BÖLÜM 15

Geriatrik Üroonkolojinin Geleceği

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YAŞLANAN DÜNYADA ÜROONKOLOJİK PARADİGMA DEĞİŞİMİ

Tüm dünyada yaşam süresinin artmasıyla birlikte 65 yaş üzeri bireylerin sayısı dramatik biçimde yükselmektedir. Dolayısı ile geriatrik üroonkolojik hastalıklar çağımızın en önemli meselelerinden biri haline gelmiştir. Birleşmiş Milletler'e göre, 2050 yılına kadar 80 yaş üzerindeki bireylerin sayısı 426 milyona ulaşacak ve bu nüfusun büyük bölümü Avrupa, Kuzey Amerika ve Asya-Pasifik bölgelerinde yoğunlaşacaktır (1). Bu demografik dönüşüm hem kanser insidansında hem de kanser bakımına olan taleplerde bir artışa neden olmaktadır. Prostat, mesane ve böbrek kanserleri başta olmak üzere birçok ürolojik malignite, yaşla artan bir sıklık göstermektedir (2). Prostat kanseri tanısı konan hastaların yaklaşık %60'ı 65 yaş üzerindedir; mesane kanseri için bu oran %70'lere ulaşmaktadır (3).

Bununla beraber yaşlı bireylerin sadece kronolojik yaş üzerinden değerlendirilmesi, tedavi karar verme süreçlerinde ciddi problemlere neden olabilmektedir. Geriatrik bireylerin fizyolojik durumu, komorbiditeleri, bilişsel kapasitesi heterojendir; dolayısıyla "yaşlı hasta" kavramı homojen bir grup olarak ele alınamaz (3). Aynı kronolojik yaşa sahip iki hastanın tedavi süreçleri ve yaşam beklentisi arasında birkaç yılları bulan farklar olabilir. Bu nedenle geriatrik üroonkolojide, bireyselleştirilmiş, multidisipliner ve fonksiyonel kapasiteye dayalı yaklaşımlar klinik bir zorunluluktur.

Geriatrik hasta popülasyonunda onkolojik kararlar, yalnızca tümörün TNM evresi veya PSA düzeyiyle değil; hastanın fonksiyonel durumu, yaşam öncelikleri ve terapötik yükü tolere etme kapasitesiyle de şekillenmelidir. Bu bağlamda geriatrik değerlendirme yöntemleri, tedavi seçim algoritmalarına entegre edilmek zorundadır (5). Ayrıca, yaşlanan hücre biyolojisi, immünojenik yanıt profili, DNA hasar onarım kapasiteleri ve siste-

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