

ONKOLOJİ HASTALARINDA ANEMİYE YAKLAŞIM

29. BÖLÜM

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Giriş

Anemi kanser hastalarında yaygın ve ciddi sorunlara sebep olabilecek bir durumdur. Solid yapıda tümörü olan hastalarda yaklaşık %40 oranında görülür (1,2). Anemi görülme sıklığı ayrıca kemoterapi uygulanma süresiyle de doğrudan ilişkilidir. Hematolojik malignitelere anemi görülme sıklığı solid tümöre bağlı olanlara oranla 2 kat daha fazladır (3). Kemoterapi doz ve uygulama süresine bağlı olarak anemi görülme sıklığı ile ilişkili en önemli faktörlerden biridir (4). Anemi onkoloji hastalarında sağkalım süresi ve yaşam kalitesini olumsuz etkiler (5). Dünya Sağlık Örgütü (WHO) ve Ulusal Kanser Enstitüsü kanser hastalarında anemiyi hemoglobin düzeyleri baz alınarak 4 kategoriye ayırmıştır. Anemi çeşitli semptomlar fiziksel ve fonksiyonel bozukluklarla hastaların tedaviye yanıtlarını ve yaşam kalitelerini etkiler. Palpitasyon, dispne, depresyon, taşikardi, kulakta çınlama, bilişsel bozukluklar en sık görülen semptomlardır (6).

Anemi tüm hücrelere oksijen taşıma kapasitesini azaltır. Buna tümör hücreleri de dahildir. Bu hipoksik durum radyoterapi ve kemoterapi etkinliğini azaltır. Düşük doku oksijenizasyonu tümör dokusunun radyoterapi ve bazı kemoterapi ajanlarına olan sensitivitesini azaltır. Bu da uzun vadede hastanın progresyonunu olumsuz etkileyerek sağ kalımını azaltır (7). Hemoglobin düzeyi 12 ve altında olan hasta gruplarında yaşam kalitesi ve fonksiyonel durumun daha yüksek hemoglobin düzeylerine sahip hastalara oranla anlamlı düzeyde daha kötü olduğu görülmüştür. Tedavide kan transfüzyonu, demir eksikliği tespit edildiyse de demir replasmanı ya da rekombinant insan eritropoetin (EPO) ya da darbepoetin-Q gibi eritropoez stimüle eden ajanlar (ESAs) kullanılır (8). Onkolojik hastalardaki sağkalım üzerine ve yaşam kalitesine olan etkisi düşünülerek tedavide en

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