadır. HBV için aşılamanın ve kronik hepatit B ile hepatit C'de antiviral tedavinin orta vadede iyileştirici olduğu, ileri dönemde ise karaciğer sirozu oluşumunu ve HCC gelişimini geciktirdiği kabul edilmektedir.

Önümüzdeki yıllarda, özellikle gelişmekte olan ülkelerde yaşlı popülasyonun artması, kanser tarama programlarına ulaşımın azlığı veya olmaması, kanser ve kanser ilişkili mortalitenin artacağı öngörüsüne neden olmaktadır(6). Ülkemizdeki kanser verileri gelişmekte olan ülkelerle benzerlik göstermektedir.

Son yıllarda HCC tedavisinde yeni cerrahi tekniklerin geliştirilmesi, yeni ablatif yöntemlerin başarıyla uygulanması mortalite oranlarının düşürülmesi prognoz açısından önemlidir. En uygun tedavi stratejisi, erken tanı, karaciğer fonksiyon düzeyleri, hasta performans durumu, tümör özellikleri ve eşlik eden komorbid hastalıklar gibi çeşitli faktörlere göre düzenlenmelidir.

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