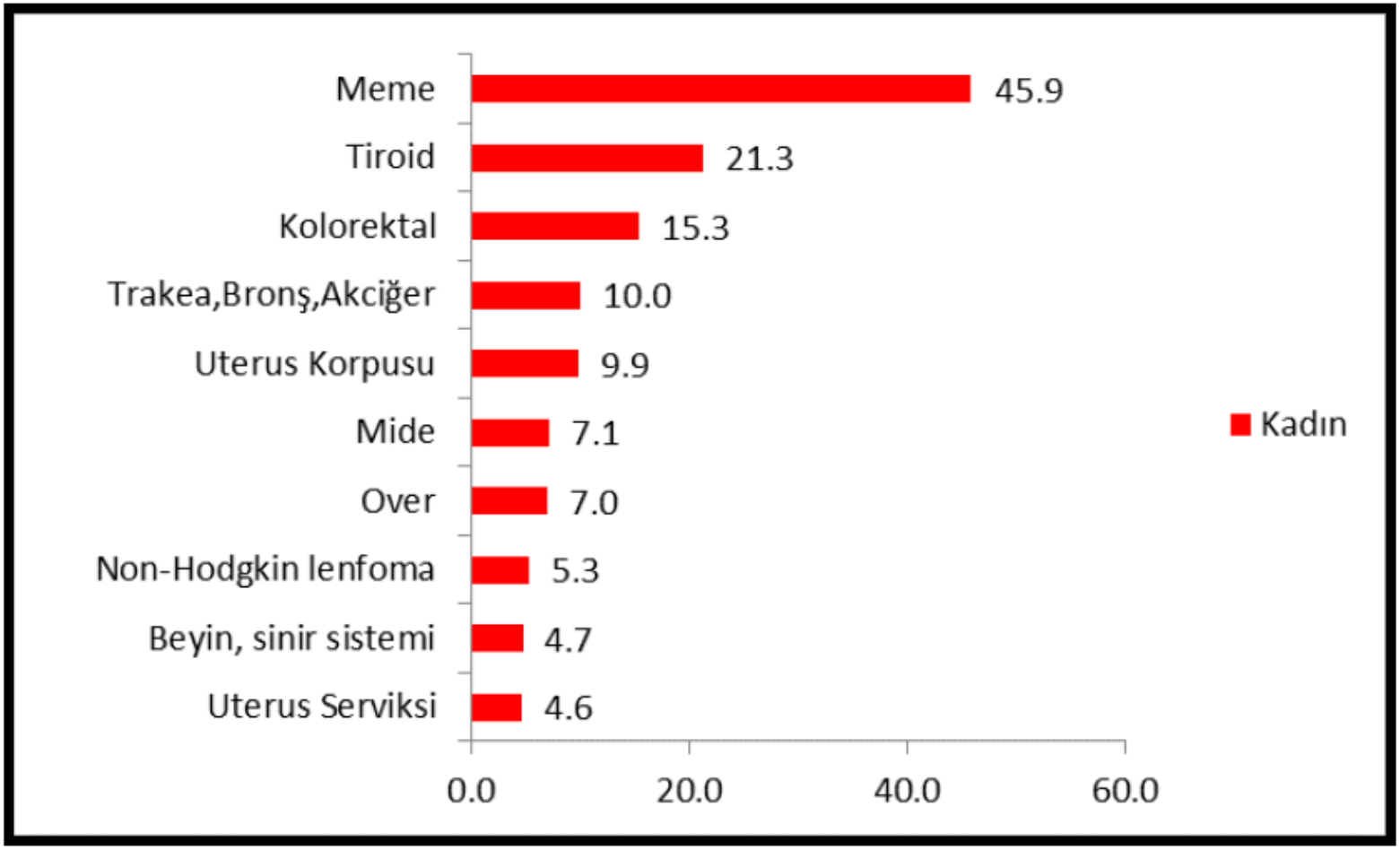
ONKOLOJİ OLGU SUNUMU

Doç. Dr. Yüksel ÜRÜN

Ankara Üniversitesi Tıp Fakültesi

Tıbbi Onkoloji BD



Şekil 8. Kadınlarda En Sık Görülen 10 Kanserin Yaşa Göre Standardize Edilmiş Hızları (Türkiye Birleşik Veri Tabanı, 2013) (Dünya Standart Nüfusu, 100.000 Kişide)

