

GERİATRİK ONKOLOJİ HASTALARINDA KÜRATİF RADYOTERAPİ YAKLAŞIMLARI

11. BÖLÜM

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GİRİŞ

Yaşlı hastalarda kanser, küresel bir sağlık sorunu olup 60-79 yaş arası kadın ve erkeklerde başlıca ölüm nedenidir⁽¹⁾. Dünya nüfusu yaşlandıkça, artan sayıda yaşlıya kanser teşhisi konulması kaçınılmazdır⁽²⁾. 2030 yılına kadar tüm kanserlerin yaklaşık %70'inin 65 yaş ve üzeri yetişkinlerde görüleceği tahmin edilmektedir⁽³⁾. Bu nedenle yaşlı kanser hastalarının yönetiminin onkoloji pratiğinde ki önemi gün geçtikçe artmaktadır. Ancak yaşlılık göreceli bir terim olup kronolojik bir sınırla tanımlanmaya çalışılsa bile, muhtemelen yaşlı nüfus arasında biyolojik ve işlevsel duruma bağlı heterojenlik gösteren bir kavram olmaya devam edecektir. İnsanlar, aynı toplum içinde bile biyolojik olarak aynı oranda yaşlanmazlar. Bu nedenle yaşın kanser tedavisi görecekt yaşlılar için belirleyici faktör olmaması gerektiği konusunda genel bir fikir birliği vardır. Hatta bir kanser tanısı sonrası hastanın fiziksel ve bilişsel performans, kırılabilirlik multimorbiditeler, hasta iradesi, uyum ve duyu durumu, tedavi kararı sürecinde yaştan daha önemli olup daha fazla dikkate alınmalıdır.

Yaşlanma süreci, birden fazla organ sisteminin zaman içindeki fonksiyon kaybı ve/veya azalmasıyla ilişkilidir⁽⁴⁾. Yaşlanmayla ilişkili fonksiyonel gerileme yaşayan hastalar, kemoterapi, immünoterapi, cerrahi ve radyasyon dahil olmak üzere standart kanser tedavilerine karşı daha az toleransa sahip olabilir ve buna bağlı olarak daha az fayda görebilirler. Bu nedenle, yaşlı hastaların tedavisi daha sağlıklı, işlevsel olarak bozulmamış olan genç hastalarla aynı şekilde planlanmalıdır. Ancak bu hastaların nasıl tedavi edilmesi gerektiği konusunda belirsizlik vardır. Maalesef standart çalışmalarda yaşlı hastalar zayıf bir şekilde temsil edilmekte ve bu durum hekimlere tedavi kararlarını desteklemek için çok az veri sunmaktadır⁽⁵⁾. Büyük klinik çalışmalarda da önemli fonksiyonel değerlendir-

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KAYNAKÇA

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