Bölüm 2

EPİTELYAL OVER KANSERLERİNDE HİSTOPATOLOJİK VE MOLEKÜLER ÖZELLİKLERİ İLE KLİNİKTE TEDAVİDE KULLANIMI

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GİRİŞ:

Over kanseri(OC) vakaları, asemptomatik seyretmesi nedeniyle ileri evrelerde tanı alırlar. OC vakaların standart tedavi sonrasında %70 gibi yüksek nüks oranları izlenmesi ve beş yıllık genel sağkalım oranı %50 in altında gibi düşük oranlarda olması nedeniyle, kadınların en ölümcül jinekolojik kanseri olmaktadır. Standart tedavi primer debulking cerrahi ve sonrasında platin ve paklitaksel bazlı kemoterapidir (1). OK'leri, her alt tipinin farklı bir morfolojiye ve biyolojik davranışa sahip olduğu heterojen tümörlerdir. Her alt tiplerin farklı hücre içi spesifik yolları aktive etmekte ve farklı gen değişikliklerle seyretmektedir. Örneğin, yüksek dereceli seröz over kanserinde (HGSOC) *TP53* mutasyonu, müsinöz over kanserinde (MOC) *KRAS* mutasyonu ve berrak hücreli veya endometrioid OÇ'lerinde *ARID1A* mutasyonu ile seyreder. Histolojik alt tip ve ilgili moleküler özellikler, kişiselleştirilmiş klinik karar verme için gereklidir (2). Bu bölümde epitelyal over kanserlerin, histopatolojik, moleküler özellikleri ve hedefe yönelik tedavi alternatifleri anlatılacaktır.

OVER KANSERİNİN KLİNİK VE HİSTOPATOLOJİK ÖZELLİKLERİ

Küresel kanser istatistik (GLOBOCAN) 2023 verilerine göre; over kanseri (OC) yılda 19,710 yeni vaka ve 13,270 ölüm ile seyretmekte olup, tüm dünyada kadın popülasyonunda beşinci en yaygın ölüm nedenidir. Jinekolojik neoplazileri içerisinde kansere bağlı ölümlerde ilk sırada yer almaktadır (3). Over kanseri saptamada transvajinal ultrason ile görüntüleme ve tümör beliteci olarak ca-125 kullanılmakta, ancak bunlarda OC'na bağlı yüksek ölüm oranlarını önlemede başarısız olmuştur (4). Günümüzde halen kullanılan etkin bir tarama testi olmadığı

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