

KALP YETERSİZLİĞİ OLAN HASTALARDA ONKOLJİK YAKLAŞIMI

**10.
BÖLÜM**

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GİRİŞ

Kanser ve kalp yetmezliği (KY), gelişmiş ülkelerde, daha çok ileri yaşıarda ortaya çıkan ve görülme sıklığı giderek artan tıbbi durumlardır. Bu iki hastalık da kötü prognostik seyir izlemektedir. Daha önceden KY tanısı konulan hastalarda yeni malignite teşhisi konulması sık görülen bir durumudur. KY ve kanser birlikte yönetimi ile ilgili karşılaşılan problemler kardiyolog ve onkologları zorlamaktadır. KY teşhisi ile takip ve tedavi edilen hastalarda kanser insidansında artış gözlenmiştir. Bu bölümde, KY'de kanser gelişiminin epidemiyolojisini ve prognostik neticeleri, KY tanılı hastaların kanser tedavi planlaması üzerindeki etkisini ve bunun tersi olarak kanserin KY tedavi seçenekleri üzerindeki etkisini anlatırken, hasta bakımı ile ilgili bazı pratik öneriler sunup ve bu konu ile ilgili bilgi eksiklikleri ifade edilmeye çalışılmıştır. Gelişmiş ülkelerde beklenen yaşam süresinin uzaması sonucunda ileri yaş bireylerde kalp yetmezliğine (KY), özellikle korunmuş sol ventrikül ejeksiyon fraksiyonu (LVEF) ile sonuçlanabilecek kalp yapısında ve işlevinde değişikliklere yatkınlık yaratıyor. Bunun yanında kardiyovasküler alannda tedavideki büyük ilerlemeler, akut miyokard enfarktüsü ve diğer akut kardiyovasküler olaylarda mortalitede bariz gerileme sağlasa da azalmış sol ventrikül ejeksiyon fraksiyonu (LVEF) ile KY'ye yol açan sonraki miyokardiyal yeniden şekillenmeyi aynı ölçüde etkilenmediği görülmüştür (1,2,3). Bunların sonucunda KY, giderek artan prevalansı olan ve çoğunlukla da yaşlı bireyleri etkileyen bir sendromdur (4). Bir çok kanser hastalığında da yaş ile birlikte görme sıklığı artmaktadır (5). Son Amerikan Kanser Derneği tahminlerine göre, doğumdan 49 yaşına kadar herhangi bir bölgede invaziv kanser gelişme olasılığı kadınlarda ve erkeklerde sırasıyla 19'da 1 ve 29'da 1'dir. İnsan yaşamının altıncı on dekatında 17'de 1 ve 15'te 1'e, yedinci dekatında 10'da 1 ve 7'de 1 olur ve 70 yaşı sonrasında

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