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ANTİ-HER-2 TEDAVİLER İLE GELİŞEN KARDİYOTOKSİSİTE VE YÖNETİMİ

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GİRİŞ

Kanser hastalarının yaşamdan beklenti süresi son 15-20 yılda belirgin olarak artmıştır. Bu sonuca ulaşmak için yoğun anti kanser tedaviyle birlikte önemli oranda yan etkilerle de başa çıkmak gerekmektedir. Bunların en önemlilerinden biri ve hastanın yaşam süresi ve kalitesini en çok etkileyeni kardiyotoksisitedir. Kemoterapiye bağlı klinik kalp yetersizliği (KY) insidansı %1-5 arasındadır. Asemptomatik sol ventrikül disfonksiyonu %5-20 oranındadır (1). Kemoterapiye bağlı oluşan iki tip kardiyotoksisite bilinmektedir. Tip 1 kardiyotoksisite doz bağımlıdır ve kalıcı miyokard hasarına neden olur, antrasiklinler bu kategorinin prototipidir. Tip 2 kardiyotoksisite dozdan bağımsız ve genellikle geri dönüşümlüdür, trastuzumab örnek olarak gösterilebilir (2,3). Kardiyotoksisitenin gelişimi akut (tedavi anında veya kısa süre içinde), subakut (kemoterapi tamamlandıktan günler veya haftalar içinde) veya kronik (ilaç verildikten aylar sonra) olarak gözlenebilir.

Meme kanseri, kadınlarda en sık tanı alan kanser olup kanserli kadınlarda ikinci önde gelen ölüm nedenidir (4). Pek çok meme kanseri için elde edilen sonuçlar olumlu olsa da insan epidermal büyüme faktörü reseptörü-2 (HER-2) pozitif meme kanserleri agresif bir klinik seyir izleyebilir ve daha yüksek hastalık nüksü ve ölüm oranları ile ilişkili olabilir (5,6). Bu tür tümörler, HER-2 'nin aşırı ekspresyonu ve / veya ERBB2 geninin amplifikasyonu ile karakterizedir (5,7). HER-2' nin hücre dışı bölgesini hedefleyen monoklonal antikorun (trastuzumab) geliştirilmesi, bu hastaların tedavisinde devrim yaratarak hastalıksız ve genel hayatta kalma oranlarında büyük gelişmelere yol açmıştır (8). Ek olarak, yeni anti-HER-2 tedavilerin geliştirilmesi, bu popülasyon için kanser sonuçlarında daha fazla iyileşmeler sağlamıştır (9-12).

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SONUÇ

Trastuzumab gibi HER-2 hedefli tedaviler genellikle iyi tolere edilir. Bununla birlikte, HER-2'ye yönelik tedavilerin güvenilirliği, kardiyotoksik etkileri sorgulanmaktadır. Kardiyotoksisite kemoterapi dozunu sınırlayıcı olabildiği için kanser tedavisi üzerinde büyük önemi bulunmaktadır. Kanser tedavisindeki gelişmeler göz önüne alındığında, tedaviyi takip eden doktorun geri dönüştürülebilir yan etkilere erken tanı koyabilmesi, kardiyovasküler yan etki oluşabilecek hastaları ve risk faktörlerini belirleyebilmesi, hastaların anti-kanser tedavilerini sürdürmelerini sağlamak için yaşam tarzı değişiklikleri de dahil gerekli düzenlemeleri yapabilmesi gerekmektedir. Ayrıca subklinik olguların tespiti ve tedavisini sağlayarak potansiyel kardiyak etkiyi azaltmaya çalışması da gerekmektedir. Kemoterapötik ajanların kardiyotoksik etkileri her ne kadar nadir gözükse de, ortaya çıktığı anda kanser hastalarında daha fazla morbidite ve mortaliteye neden olmaktadır. Kardiyovasküler yan etkilerin ortaya çıkmaması ve mevcut olan hastalığı daha da kötüleştirmemesi için kardiyologların ve onkologların yakın takip ve işbirliği yapması elzemdir. Bu sebeple, kardiyotoksik etkilerin en sık görüldüğü kemoterapötikler, olası kardiyotoksik etkiler, hastayı bu etkilerden korumak için yapılabilecekler ve tedavi yönetimi klinisyenler için büyük önem arz etmektedir.

Anahtar Kelimeler: Anti-HER-2 tedavi, kardiyotoksisite, kardiyotoksisite yönetimi.

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