http://kanser.gov.tr/Dosya/ca_istatistik/ANA_rapor_2013v01_2.pdf

CANCER SITE	NO. OF NEW CASES (% OF ALL SITES)	NO. OF DEATHS (% OF ALL SITES)
Lung	2,093,876 (11.6)	1,761,007 (18.4)
Breast	2,088,849 (11.6)	626,679 (6.6)
Prostate	1,276,106 (7.1)	358,989 (3.8)
Colon	1,096,601 (6.1)	551,269 (5.8)
Nonmelanoma of skin	1,042,056 (5.8)	65,155 (0.7)
Stomach	1,033,701 (5.7)	782,685 (8.2)
Liver	841,080 (4.7)	781,631 (8.2)
Rectum	704,376 (3.9)	310,394 (3.2)
Esophagus	572,034 (3.2)	508,585 (5.3)
Cervix uteri	569,847 (3.2)	311,365 (3.3)
Thyroid	567,233 (3.1)	41,071 (0.4)
Bladder	549,393 (3.0)	199,922 (2.1)
Non-Hodgkin lymphoma	509,590 (2.8)	248,724 (2.6)
Pancreas	458,918 (2.5)	432,242 (4.5)
Leukemia	437,033 (2.4)	309,006 (3.2)
Kidney	403,262 (2.2)	175,098 (1.8)
Corpus uteri	382,069 (2.1)	89,929 (0.9)
Lip, oral cavity	354,864 (2.0)	177,384 (1.9)
Brain, nervous system	296,851 (1.6)	241,037 (2.5)
Ovary	295,414 (1.6)	184,799 (1.9)
Melanoma of skin	287,723 (1.6)	60,712 (0.6)
Gallbladder	219,420 (1.2)	165,087 (1.7)
Larynx	177,422 (1.0)	94,771 (1.0)
Multiple myeloma	159,985 (0.9)	106,105 (1.1)
Nasopharynx	129,079 (0.7)	72,987 (0.8)
Oropharynx	92,887 (0.5)	51,005 (0.5)
Hypopharynx	80,608 (0.4)	34,984 (0.4)
Hodgkin lymphoma	79,990 (0.4)	26,167 (0.3)
Testis	71,105 (0.4)	9,507 (0.1)
Salivary glands	52,799 (0.3)	22,176 (0.2)
Anus	48,541 (0.3)	19,129 (0.2)
Vulva	44,235 (0.2)	15,222 (0.2)
Kaposi sarcoma	41,799 (0.2)	19,902 (0.2)
Penis	34,475 (0.2)	15,138 (0.2%)
Mesothelioma	30,443 (0.2)	25,576 (0.3)
Vagina	17,600 (0.1)	8,062 (0.1)
All sites excluding skin	17,036,901	9,489,872
All sites	**18,078,957**	**9,555,027**

Source: GLOBOCAN 2018.

CA CANCER J CLIN 2018;0:1–31

CANCER SITE	NO. OF NEW CASES (% OF ALL SITES)	NO. OF DEATHS (% OF ALL SITES)
Lung	2,093,876 (11.6)	1,761,007 (18.4)
Breast	2,088,849 (11.6)	626,679 (6.6)
Prostate	1,276,106 (7.1)	358,989 (3.8)
Colon	1,096,601 (6.1)	551,269 (5.8)
Nonmelanoma of skin	1,042,056 (5.8)	65,155 (0.7)
Stomach	1,033,701 (5.7)	782,685 (8.2)
Liver	841,080 (4.7)	781,631 (8.2)
Rectum	704,376 (3.9)	310,394 (3.2)
Esophagus	572,034 (3.2)	508,585 (5.3)

CANCER SITE	NO. OF NEW CASES (% OF ALL SITES)	NO. OF DEATHS (% OF ALL SITES)
Lung	2,093,876 (11.6)	1,761,007 (18.4)
Breast	2,088,849 (11.6)	626,679 (6.6)
Prostate	1,276,106 (7.1)	358,989 (3.8)
Colon	1,096,601 (6.1)	551,269 (5.8)

Testis	71,105 (0.4)	9,507 (0.1)
Salivary glands	52,799 (0.3)	22,176 (0.2)
Anus	48,541 (0.3)	19,129 (0.2)
Vulva	44,235 (0.2)	15,222 (0.2)
Kaposi sarcoma	41,799 (0.2)	19,902 (0.2)
Penis	34,475 (0.2)	15,138 (0.2%)
Mesothelioma	30,443 (0.2)	25,576 (0.3)
Vagina	17,600 (0.1)	8,062 (0.1)
All sites excluding skin	17,036,901	9,489,872
All sites	**18,078,957**	**9,555,027**

Source: GLOBOCAN 2018.

CA CANCER J CLIN 2018;0:1–31

- 54 yaş
- Sağlıklı kadın
- Aile hekimine boğaz ağrısı ve ateş için başvurmuş
- ???

