BÖLÜM 3

Geriatrik Üroonkolojide Değerlendirme ve Tarama Ölçekleri-Yaşam Kalitesi

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GİRİŞ

Dünya genelinde yaşlı nüfusun artışı, sağlık hizmetleri sunumunda önemli değişimleri beraberinde getirmiştir. Özellikle 65 yaş ve üzeri bireylerde kanser insidansındaki artış, yaşlı bireylerin onkolojik bakım süreçlerinde ayrı bir değerlendirme gerekliliğini doğurmuştur (1). Ürolojik kanserler "başta prostat, mesane ve böbrek kanserleri olmak üzere" yaşlı erkeklerde en sık görülen maligniteler arasında yer almakta, dolayısıyla **"Geriatrik Üroonkoloji"** günümüzde hızla gelişen bir alt disiplin olarak öne çıkmaktadır (2). Son nüfus istatistikleri ve gelecek projeksiyonu dikkate alındığında ülkemizde de yaşlı popülasyon oranının giderek ağırlık kazanacağı ve Geriatrik Üroonkoloji olarak ayrı bir alt disipline ihtiyaç duyulacağı görülmektedir.

Yaşlı bireylerin kanser yönetimi, yalnızca hastalığın evresine göre değil; hastanın genel sağlık durumu, yaşam beklentisi, fonksiyonel kapasitesi, komorbidite yükü ve frailty (kırılganlık) durumu gibi birçok değişkenin bir arada değerlendirilmesini gerektirir (3). Bu değerlendirmeler, hem tarama ve erken tanı için test gerekliliği kararlarında hem de tedavi planlamasında kritik rol oynar. Özellikle tarama stratejileri yaşlı popülasyonda dikkatle ele alınmalıdır; çünkü erken tanının potansiyel faydaları kadar, aşırı tanı (overdiagnosis) ve aşırı tedavi (overtreatment) ve bu süreçlerin getireceği fiziksel, psikolojik ve ekonomik yükler de göz ardı edilemez (4).

Bu nedenle uluslararası rehberler özellikle NCCN (National Comprehensive Cancer Network), ASCO (American Society of Clinical Oncology) ve EAU (European Association of Urology) geriatrik kanser hastalarında bireyselleştirilmiş yaklaşımı ön plana çıkarmakta,

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CGA, tarama öncesi, tedavi planlaması aşamasında ve izlem sürecinde yinelenerek kullanılmalıdır.

Yaşam kalitesi, tedavi başarısı kadar önemli bir sonlanım ölçütü olarak kabul edilmeli ve bu alanda valid ölçeklerle ölçüm yapılmalıdır.

Hasta merkezli bakım, tüm geriatrik onkoloji uygulamalarının temelini oluşturmalıdır.

Sonuç olarak; Geriatrik Üroonkoloji pratiğinde bilimsel kanıta dayalı, kılavuzlara uygun, ancak aynı zamanda insani ve etik yönü güçlü bir yaklaşım esas alınmalı; bu hasta grubuna onkolojik faydanın yanında fonksiyonel ve psikososyal bütünlük de sunulmalıdır.

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