

## Bölüm 3

# HEPATOSELLÜLER KANSERİN EPİDEMİYOLOJİSİ VE RİSK FAKTÖRLERİ

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### HEPATOSELLÜLER KANSER EPİDEMİYOLOJİSİ

Karaciğer kanseri dünya'da ensık 6. sırada tanı konulan kanser olup, kanser ile ilgili ölüm nedenlerinden akciğer, kolorektal ve mide kanserlerinden sonra 4. sırada yer alır (1). Hepatosellüler kanser (HCC) karaciğer kanserlerinin %75-85'ini oluşturur (2). HCC insidansı ve mortalitesi, Kuzey Amerika ve bazı Avrupa bölgelerinde artmakta ve Japonya ve Çin'in bazı bölgeleri dâhil olmak üzere geleneksel olarak yüksek riskli bölgelerde azalmaktadır. HCC için ana risk faktörleri kronik hepatit C virüsü (HCV) veya hepatit B virüsü (HBV); ağır alkol kullanımı; diyabet; ve non alkolik yağlı karaciğer hastalığı (NAFLD) dır. Bunlara ilaveten aflotoksinler, obesite, genetik yatkınlık HCC için risk faktörleridir (4). 2012 yılındaki Dünya Sağlık Örgütü'nün raporlarına göre, Dünya çapında 782000 HCC'li hasta ve bunların %83'ü az gelişmiş ülkelerde olduğu tahmin ediliyor. Afrika ve Asya'da yıllık HCC insidansı 100.000 kişide 15 kişi, Akdeniz Ülkeleri'nde, Kuzey Amerika ve Güney Avrupa'da 100.000 kişide 5-15 kişi, Kuzey Avrupa' da ise 100.000 kişide 5 kişidir (5) Bu bilgiler coğrafik olarak farklılıklar, risk faktörlerinin değişimiyle, kişilerin genetik yapıları ile ilişkili olduğunu düşündürmektedir.(6) HCC yüksek riskli ve erken yaşlarda görülen ülkelerde HBV enfeksiyonu aç-

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## DİĞER RİSK FAKTÖRLERİ

Hereditör hemokromatozis toplum bazlı çalışmalarda 5,973 kişide hemokromatozisli ve hastaların birinci derece akrabaları arasında 21 kişi HCC saptanmıştır (62). Primer biliyer siroz (PBS) hastalarda HCC insidansı %5,3 bulunmuştur(58) .Otoimmün hepatitte ise HCC insidansı %0,5 bildirilmiştir (63). Alfa-1-antitripsin eksikliği olan sirotik hastalarda ise HCC insidansı%0,9 bildirilmiştir (64).

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