CANCER RISK FACTORS

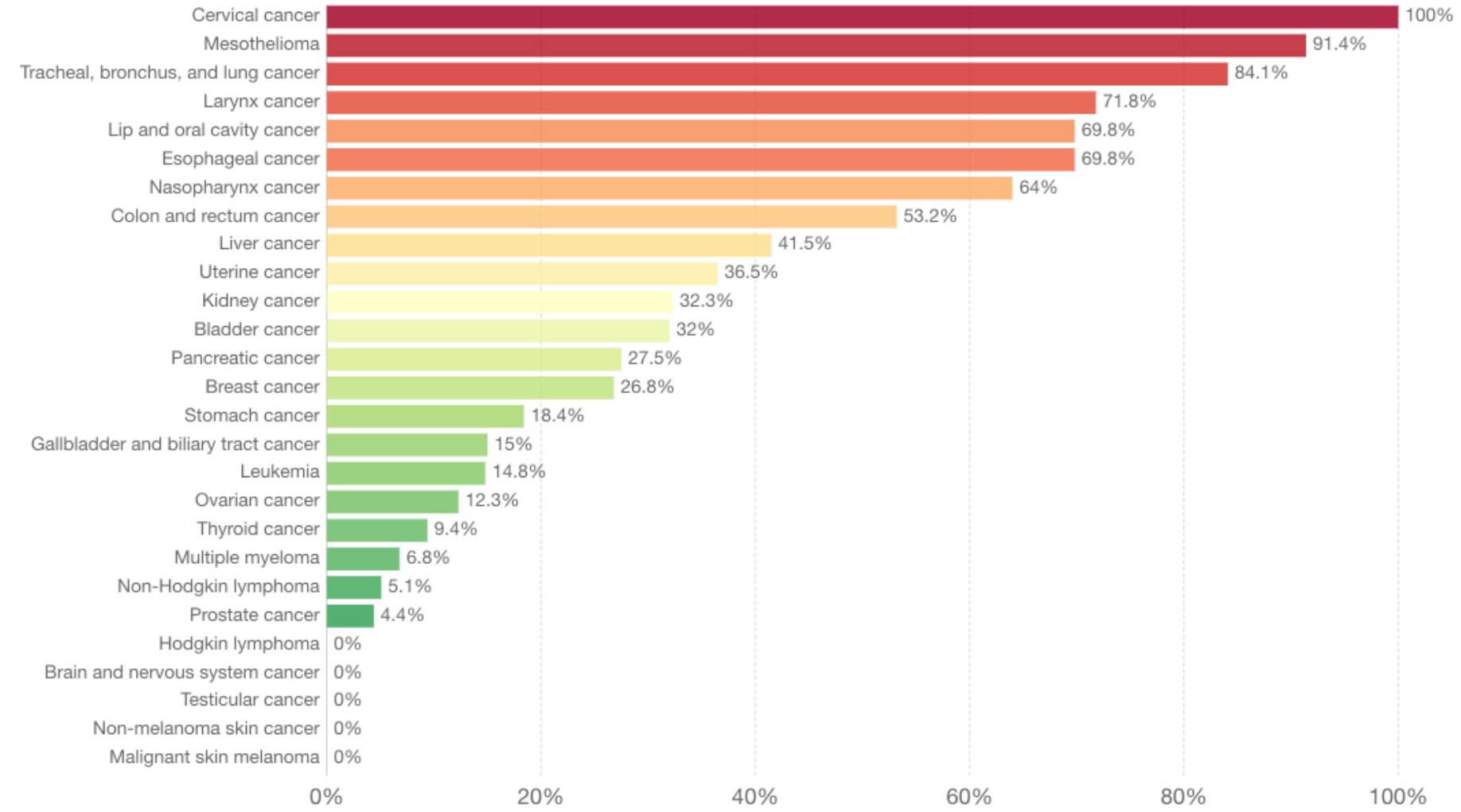
- Age
- Alcohol
- Cancer-Causing Substances
- Chronic Inflammation
- Diet
- Hormones
- Immunosuppression
- Infectious Agents
- Obesity
- Radiation
- Sunlight
- Tobacco

https://www.cancer.gov/about-cancer/causes-prevention/risk

Share of cancer deaths attributed to risk factors, 2016

Global share of cancer deaths are attributed to the range of linked risk factors. These include known risks such as smoking, diet and nutrition, obesity, physical inactivity, alcohol consumption, air pollution, and environmental exposures. Sun exposure (linked to skin cancer) is not included in IHME estimates. The remaining share therefore represents deaths which would be expected to have occurred in the absence of any risk factors.

Our World in Data

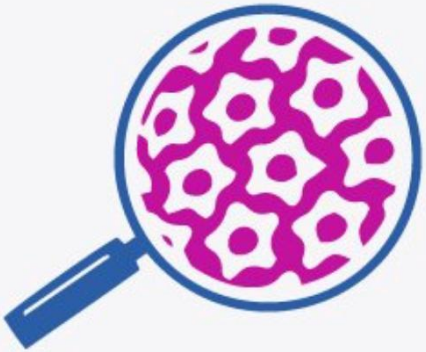


Source: IHME, Global Burden of Disease

MEME KANSERİ TARAMA PROGRAMI ULUSAL STANDARTLARI

- 40-69 yaş
- Mammografi
- 2 yılda bir

ALMOST ALL CASES OF CERVICAL CANCER ARE CAUSED BY



HPV

cancer.gov/hpv

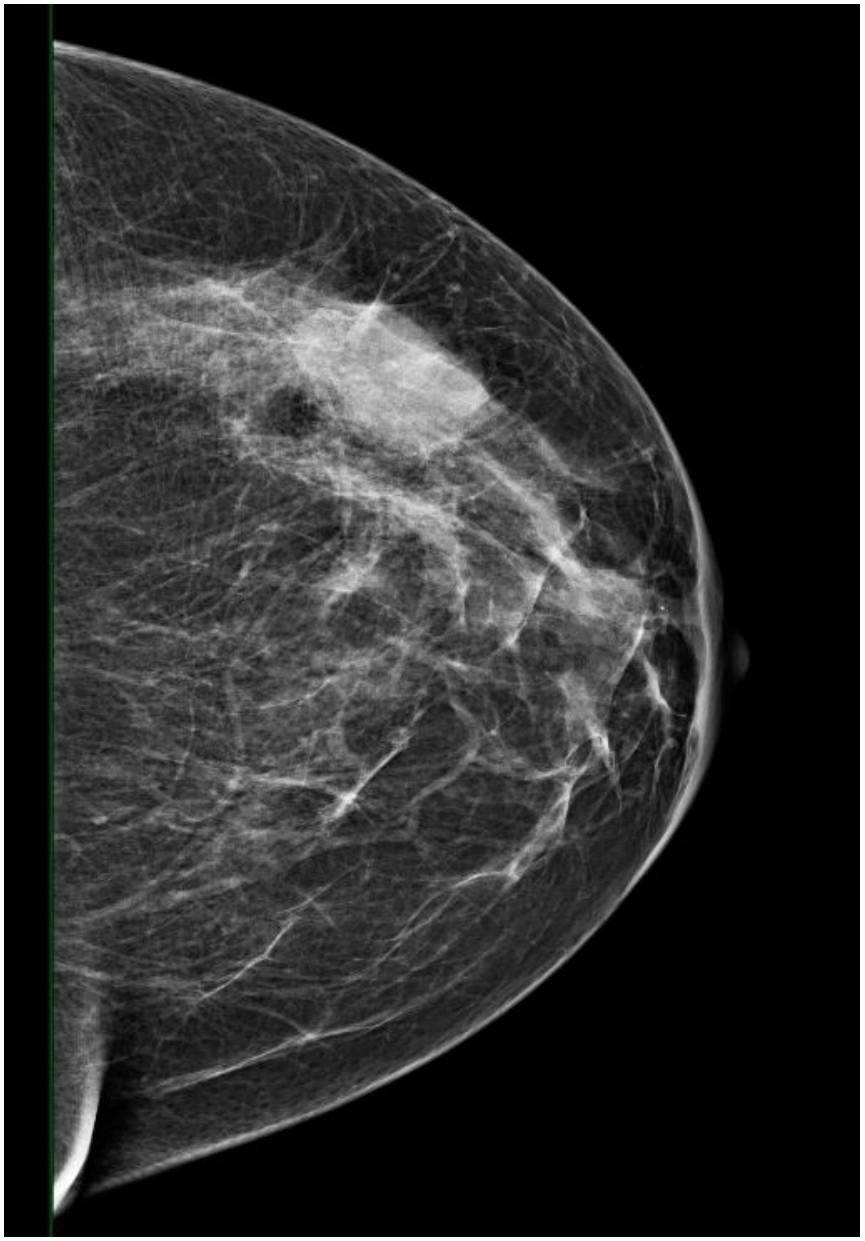
SERVİKS KANSERİ TARAMA PROGRAMI ULUSAL STANDARTLARI

