

15. BÖLÜM

ONKOLOJİ HASTALARINDA DİYAREYE YAKLAŞIM

Yakup DÜZKÖPRÜ¹

TANIM

Diyare için farklı tanımlamalar mevcut olup kabaca dışkılama sıklığında ve miktarında artış olarak belirtilmiştir. DSÖ tarafından günde 3 veya daha fazla sayıda (veya kişi için normalden daha sık) yumuşak ve sulu dışkılama olarak tanımlanmıştır (1). Tanımdan da anlaşılacağı üzere diyare tanımı kişiden kişiye değişebileceği için hekimlerin hastalara soracakları sorularla rehberlik etmesi ve hasta bazlı değerlendirme önem arz etmektedir.

ALTTA YATAN NEDENLER

İshal, kanser hastalarında birçok nedenle ortaya çıkabilir. Bu nedenlerin başlıcaları;

- Kemoterapötikler
- İmmunoterapötikler
- Tirozin kinaz inhibitörleri
- Radyoterapi (RT)
- Cerrahi
- Diğer nedenler

Bunlarla beraber ishalin diğer olası nedenleri de incelenmeli, kanser veya tedavi ile ilişkili olmayan, enfektif veya fonksiyonel sebepler göz önünde bulundurulmalıdır.

Bazı ilaçlar gibi risk faktörlerinin gastrointestinal mukoza üstüne direkt toksik etkileri bilinmesine rağmen hangi ilaç, madde veya mekanizmanın hangi

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KAYNAKLAR

1. Diarrhoeal Disease. Fact sheet N_330. World Health Organization. Updated May 2017. <http://www.who.int/mediacentre/factsheets/fs330/en/> (18 Mart 2021).
2. Jervoise Andreyev, Paul Ross, Clare Donnellan et al. Guidance on the management of diarrhoea during cancer Chemotherapy. *Lancet Oncol* 2014; 15: e447–60
3. P. Bossi, A. Antonuzzo, N. I. Cherny et al. Diarrhoea in adult cancer patients: ESMO Clinical Practice Guidelines. *Annals of Oncology* 29 (Supplement 4): iv126–iv142, 2018 doi:10.1093/annonc/mdy145
4. US Department of Health and Human Services, National Cancer Institute (November 27, 2017) Common Terminology Criteria for Adverse Events (CTCAE); Version 5.0 https://ctep.cancer.gov/protocoldevelopment/electronic_applications/docs/CTCAE_v5_Quick_Reference_5x7.pdf. 20 Mart 2021
5. Crobach MJ, Planche T, Eckert C et al. European Society of Clinical Microbiology and Infectious Diseases: update of the diagnostic guidance document for *Clostridium difficile* infection. *Clin Microbiol Infect* 2016; 22(Suppl 4): S63–S81.
6. Klastersky J, de Naurois J, Rolston K et al. Management of febrile neutropaenia: ESMO Clinical Practice Guidelines. *Ann Oncol* 2016; 27(Suppl 5): v111–v118.
7. Sachdev AH, Pimentel M. Gastrointestinal bacterial overgrowth: pathogenesis and clinical significance. *Ther Adv Chronic Dis* 2013; 4: 223–231.
8. Petrelli N, Herrera L, Rustum Y, et al. A prospective randomized trial of 5-fluorouracil versus 5-fluorouracil and high-dose leucovorin versus 5-fluorouracil and methotrexate in previously untreated patients with advanced colorectal carcinoma. *J Clin Oncol* 1987; 5:1559
9. Petrelli N, Douglass HO Jr, Herrera L, et al. The modulation of fluorouracil with leucovorin in metastatic colorectal carcinoma: a prospective randomized phase III trial. *astrointestinal-Tumor Study Group. J Clin Oncol* 1989; 7:1419.
10. Cascinu S, Barni S, Labianca R, et al. Evaluation of factors influencing 5-fluorouracil-induced diarrhea in colorectal cancer patients. An Italian Group for the Study of Digestive Tract Cancer (GISCAD) study. *Support Care Cancer* 1997; 5:314.
11. Sloan JA, Goldberg RM, Sargent DJ, et al. Women experience greater toxicity with fluorouracil-based chemotherapy for colorectal cancer. *J Clin Oncol* 2002; 20:1491.
12. Ezzeldin H, Diasio R. Dihydropyrimidine dehydrogenase deficiency, a pharmacogenetic syndrome associated with potentially life-threatening toxicity following 5-fluorouracil administration. *Clin Colorectal Cancer* 2004; 4:181.
13. Abigeres D, Chabot GG, Armand JP, et al. Phase I and pharmacologic studies of the campothecin analog irinotecan administered every 3 weeks in cancer patients. *J Clin Oncol* 1995; 13:210.
14. Yumuk PF, Aydin SZ, Dane F et al. The absence of early diarrhea with atropine premedication during irinotecan therapy in metastatic colorectal patients. *Int J Colorectal Dis* 2004; 19: 609–610.
15. Pazdur R. Irinotecan: toward clinical end points in drug development. *Oncology (Williston Park)* 1998; 12:13.
16. Saliba F, Hagipantelli R, Misset JL, et al. Pathophysiology and therapy of irinotecan-induced delayed-onset diarrhea in patients with advanced colorectal cancer: a prospective assessment. *J Clin Oncol* 1998; 16:2745.
17. Van Cutsem E, Findlay M, Osterwalder B et al. Capecitabine, an oral fluoropyrimidine carbamate with substantial activity in advanced colorectal cancer: results of a randomized phase II study. *J Clin Oncol* 2000; 18:1337–1345.
18. Al-Batran SE, Homann N, Pauligk C, et al. Perioperative chemotherapy with fluorouracil plus leucovorin, oxaliplatin, and docetaxel versus fluorouracil or capecitabine plus cisplatin and epirubicin for locally advanced, resectable gastric or gastro-oesophageal junction adenocarcinoma (FLOT4): a randomised, phase 2/3 trial. *Lancet* 2019; 393:1948.

