Bölüm 23

KEMOTERAPİ VE KARDİYOTOKSİSİTE: TANI, TEDAVİ VE KORUMA

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GİRİŞ

Yirminci yüzyılın başlarından itibaren bulaşıcı hastalıkların önlenmesi ve tedavisindeki gelişmeler, daha iyi hijyen, iyileşmiş sosyoekonomik koşullar ve bunun sonucu olarak yaşam süresinin uzaması nedeniyle; kardiyovasküler, serebrovasküler hastalıklar ve kanser önde gelen ölüm nedenleri haline gelmiştir. Kardiyovasküler hastalıklara bağlı ölümü önleme çabaları etkili olduğu için, kanser ölümün ana nedeni olarak giderek artış göstermektedir (Albini & Sporn, 2007). Son yıllarda kanser tarama yöntemlerinin geliştirilmesi ile erken tanı konabilmekte ve adjuvan kemoterapi kullanımının yaygınlaşması ile kanser tedavisinde de şifa oranı belirgin olarak artmaktadır. Bununla birlikte, neoplastik ya da preneoplastik bir durum nedeniyle kemoterapi gören hastalar kardiyovasküler sağlığın bozulması açısından önemli bir risk taşımaktadır. Kardiyotoksisite; "kemoterapi kaynaklı kardiyak yan etkilerin tümü" olarak tanımlanmaktadır. Kardiyotoksisite, her kür sırasında uygulanan doza veya toplam kümülatif doza bağlı olabileceği gibi dozdan tamamen bağımsız da olabilir. İlk kez 1967 yılında doksorubisin ile tedavi edilen çocuklarda kalp yetersizliği (KY) rapor edilmiş ve sonrasında da kanser hastalarındaki uzun yaşam beklentisine karşın, kanser ilaçlarının yapmış oldukları kardiyak yan etkiler gittikçe ilgi çeken bir konu olmuştur (Tan & ark., 1967, Yeh ET, 2006). Kemoterapi kaynaklı kardiyotoksik etkiler; geçici, hafif bir kan basıncı yüksekliği ve/veya basit elektrokardiyografi (EKG) değişikliklerinden ölümcül, ciddi aritmilere; miyokardit ve/veya perikarditten akut miyokard enfarktüsü ve KY'ye varan geniş bir spektrum göstermektedir. Ayrıca kanser vakalarının görülme yaşı dikkate alındığında bu yaş grubunda hipertansiyon, koroner arter hastalığı, KY ve diğer kalp hastalıklarının görülme sıklığı da yüksektir. O nedenle kanser tedavisi ile takip edilen çoğu hasta, tümör rekürrensinden daha çok kardiyovasküler nedenlerden dolayı ölmektedir (Khakoo & Yeh, 2008).

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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.

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