

2. BÖLÜM

ONKOLOJİDE GRANÜLOSİT KOLONİ STİMÜLE EDİCİ FAKTÖR (G-CSF) KULLANIMI

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GİRİŞ

Granülosit ve granülosit-makrofaj koloni uyarıcı faktörler (G-CSF ve GM-CSF), kemik iliğindeki progenitor hücrelerin granülositlere, makrofajlara ve T hücrelerine farklılaşmasını düzenler.

Onkoloji pratiğinde, rekombinant G-CSF'ler kemoterapi ve/veya radyoterapiye ikincil gelişen nötropeniyi düzeltmek veya gelişebilecek nötropenik ateş komplikasyonunu engellemek için kullanılmaktadır.

NÖTROPENİ, FEBRİL NÖTROPENİ VE NÖTROPENİK ATEŞ TANIMI

Nötrofil sayısının $1000/\text{mm}^3$ 'den düşük olması nötropeni olarak kabul edilir. Ciddi nötropeni; mutlak nötrofil sayısı $<500 \text{ mm}^3$ veya 48 saat içinde $<500 \text{ mm}^3$ olmasının beklentiği koşulları tanımlar. Derin nötropeni; mutlak nötrofil sayısı $<100 \text{ mm}^3$ olması durumudur (Justiz Vaillant and Zito 2021).

Febril nötropeni; nötropenik bir hastada herhangi bir çevresel faktör olmaksızın oral ateş ölçümünün $38.3 \text{ }^\circ\text{C}$ den daha yüksek olmasıdır. En az bir saat süre ile ateşin sebat etmesi febril konum olarak adlandırılır.

Nötropenik ateş (NA); tek bir ölçümde oral ateşin $38.3 \text{ }^\circ\text{C}$ veya 2 ardışık ölçümde üzerinde iki saat boyunca $>38.0 \text{ }^\circ\text{C}$ üzerinde seyreden ateş ile birlikte nötrofil sayısının $<500 \text{ mm}^3$ veya $500-1000 / \text{mm}^3$ arasında olup $500/\text{mm}^3$ ün altına düşmesi beklenen ve hayatı tehdite içeren durumdur (Punnapuzha, Edemobi et al. 2021).

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G-CSF'ler uygun kullanımda güvenli olmakla birlikte gelişebilecek komplikasyonları engellemesi ile maliyet etkin olduğu bildirilmiştir. EORTC ve ASCO klavuzlarına göre uygun kullanımda kategori 1 öneri düzeyinde olan bir tedavi modelitesidir.

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