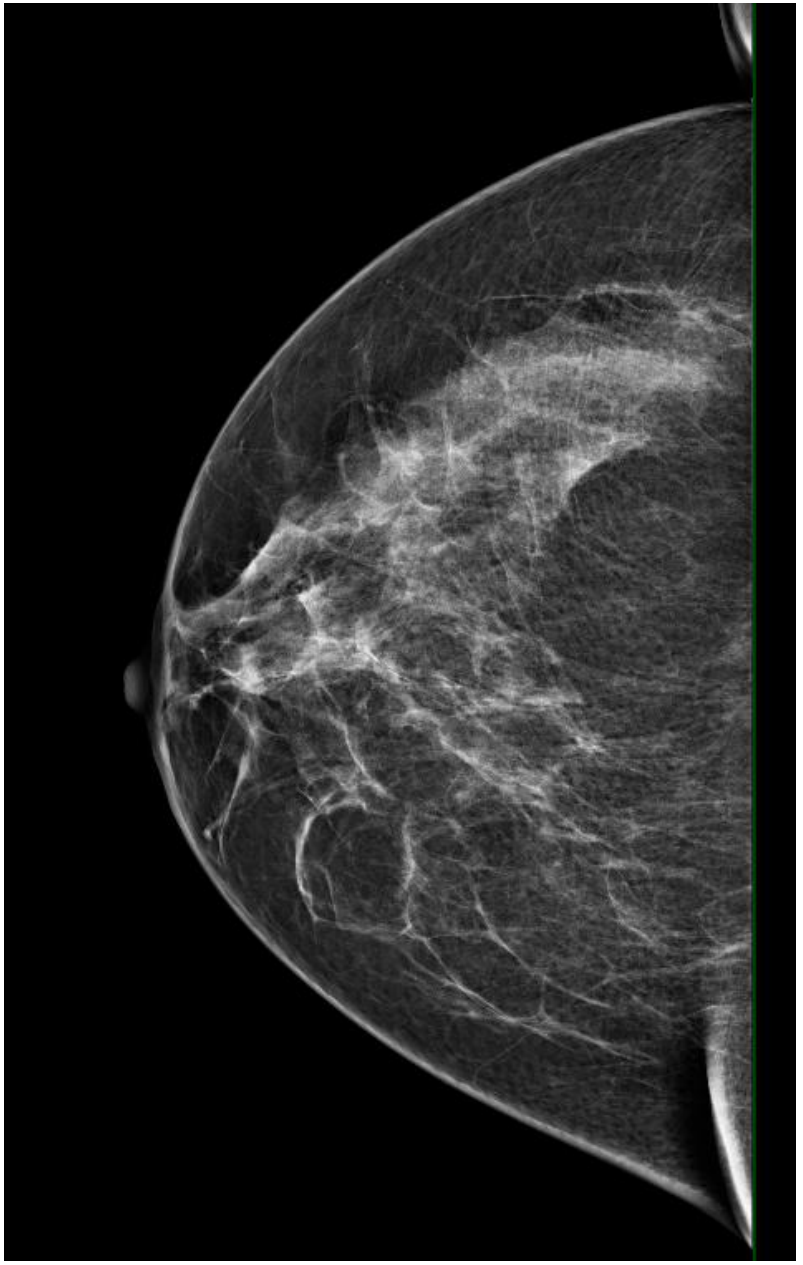
- **HPV Testi: HPV DNA**
- **Pap-smear Testi**
- 30 – 65 yaş
- HPV veya Pap-smear testi
- 5 yılda bir

KOLOREKTAL KANSER TARAMA PROGRAMI ULUSAL STANDARTLARI

- HEDEF POPÜLASYON VE TARAMA SIKLIĞI:
- 50 - 70 yaş
- Gaitada gizli kan: 2 yılda bir
- Kolonoskopi: 10 yılda bir

