

# MULTİPLE MYELOMDA GERİATRİK HASTA YÖNETİMİ

## 44. BÖLÜM

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### GİRİŞ

Multiple myelom (MM), intrinsik kromozomal anormallikler ve ekstrinsik stromal hücre desteği ile tetiklenen kontrolsüz plazma tümör hücre proliferasyonu ile birlikte kan ve/veya idrarda monoklonal protein varlığı ile karakterize malign bir hastalıktır. MM, tüm kanserlerin % 1 ve hematolojik kanserlerin % 10-12'sini oluşturur; dünya çapında yaşa göre standardize edilmiş yıllık insidans 100.000'de 1.5'tir ve yılda yaklaşık 115.000 yeni vaka geliştiği tahmin edilmektedir(1). Dünya çapındaki tahmini 5 yıllık prevalansı 230.000 hastadır(1). Plazma hücreli miyelom, medyan başlangıç yaşı 70 olan yaşlıların hastalığıdır(2). Tanı konularının % 60'ından fazlası ve ölümlerin yaklaşık % 75'i 65 yaşın üzerindeki yaş grubunda meydana gelir(3).

Son dönemlerde hayatta kalma oranları, büyük olasılıkla otolog kök hücre nakli (OKHN) ile etkili tedavilere bağlı olarak, genel popülasyon için önemli ölçüde iyileşmiştir. Bu konuyla ilgili bir çalışmada 1989-1992'de % 34 olan 5 yıllık göreceli sağkalımın 2001-2005 dönemlerinde % 56'ya yükseldiği bulunmuştur(4). Birleşik Devletler'de yapılan çalışmalarda 1990-1992'den 2002-2004'e kadar MM'li hastaların 5 yıllık göreceli sağkalımına ilişkin bir tahminde % 29-% 35 arasında önemli bir sağkalım artışı bildirmiştir. 50 yaş ve üstü hastalarda (% 45'ten % 57'ye) ve 50-59 yaş arası hastalarda (% 39'dan % 48'e) daha önemli artışlar görülmüştür. Ancak bu artışlar 60-69 yaşlarındaki hastalarda çok belirgin değildir (%31'den % 36'ya) ve 70 yaş ve üzerindeki hastalarda 5 yıllık sağkalımda iyileşme görülmemiştir(% 27'den% 29'a)(5).

Yüksek doz kemoterapi (YDK) ve OKHN geleneksel ve yeni ajanlarla karşılaştırılığında hastalısız sağkalım (DFS), toplam sağkalım (OS) ve progres-

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bilir. Elde bulunan tedavi seçenekleri nedeniyle hastalığın son aşamaya ulaştığını belirlemek zorlaşmaktadır ve hastalar bazen son güne kadar tedavi edilmektedir. Bu yüzden prognoz hakkında tanı aşamasında ve her nüks sürecinde hasta ve yakınlarıyla tedaviler ve palyatif bakım açısından uygun bir değerlendirme yapmak çok önemlidir.

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