Bölüm 42
Hodgkin Lenfoma

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Epidemiyoloji ve Risk Faktörleri

Hodgkin Lenfoma (HL) esas olarak genç erişkinlerde ve daha seyrek de olsa yaşlı bireylerde ortaya çıkan nadir bir neoplazidir. HL, insan kanserleri arasında neredeyse benzersiz olan birkaç dikkat çekici özelliğe sahiptir. Bunlar genç yaşta başlama, genellikle immün efektör hücreler açısından zengin bir mikro ortamda bulunan B lenfositlerinden köken alan büyük, çok çekirdekli hücreler olan (Hodgkin ve Reed-Sternberg (HRS) hücreleri olarak bilinen) malign hücrelerin nadirliği, hasta ileri düzeyde metastatik yayılım ile başvursa bile yüksek bir kür oranı ve radyoterapiye (RT) özel bir duyarlılıktır (1).

Epidemiyoloji

Amerika Birleşik Devletleri'nde (ABD) 2019 yılında 8110 yeni HL tanısı konacağı ve 1000 ölüm olacağı hesaplanmaktadır (2). Avrupa'da HL insidans 100,000'de 2.3, mortalite 0.4 olarak bildirilmektedir (3). Avrupa popülasyonunda majör pik insidansı 15-35 yaş aralığında adölesan ve genç erişkin (AYA) yaş grubundadır. İki küçük pik insidansı ise çocuklarda (<15 yaş) ve daha yaşlı erişkinlerde (>50 yaş) görülmektedir (1). Türkiye'de son olarak 2019 yılında yayınlananan 2016 yılı verilerine göre insidans her 100,000 kişide erkeklerde 1.8, kadınlarda 1.3'tür. Ayrıca 2012 ila 2016 yılları arasında bildirilen tüm kanserleri içeren toplam 440.810 olgunun 3253'ünü (%0.74) HL oluşturmaktadır. 15638 olarak bildirilen lenfoma olgusunun ise %20.8'idir (4). HL gelişme riski, özellikle AYA yaş grubunda, ekonomik olarak gelişmiş bölgelerde ve yüksek sosyo-ekonomik statüye sahip bireyler arasında düşük gelirli bölgelere göre daha yüksektir ve görülme sıklığı zaman içinde ekonomik gelişmeyle birlikte artmaktadır (1). Modern tedavi stratejileri ile HL'lı hastalarının %80-90'ında kalıcı remisyon sağlanır ve kür olarak kabul edilebilir (3). Avrupa dışında çoğu klinisyen, hastaların sınırlı evre ya da ileri evre hastalığı olduğu kabul edilen (iki aşamalı yaklaşım) pratik bir terapötik yaklaşımı benimserken, Avrupa'daki klinisyenler tarafından, hastalar favorabıl sınırlı evre, anfavorabıl sınırlı evre (çeşitli risk faktörlerinin varlığına göre) veya ileri evre olarak değerlendirilip genellikle üç aşamalı bir yaklaşım benimsenmiştir. HL'da kür oranları, nonbulky evre IA veya evre IIA

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Çalışmalar

İleri evre HL'da RT'nin dahil edildiği çalışmalar tablo 16'da verilmiştir.

Kaynaklar

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