@DrYukselUrun



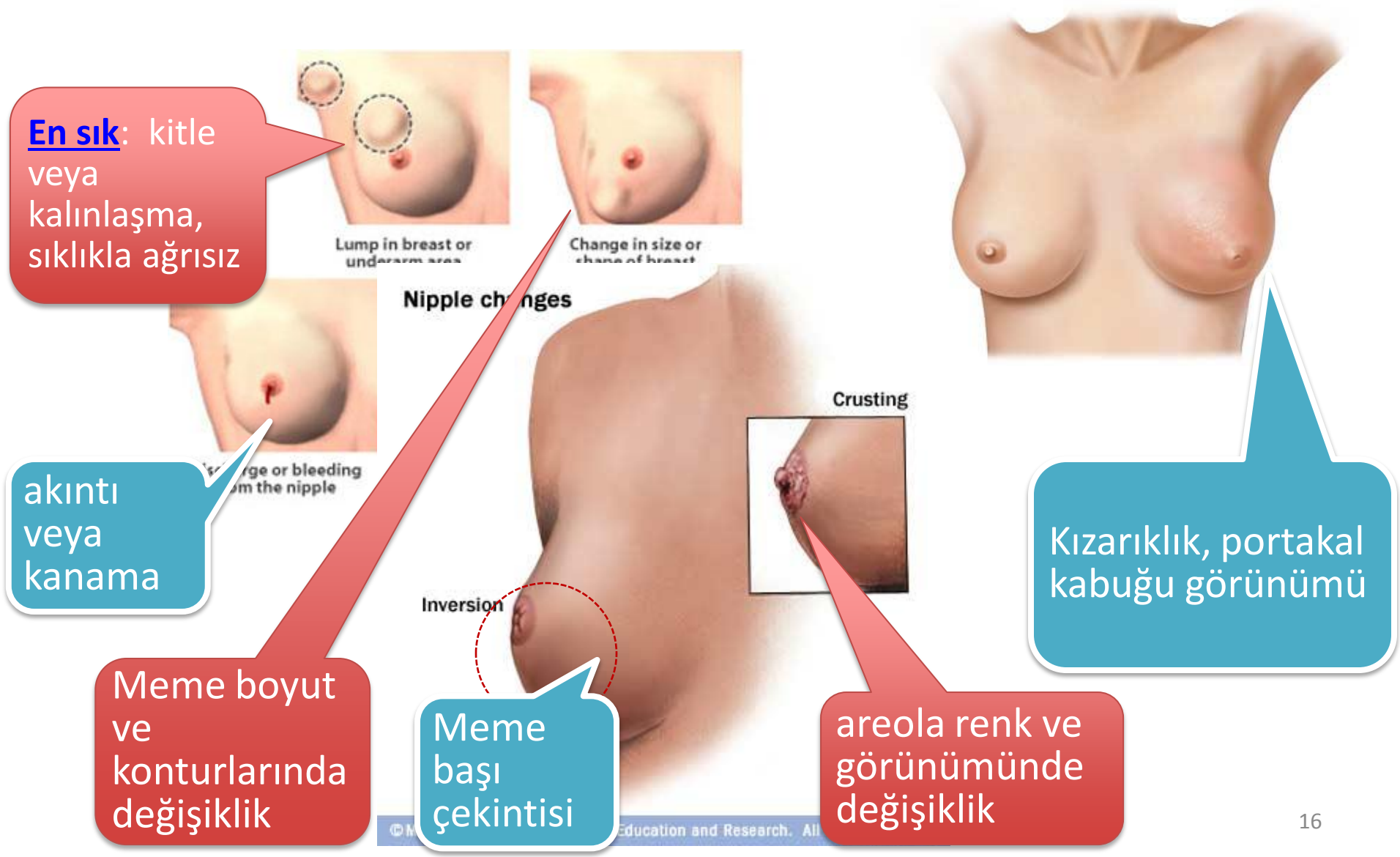


Tanısal yaklaşım

TANI

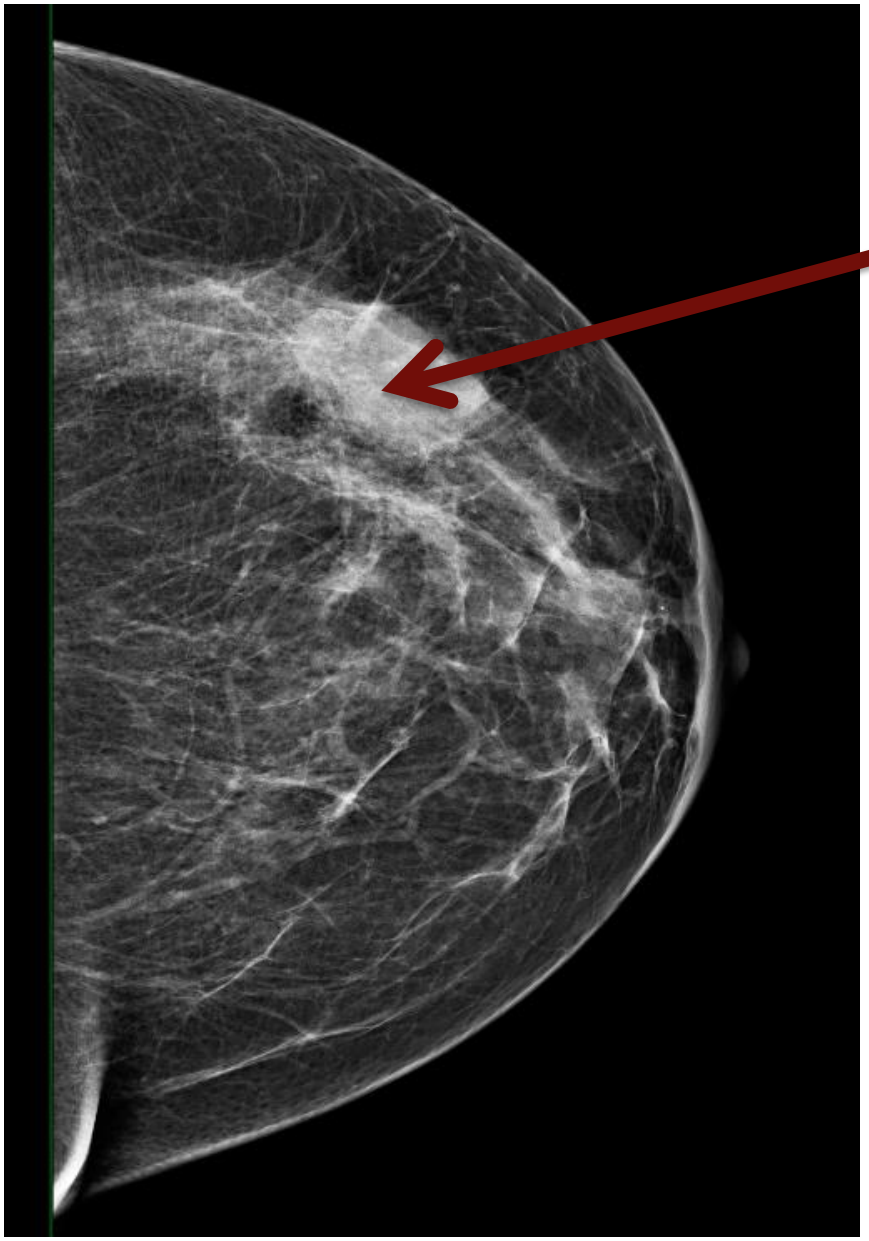
- ANAMNEZ
- FİZİK MUAYENE
- MAMMOGRAFİ
- USG
- BİYOPSİ

