

2. BÖLÜM

BÖBREK TÜMÖRLERİNDE SINIFLAMA VE EVRELEME

Pınar ÇAKMAK¹

HİSTOLOJİK SINIFLAMA; İSİMLENDİRMEİNİN TEMELİ

1975 yılında yayınlanan “United States Armed Forces Institute of Pathology (AFIP) Atlas of Tumour Pathology” ikinci baskısının böbrek, renal pelvis, üreter tümörleri fasikülünde renal hücreli karsinom (RCC) hakkında “renal hücreli adenokarsinomun farklı halleri olabileceği” belirtilmiş ve mikroskopik bulgulara göre tümörler iki kategoriye ayrılmıştır: şeffaf hücreli karsinom ve granüler hücreli karsinom (1). Kitap yayınlandığı dönemde erişkin renal epitelyal neoplazi morfolojik alt tipleri üzerine ilgi artmış, yıllar içinde özgün morfolojik alt tipler tanımlanmış ve bu alt tiplerin karakteristik histolojik özellikleri, immünoprofilleri ve bir kısmının ayırt edici moleküler değişiklikleri ortaya konmuştur. Büyük enstitülerin geniş çaplı çalışmaları sonucunda renal hücreli karsinomun histolojik subtiplenmesinin prognostik olarak anlamlı olduğu anlaşılmıştır. İlk olarak 1990 yılında bir grup uzman patoloğun ürolojik patoloji topluluğu oluşturma fikri ile başlayan, 5 Mart 1991’de David Bostwick önderliğinde grup üyeleri belirlenen ve 5 Mart 1992’de resmi olarak “The International Society of Urological Pathology” (ISUP) adı ile kurulan topluluk (2) 2012 yılında erişkin böbrek tümörlerinin tanı, sınıflama ve prognostik değerlendirmesi konusunda çalışmalarını yoğunlaştırmış; özellikle renal tümörlerin prognostik faktörleri, sınıflanması ile güncel ve gelişmekte olan renal neoplazi tiplerinin özellikleri üzerine odaklanmış, 2004 Dünya Sağlık Örgütü (DSÖ) böbrek tümörleri sınıflamasına pek çok yeni öneride bulunmuştur (3). Bu topluluğun yanı sıra “International Committee for Cancer Reporting” (ICCR), “Royal Col-

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