

Erken Evre Düşük ve Orta Riskli Prostat Kanserinde Sistemik Tedavi

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GİRİŞ

Prostat kanseri, yılda tahmini olarak 1.600.000 vaka ve 366.000 ölümle dünya çapında erkeklerde en sık görülen kanserler arasındadır (1). Amerika Birleşik Devletleri'nde erkeklerin yüzde 11'ine yaşamları boyunca prostat kanseri teşhisi konmaktadır ve insidans genellikle yaşla birlikte artmaktadır (2) ; yılda tahmini 268.490 vaka ve 34.500 ölüm vardır (3). Genel beş yıllık sağkalım oranı ise yüzde 98'in üzerindedir.

Risk Sınıflandırması ve Başlangıç Yaklaşımının Seçilmesi:

Prostat kanserinden şüphelenilen hastaların ilk değerlendirmesi, hastalığın yaygınlığını değerlendirmek için deneyimli bir klinisyen tarafından rektal tuşe muayeneye dayalı klinik evrelemeyi, tedavi öncesi serum prostat spesifik antijeni (PSA) değerini, başlangıçtaki Gleason skoru/derece grubunu içermelidir. biyopsi ve biyopsi çekirdeklerindeki kanser tutulumunun sayısı ve kapsamı. Bu bilgi Ulusal Kapsamlı Kanser Ağı (NCCN), tarafından tanımlandığı gibi (tablo-1) hastaların birincil tümöre göre klinik risk kategorilerine ayrılmalarına olanak sağlar. Bu risk sınıflandırma sistemi Amerikan Üroloji Derneği AUA/ Amerikan Radyasyon Onkolojisi Derneği (ASTRO. ve Amerikan Klinik Onkolojisi Derneği' nin (ASCO.(4-5) klinik olarak lokalize prostat kanserinin tedavisine yönelik kılavuzlarında kullanılmıştır.

Risk grubuna göre prostat kanserini sınıflandırılması ulusal kapsamlı kanser ağına göre tablo 1'de yapılmıştır.

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