Belirti ve bulgular



Biyopsi

- İİAB
- Kor-biyopsi
- Cerrahi biyopsi
  - İnsizyonel
  - Eksizyonel



İNVAZİV MEME KARSİNOMUNU

ER pozitif (%25),

PR negatif,

C-erb-B2 pozitif (Skor: 3+)

Patolojik Değerlendirme

- Tümör büyüklüğü
- Cerrahi sınır
- Grad,
- Proliferasyon
- Vasküler invazyon
- Lenf nodu tutulumu
- Östrojen reseptörü (ER),
- Progesteron reseptörü (PR)
- İnsan epidermal büyüme faktörü reseptörü (HER2: *Human epidermal growth factor receptor-2)*

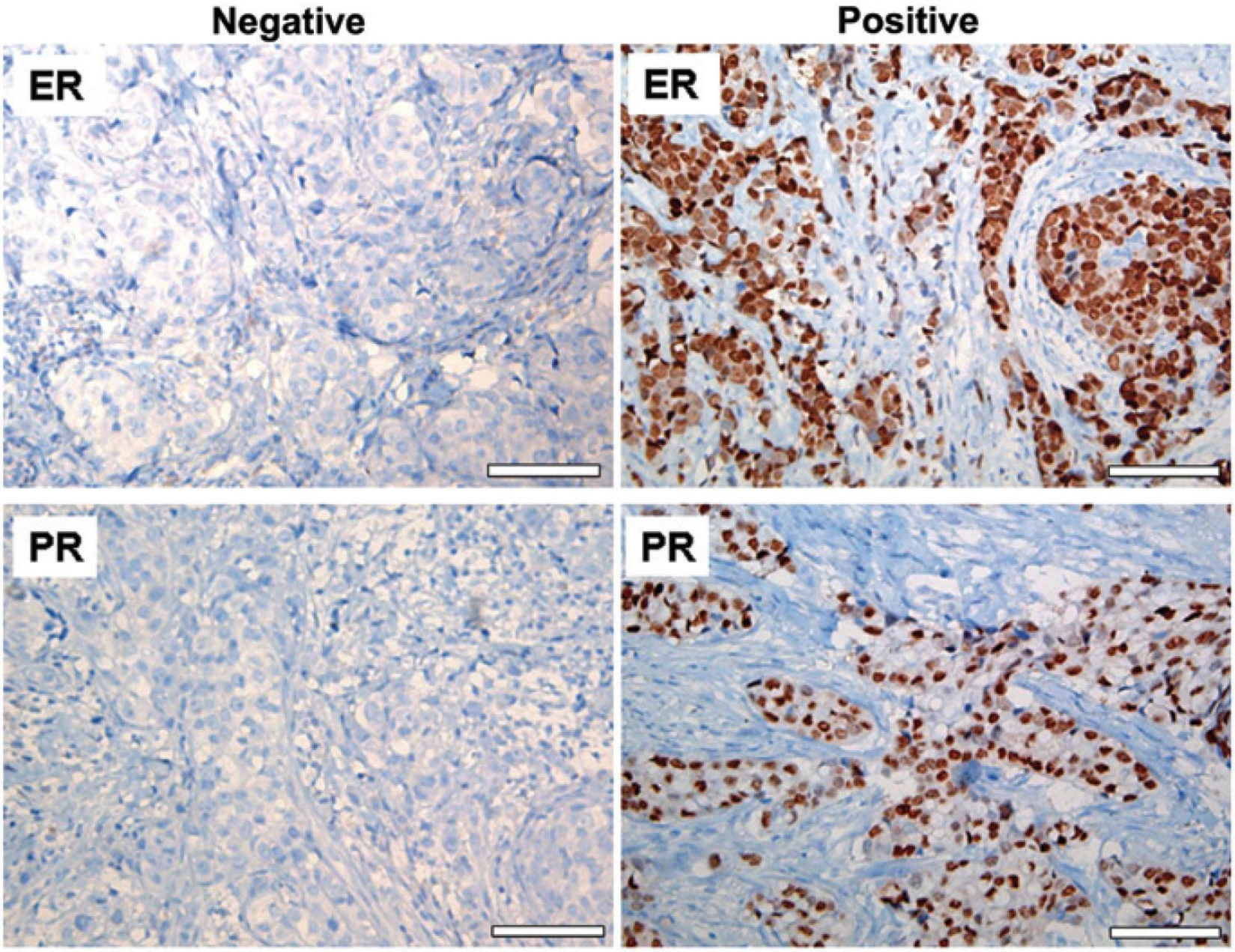
Evreleme

- TNM evreleme sistemi kullanılır.
- Fizik muayene, mamografi ve/veya ultrason lokal evreleme için çoğunlukla yeterlidir.
- Genç, genetik mutasyona sahip, multifokal hastalarda bazen lokal değerlendirme için MRG de kullanılabilir.
