BÖLÜM 9

Geriatrik Testis Penis Adrenal Kanserlerine Yaklaşım

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TESTİS KANSERLERİ

Giriş

Testis kanseri, erkeklerde en sık görülen primer testis maligniteleri olmakla birlikte, özellikle genç erişkin erkekler arasında yüksek insidans oranları ile dikkat çekicidir (1). Dünya genelinde, toplam erkek kanserleri içinde yaklaşık %1 oranında yer almakta olup, hastalığın insidansı bölgeden bölgeye farklılık göstermektedir. Batı ülkelerinde, yılda 6-12/100.000 oranında teşhis edilmekte olup, en yüksek frekans genç yaşta (15-34 yaş) görülmesine rağmen, ileri yaştaki hastalarda da nadiren teşhis edilmektedir (2). Tanı anında olguların yalnızca %1-2'si bilateraldir. Testis tümörleri germ hücreli ve germ hücreli olmayan kanserler olarak ikiye ayrılır. Germ hücreli tümörler (GHT), %90-95 oranda en sık görülen histolojik tipi oluşturmaktadır, non germ hücreli tümörler ise sıklıkla seks kord stromal tümörleri (Leydig hücreli tümörler ve Sertoli hücreli tümörler) ve B hücreli lenfoma gibi nadir görülen tümörlerdir. Germ hücreli tümörler seminom ve non seminomlar (teratom, yalk sac, koriyokarsinom, embriyonel karsinom) olmak üzere ikiye ayrılırlar (3). Non seminomatöz testis tümörleri en sık üçüncü dekatta görülmekte iken, seminomatöz testis tümörleri en sık dördüncü dekatta görülmektedir. GHT hastalarının %5'inde primer bölge ekstragonadal lokasyondadır (4). Testis kanserlerinin %90'dan fazlası in situ germ hücreli tümör (GHNIS) den kaynaklanır, izokromozom 12p defekti ise testis kanseri olgularının yaklaşık %70'inde gözlenmektedir (4). In situ germ hücreli tümörler farklılaşmamış germ hücrelerinden oluşur ve testiküler tümörlerin prekürsörü olarak kabul edilirler. Erken çocukluk döneminde ortaya çıkan puberte öncesi tip teratom ve yolk sac tümörü ile

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hastalarda radyoterapiyle ilişkili yan etkilerin sıklığı dikkatlice takip edilmelidir (103). Otilia Kimpel'in retrospektif çok merkezli kohort çalışmasında kemoterapinin daha iyi genel sağkalım ve kanser spesifik sağkalıma neden olduğu bulunmuştur (104).

Sonuç

Tanı anında tümör oranları arasında belirgin bir fark olmamasına rağmen, yaşlı hastaların 1. ve 5. yıllarda genç hastalara kıyasla daha düşük genel sağkalım ve kanser spesifik sağkalım oranına sahiptir (20). İleri yaş (yaş ≥60), metastatik hastalık varlığı, yüksek derece ve tümör evresi survi açısından bağımsız prediktif faktörlerdir. Yaşlı AKK'li hastalarda adjuvan RT ve KT uygulanması için prospektif çalışmalara ihtiyaç vardır. Nonspesifik kemoterapötiklerin kullanımı sınırlı fayda göstermektedir. Adrenolitik etkili Mitotanla adrenal kanserli hastaların %33'ünde kısmi veya tama yakın cevap sağlandığı tespit edilmiştir.

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