

Kastrasyon Duyarlı Metastatik Prostat Kanserinde Sistemik Tedavi

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GİRİŞ

Prostat kanseri (PK), erkeklerde en sık görülen malignite olup kansere bağlı ölümlerin ikinci en sık sebebidir. Erkeklerde yaşam boyu prostat kanseri gelişme olasılığı %12,1'dir. Çoğu hasta lokalize hastalıkla başvurur ve 5 yıllık genel sağkalım yaklaşık %99'dur. Hastalığın ilerlemesi ile birlikte metastatik hastalık geliştiğinde, 5 yıllık sağkalım oranı %30'a düşer. Ayrıca son yıllarda tüm yaş gruplarında görülme sıklığı artmıştır (1).

Dünya çapındaki nüfus artışı ve yaşlanmayla birlikte, PK küresel bir sağlık sorunu haline geldiğinden, PK'nin 2040 yılına kadar yaklaşık 2,3 milyon yeni vakaya ve 740.000 ölüme ulaşması bekleniyor. Yaşa ek olarak, etnik köken, kalıtım, DNA onarım genlerindeki (BRCA2 gibi) mutasyonlar ve çevresel faktörler de risk faktörü olarak kabul edilmektedir. (2-5). Örneğin, Japon erkeklerde PK riski (2/100.000 insidans) ABD'li erkeklerden (14/100.000) daha düşüktür. Bununla birlikte, Japon erkekleri Japonya'dan Kaliforniya'ya taşındığında, PK riskleri artar ve Amerikalı erkeklerinkine yaklaşır, bu da çevresel veya diyet faktörlerinin rolünü atfedilir (6, 7). Lokalize PK, cerrahi veya radyoterapi ile tedavi edilebilir. Lokalize hastalığın yaklaşık %20-30'unda hastalık nüks eder (8).

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