- Metastatik hastalık bulgu ve belirtileri olmayan Evre I ve II hastalar için, akciğer grafisi ve rutin laboratuvar testleri yeterli olabilir.
- Evre III ve IV hastalar için TAP BT, kraniyal MRG ve kemik sintigrafisi gerekebilir.
- PET/BT ise her hasta için gerekli değildir ve uygun hastalarda kullanılmalıdır.

Hormon reseptörleri

- **%65-75 hastada pozitif: Endokrin tedaviye aday**
  - **ER:** östrojen resptörü
  - **PR:** progesteron resptörü
- **%25 hormon reseptörü negatif**

ONCOLOGY LETTERS 9: 1207-1212, 2015



ONCOLOGY LETTERS 9: 1207-1212, 2015

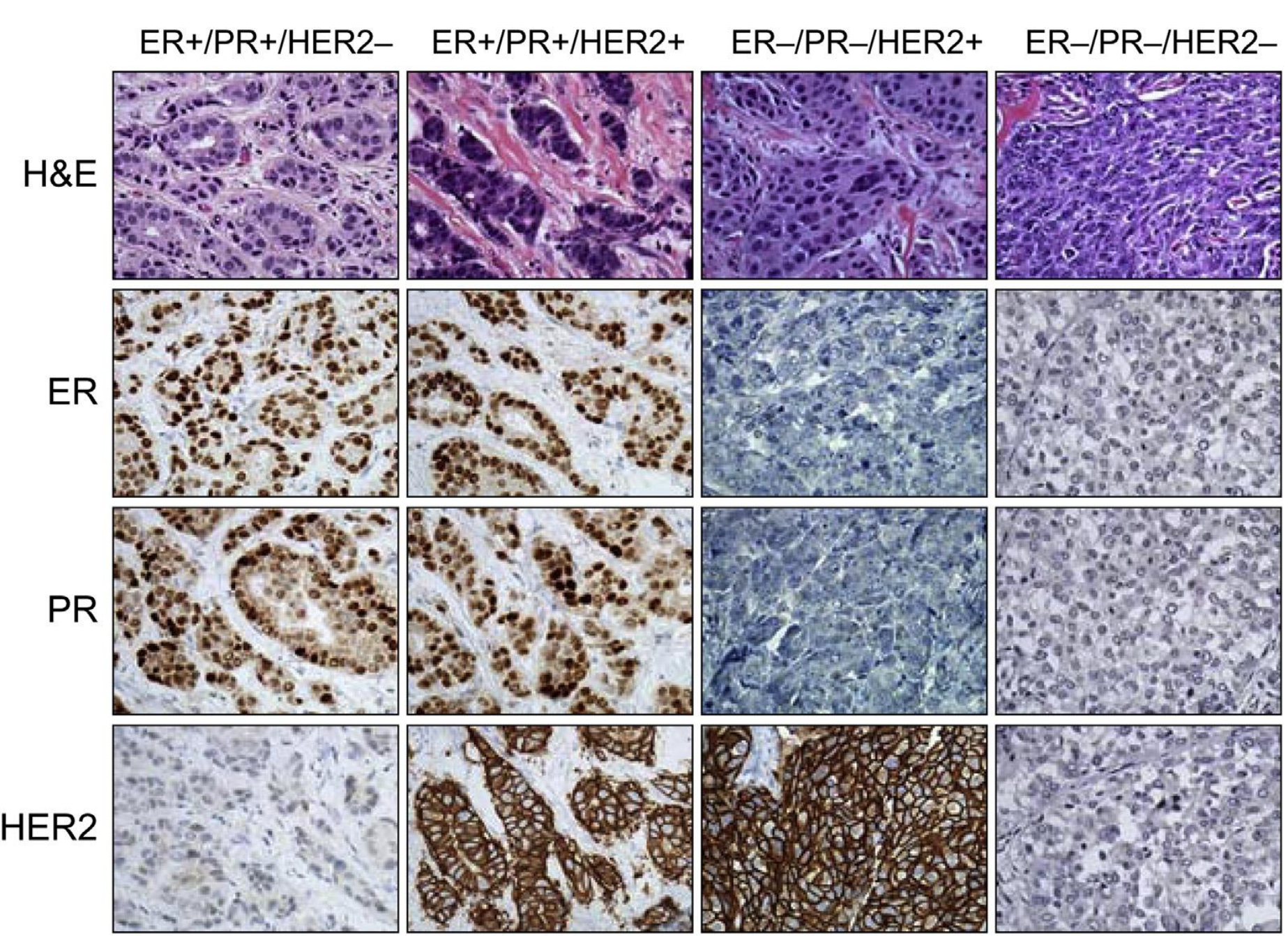
Human epidermal growth factor receptor-2

