



BÖLÜM 37

Kolon Kanserinde Adjuvan Kemoterapi

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Giriş

Kolorektal kanser (KRK) kadın ve erkeklerde en sık karşılaşılan üçüncü kanser türüdür. Kolon kanseri teşhis konan kişilerin %20'sinde tanı anında metastaz saptanırken, %40'ında ise daha önce tedavi edilen lokalize hastalıktan sonra nüks görülmektedir. Rezeke edilemeyen metastatik KRK'nın 5 yıllık sağkalım oranı %20'nin altındadır (1). Patolojik ve moleküler testleri kullanarak geliştirilen yeni tedavi stratejileri прогнозu iyileştirme potansiyeline sahiptir.

Klinik Prezentasyon

Metastatik KRK'lı hastalar kolondaki primer tümörün yerleşim yerine göre intestinal semptomlarla (embriyolojik olarak hindguttan köken alan sol kolon yerleşimli tümörler barsak alışkanlığında değişme, rektal kana-

ma, intestinal obstrüksiyon, rektum tümörleri bunlara ilave olarak tenezm, pelvik ağrılar, embriyolojik olarak midguttan köken alan sağ kolon yerleşimli tümörler genellikle asemptomatik olup, dışkıda gizli kan pozitifliği ve anemi, karın ağrısı), metastaz bölgesine göre semptomlarla (karaciğer metastazlarına bağlı sağ üst kadran ağrısı, ileri dönemde sarılık, periton metastazlarına bağlı asit, kemik metastazlarına bağlı kemik ağrıları) ile başvururlar (1, 2, 3). Ortalama tanı yaşı 67'dir. Hastaların %12'si 50 yaşın altında olmasına rağmen son yıllarda 50 yaşın altında kolon kanseri görülme sıklığı yılda %2 oranında artmaktadır. Bu artışın nedeni tam olarak anlaşılamamakla birlikte; obezite, sedanter yaşam ve işlenmiş gıda tüketiminin sorumlu olabileceği düşülmektedir (4, 5).

Metastatik KRK, önceden tedavi edilmiş lokalize bir KRK'nın (metastatik olmayan veya evre I-III) uzak bir bölgede tekrar nüks

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