

GERİATRİK ONKOLOJİ HASTALARINDA RADYOTERAPİ YAN ETKİLERİ ve YÖNETİMİ

12. BÖLÜM

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GİRİŞ

Kanser, dünya genelinde ölümlerin en sık ikinci sebebidir (1). Dünya nüfusu giderek yaşlanmaktadır. Yaşlanma, kanser gelişimi için en önemli risk faktörüdür (2). Çalışmalara göre, 2030 yılında, tüm kanserlerin %70'i yaşlılarda (65 yaş ve üstü) görülecektir. Yaş arttıkça kronik hastalık, yaşlanmaya bağlı olaylar ve düşkünlük gelişme riski artmaktadır. Hem kanserli hem de yaşlı hastalarda eşlik eden hastalık görülme sayısı ve riski, hem kanser olmayan hem de yaşlı olmayan hastalardan daha fazladır. Yaşlanmayla birlikte artan tüm bahsedilen olumsuz faktörler, yaşlı kanser hastalarında tedavilere bağlı (erken) yan etki gelişme riskini arttırmaktadır. Ne yazık ki, bu durum da tedavilerini ve buna bağlı olarak da sağkalım oranlarını olumsuz yönde etkilemektedir. İlaveten, kanser teşhis ve tedavisindeki ilerlemelere bağlı olarak kanserli hastaların yaşam süresi artmaktadır. Bu da, kanser hastalarıyla ilgilenen hekimlerin daha fazla uzun dönem (geç) yan etkiyle karşılaşacakları anlamına gelmektedir. Hem erken hem de geç yan etkiler hayat kalitesini olumsuz yönde etkilemektedir (3, 4).

RADYOTERAPİ

Radyoterapi, sıklıkla malign hastalıkların iyonizan radyasyon ile tedavi edilmesidir. Kanser hastalarında çeşitli endikasyonlarla uygulanmakta olan etkinliği kanıtlanmış bir tedavi şeklidir. Kanser hastalarının yaklaşık %50'si tedavilerinin herhangi bir aşamasında radyoterapi almaktadırlar (5). Radyoterapi, brakiterapi veya eksternal radyoterapi olarak uygulanabilir. Teknolojik gelişmeler sayesinde, daha kısa sürede, hedefe (veya tümöre) daha yüksek doz verilirken, komşu sağlıklı (veya normal) dokular daha başarılı bir şekilde korunabilmektedir. Bu da,

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