- c-erbB-2; Her2/neu; HER-2; HER-2/neu
- Transmembran tirozin kinaz reseptörü

⦿**IHC**

- ○0 veya 1+ : Negatif
- ○2+ ek test gerekir (FISH/CISH)
- ○3+: Pozitif

◎**%15-25 hastada pozitif:** anti-HER2 tedaviye aday

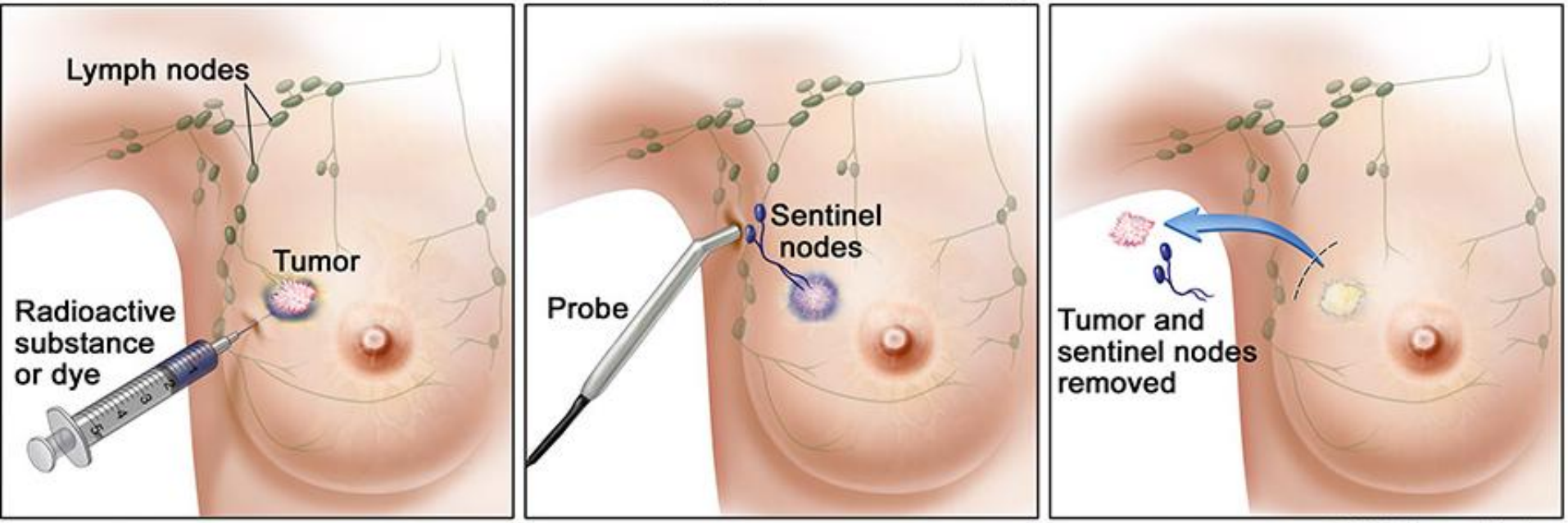


The American Journal of Pathology, Vol. 183, No. 4,

Tedavi

- Küratif
- Palyatif

Sentinel Lymph Node Biopsy



Hastaya Mastektomi ve SLNB yapıldı.

Patoloji:

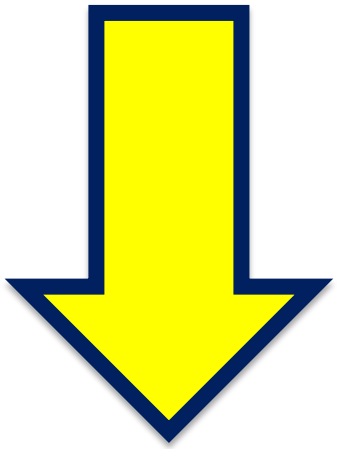
- T=4,3 cm, 0/2 SLN
- İNVAZİV MEME KARSİNOMUNU
- ER pozitif (%25),
- PR negatif,
- C-erb-B2 pozitif (Skor: 3+)

Adjuvant tedaviler

- **Amaç:** nükslerden sorumlu olan mikrometastazların ortadan kaldırılması
- **Hormonal tedavi**
- **Kemoterapi**
- **Hedefe yönelik tedavi**
- **Radyoterapi**

Hormon reseptör pozitifliği

- **5 yıl tamoksifen ile**
  - Nüks riskinde ≈ %50
  - Ölüm riskinde %35



- **Aromataz inhibitörleri**
  - Postmenopozal kadınlarda

JAMA. 2019;321(3):288-300. doi:10.1001/jama.2018.19323

Kemoterapi

- Antrasiklin temelli tedaviler
  - Doksorubisin veya epirubisin ve siklofosfamid
    - Kardiyotoksisite!!!
- Taksanlar
  - Paklitaksel veya docetaksel
- Trastuzumab

ADJ TEDAVİ

- 4 kür Doksorubisin ve siklofosfamid
- 4 kür Docetaksel –trastuzumab (1 yıla tamamlanması planlandı)
- Hormonal tedavi planlandı.

ADJ TEDAVİ

- 4 kür Doksorubisin ve siklofosfamid
- 4 kür Docetaksel –trastuzumab (1 yıla tamamlanması planlandı)
- Hormonal tedavi planlandı.
- **Tedavi Öncesi Değerlendirme?**

- Hasta Doksorubisin ve siklofosfamid 3.kürünü aldıktan 10 gün sonra


38,4

???