

Bölüm 27

HEMATOLOJİDE KULLANILAN ORAL KEMOTERAPÖTİKLER

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Oral kemoterapi uygulamaları, 1953'ten beri süregelmektedir. Doksanlı yıllara geçildiğinde, moleküler yapıların daha iyi anlaşılabilir olması ile birlikte, hücre yüzey proteinleri ve tümör ile ilgili yolaklar daha fazla aydınlatılabilir bir hale geldi. Bu yolaklar ve proteinleri hedef alan oral sitotoksik ajanlar ve küçük moleküllü inhibitörler ise giderek genişleyen bir farmakolojik sınıf olan oral kemoterapötikleri oluşturmuştur (Weingart et al., 2008). Oral kemoterapötikler, kullanım ve uygulama kolaylığından dolayı kanser tedavisi için daha popüler hale gelmektedir. Her ne kadar uygulamada kolaylık sağlayan yanları olsa da oral kemoterapötikler, dar bir terapötik indekse sahiptir ve metabolizmaları gıda ve/veya ilaç etkileşimlerinden kolaylıkla etkilenebilir.

Bu bölümde, hematolojide güncel tedavide kullanılan oral kemoterapötik ilaçları; endikasyonları, etki mekanizmaları, farmakokinetik özellikleri, doz aralıkları, ilaç etkileşimleri, özel durumları ve toksisite özellikleri yönünden inceleyeceğiz.

BEKZAROTEN

Bekzaroten, retinoid sınıfı bir oral kemoterapötik ilaçtır. Bekzaroten, kutanöz T hücreli lenfomanın kutanöz manifestasyonlarında en az bir sistemik tedaviye direnç gösteren olgularda endikedir.

Etki mekanizması: Retinoid X reseptörlerine (RXRs) seçici olarak bağlanır ve reseptör aktivasyonu sağlar. Retinoid X reseptörleri, retinoik asit reseptörleri (RARs), vitamin D reseptörleri ve tiroid reseptörleri gibi birçok farklı reseptörde heterodimer oluşturur. Bu reseptörler aktive olduktan sonra, transkripsiyon faktörü olarak çalışır; sonrasında da hücre farklılaşması, büyümesi ve bölünmesini kontrol eden birçok genin regülasyonunda görev alırlar. Bekzarotenin kutanöz T hücreli lenfomadaki antitümör etkisinin mekanizması ise hala tam olarak aydınlatılamamıştır.

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Özel Durumlar: Retinoidlere hipersensitivitesi olan hastalarda kontrendikedir. Ateş, solunum sıkıntısı ve lökositoz açısından hasta takip edilmelidir; çünkü hastaların yaklaşık %25’inde retinoik asit sendromu gelişebilir. Serum trigliserid ve kolesterol seviyeleri yakın takibe alınmalıdır. Tam kan sayımı ve karaciğer fonksiyon testleri monitörize edilmelidir. Gebelik kategorisi D olarak bildirilmiştir.

Toksisite: A vitamini toksisitesi (baş ağrısı, cilt ve müköz membranlarda kuruluk, periferik ödem, mukozit, pruritus ve konjonktivit), retinoik asit sendromu, terleme, hipotansiyon, flebit, konjestif kalp yetmezliği gözlenebilir. Hastaların yaklaşık %60’ında serum kolesterol ve trigliserid düzeyleri artar. Anksiyete, parestezi, depresyon, konfüzyon ve ajitasyon şeklinde ortaya çıkan santral sinir sistemi toksisitesi gözlenebilir. Gastrointestinal kanama, duyma kaybı, renal disfonksiyon psödötümör serebri gözlenebilir. Teratojenite gözlenebilir (Degos et al., 1995; Estey et al., 2006; Fenaux et al., 1999; Sanz et al., 2010; Zhang et al., 2002)

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