

GERİATRİK ONKOLOJİ HASTALARINDA HORMONOTERAPİ

13. BÖLÜM

Oktay Halit AKTEPE¹

GİRİŞ

Kanser 60-79 yaş aralığında ölümlerin başta gelen nedenlerinden biridir. Amerika Birleşik Devletleri'nde tüm kanserlerin yarısından fazlası ve kansere bağlı ölümlerin yaklaşık %70'i 65 yaş ve üstü bireylerde meydana gelmektedir ¹. Yaşlı nüfusun sürekli olarak artmasıyla, 2030 yılında genel popülasyonun %20'sini 65 yaş üstü bireylerin oluşturması beklenmektedir ². Önümüzdeki yıllarda, artan yaşam beklentisiyle birlikte, total kanser yükünün artacağı kaçınılmaz görünmektedir. Yaşlanma; genetik, biyolojik ve yaşam tarzıyla ilgili bir dizi olayların sonucu olarak bireyler arasında çok farklı şekillerde gelişen kompleks bir süreçtir. Yaşlı hastalar için fizyolojik yaşın kronolojik yaştan daha fazla öneme sahip olduğu iyi bilinen bir konudur ³; ancak fizyolojik yaşın nasıl belirlendiği ve hastalığa ve tedavi süreçlerine hangi mekanizmalarla katkıda bulunduğu tam olarak tanımlanmamıştır. Birçok kılavuz, tüm geriatrik hastalarda fizyolojik yaşı daha iyi tanımlamak, sonuçların iyileştirilmesi ve müdahalelerin yönlendirilebileceği geriatrik sendromları tanımlamak için Kapsamlı Geriatrik Değerlendirme (KGD) yapılmasını önermektedir ^{4,5}. Bununla birlikte, kanserli hastalarda KGD'yi gerçekleştirmek çok zaman alıcıdır ve özel bir uzmanlık gerektirmektedir. Bu yüzden, kırılabilirlik riskini belirlemede, kısa geriatrik değerlendirmeler veya taramalar daha fonksiyonel olması nedeni ile KGD yerine kullanılmaktadır ⁶.

Meme kanseri (MK) ve prostat kanseri sırasıyla kadınlarda ve erkeklerde en sık görülen kanserlerdendir. Hormonoterapi, östrojen ve/veya progesteron reseptörü pozitif meme kanserin adjuvan ve metastatik durumlarının tedavisinde temel öneme sahiptir. Ayrıca, yüksek riskli lokalize veya metastatik prostat kanserinin tedavisinde hormonoterapi ajanları büyük yer tutmaktadır. Bu kan-

¹ Uzm. Dr., Hacettepe Üniversitesi İç Hastalıkları ABD, Medikal Onkoloji Bilim Dalı, droktayaktepe@hotmail.com

ve daha yüksek yan etkiler düşünülduğünde, iki grup arasında anlamlı farklılık bulunmamıştır⁵⁴.

SONUÇ

Meme ve prostat kanserleri geriatrik popülasyonda en sık görülen kanserlerdendir. Hormonoterapi ajanları, geriatrik hasta grubunda gençlerle benzer etkinliğe ve güvenlik profiline sahiptir. Klinisyenler geriatrik meme ve prostat kanserli hastalarda tedavi seçimi yaparken kronolojik yaşı değil fizyolojik yaşı dikkate almalıdır. Ayrıca, KGD geriatrik kanserli hastaların tedavi seçiminin bir parçası olmalıdır.

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