19. 'Enterotoxicity of chemotherapeutic agents'. Last updated: Feb 22, 2021. <https://www.uptodate.com/contents/enterotoxicity-of-chemotherapeutic-agents>. 21 mart 2021
20. Sequist LV, Yang JC, Yamamoto N et al.(2013) Phase III study of afatinib or cisplatin plus pemetrexed in patients with metastatic lung adenocarcinoma with EGFR mutations. *J Clin Oncol* 31(27):3327–3334. <https://doi.org/10.1200/JCO.2012.44.2806>
21. Bowen JM. Mechanisms of TKI-induced diarrhea in cancer patients. *Curr Opin Support Palliat Care* 2013; 7: 162–67.
22. Hope S, Rugo, Jack A, Di Palma, Debu Tripathy et al. The characterization, management, and future considerations for ErbB-family TKI-associated diarrhea. *Breast Cancer Research and Treatment* (2019) 175:5–15 <https://doi.org/10.1007/s10549-018-05102-x>
23. Motzer, R.J., Escudier, B., Oudard, S., Hutson, T.E., Porta, C., Bracarda, S. et al. (2008) Efficacy of everolimus in advanced renal cell carcinoma: a double-blind, randomised, placebo-controlled phase III trial. *Lancet* 372: 449_456
24. Goetz MP, Toi M, Campone M, et al. MONARCH 3: Abemaciclib As Initial Therapy for Advanced Breast Cancer. *J Clin Oncol* 2017; 35:3638.
25. Beck KE, Blansfi eld JA, Tran KQ, et al. Enterocolitis in patients with cancer after antibody blockade of cytotoxic T-lymphocyte-associated antigen 4. *J Clin Oncol* 2006; 24: 2283–89.
26. Harb AH, Abou Fadel C, Sharara AI. Radiation enteritis. *Curr Gastroenterol Rep* 2014; 16: 383.
27. 'Overview of gastrointestinal toxicity of radiation therapy'. last updated: Apr 13, 2020. <https://www.uptodate.com/contents/overview-of-gastrointestinal-toxicity-of-radiation-therapy>. 23 Mart2021
28. Classen J, Belka C, Paulsen F, et al. Radiation-induced gastrointestinal toxicity. *Pathophysiology, approaches to treatment and prophylaxis. Strahlenther Onkol* 1998; 174 Suppl 3:82.
29. Liu MM, Li ST, Shu Y, Zhan HQ. Probiotics for prevention of radiationinduced diarrhea: a meta-analysis of randomized controlled trials. *PLoS One* 2017; 12: e0178870.
30. Sher ME, Bauer J. Radiation-induced enteropathy. *Am J Gastroenterol* 1990; 85:121.
31. Poutanen SM, Simor AE. Clostridium difficile associated diarrhea in adults. *CMAJ* 2004;171(1): 51e58.
32. Nathan I. Cheryn. Evaluation and Management of Treatment-Related Diarrhea in Patients with Advanced Cancer: A Review. *Journal of Pain and Symptom Management*. Vol. 36 No. 4 October 2008
33. Whelan K, Schneider SM. Mechanisms, prevention, and management of diarrhea in enteral nutrition. *Curr Opin Gastroenterol* 2011; 27: 152–159.
34. Chan VW. Chronic diarrhea: an uncommon side effect of celiac plexus block. *Anesth Analg* 1996;82(1):205e207.
35. Rolston KV, Bodey GP, Safdar A. Polymicrobial infection in patients with cancer: an underappreciated and underreported entity. *Clin Infect Dis* 2007; 45:228.
36. Kirkpatrick ID, Greenberg HM. Gastrointestinal complications in the neutropenic patient: characterization and differentiation with abdominal CT. *Radiology* 2003; 226:668.
37. Benson AB, 3rd, Ajani JA, Catalano RB et al. Recommended guidelines for the treatment of cancer treatment-induced diarrhea. *J Clin Oncol* 2004; 22: 2918–2926.
38. Dupont, H.L. (1997) Guidelines on acute infectious diarrhea in adults. The Practice Parameters Committee of the American College of Gastroenterology. *Am J Gastroenterol* 92: 1962_1975.
39. Neshler L, Rolston KV. Neutropenic enterocolitis, a growing concern in the era of widespread use of aggressive chemotherapy. *Clin Infect Dis* 2013; 56: 711–717.
40. Duggan C, Fontaine O, Pierce NF et al. Scientific rationale for a change in the composition of oral rehydration solution. *JAMA* 2004; 291: 2628–2631.
41. Immodium® A-D, in Sifton DW (ed): *Physicians' Desk Reference*. 56th ed. Montvale, NJ, Medical Economics Company, Inc., 2002, pp 2001

42. Rivers E, Nguyen B, Havstad S, et al, and the Early Goal-Directed Therapy Collaborative Group. Early goal-directed therapy in the treatment of severe sepsis and septic shock. *N Engl J Med* 2001; 345: 1368–77.
43. Wadler, S., Haynes, H. and Wiernik, P.H. (1995) Phase I trial of the somatostatin analog octreotide acetate in the treatment of fluoropyrimidine-induced diarrhea. *J Clin Oncol* 13: 222_226.
44. Diagnosis and management of chronic radiation enteritis. last updated: May 04, 2020. <https://www.uptodate.com/contents/diagnosis-and-management-of-chronic-radiation-enteritis>. 24 Mart 2021