

专家共识

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子宫内膜癌三级预防策略中国专家共识
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关键词: 子宫内膜癌; 三级预防; 预防策略

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子宫内膜癌(endometrial cancer, EC)是全球范围内最常见的妇科恶性肿瘤之一。由于人口老龄化、代谢性疾病患病率上升以及生育模式的改变等因素,其发病率呈不断上升的趋势。在发达国家和我国部分城市,如北京、上海、广州等地,子宫内膜癌发病率已跃居女性生殖道恶性肿瘤之首。对子宫内膜癌进行有效的预防和管理需要多学科协作,涵盖一级预防、二级预防和三级预防策略。

通过对病因的一级预防、二级预防中的早期筛查和诊断,以及三级预防中的综合治疗和康复,可以有效降低子宫内膜癌的发病风险,从而提高患者的生存率和生活质量。目前宫颈癌三级预防体系的建立和实施已相对完善和成熟,而子宫内膜癌三级预防体系的建立尚未统一和完善。中国妇幼健康研究会妇产科精准医疗专业委员会和上海市医学会妇科肿瘤学分会组织专家,依据当前循证医学证据和真实世界临床经验,形成子宫内膜癌的三级预防策略中国专家共识,以供临床医生参考应用。

1 子宫内膜癌一级预防

1.1 目标 一级预防侧重于通过控制可改变的危险因素和倡导健康的生活方式来降低罹患子宫内膜癌的风险。其目标是在疾病发生之前进行预防,尤其是在高危人群中。见图1。

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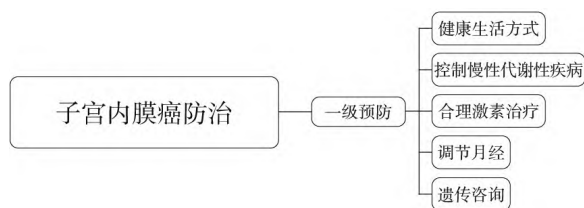


图1 子宫内膜癌一级预防内容

1.2 高危因素 子宫内膜癌受遗传、激素、代谢和环境等多种因素的综合影响^[1]。主要的危险因素如下。

1.2.1 年龄 45岁以后患子宫内膜癌的风险显著增加,大多数病例在绝经后女性中被诊断出来^[2-4]。

1.2.2 肥胖 体重超标是一个主要的危险因素。脂肪组织会导致雌激素水平升高,可能会促进子宫内膜增生和癌变^[5-7]。

1.2.3 内外源性雌激素相关因素 包括未生育、绝经晚(>55岁)和初潮早(<12岁),绝经后女性单独使用雌激素的激素补充疗法(HRT)等。由于长期暴露于雌激素环境中,导致患病风险增加^[8]。

1.2.4 疾病状况 糖尿病、高血压和多囊卵巢综合征(PCOS)与激素失衡和胰岛素抵抗有关,可能会促进子宫内膜癌的发生^[9]。功能性卵巢肿瘤(分泌雌激素的卵巢肿瘤)、乳腺癌、甲状腺疾病、垂体疾病、子宫内膜增生都会增加罹患子宫内膜癌的风险^[10-11]。

1.2.5 遗传易感性 林奇综合征是一种由错配修复基因突变(如 *MLH1*、*MSH2*)引起的遗传性疾病,占子宫内膜癌病例的2%~5%^[12-13]。此外,还有 *PTEN* 基因胚系突变引起的Cowden综合征等。

1.3 预防措施 总的原则是通过健康生活方式和慢性病管理降低风险,有内外源性雌激素相关危险因素的人群提

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