BÖLÜM 13

PLATİN ANALOGLARININ KLİNİK KULLANIMLARI VE YAN ETKİ YÖNETİMLERİ

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GİRİŞ

Platin analogları günlük onkoloji pratiğinde yaygın şekilde kullanılmaktadır. Sisplatin, Karboplatin ve Okzaliplatin olmak üzere üç tip platin analoğu bulunmaktadır. DNA zincirinde kırıklar oluşturarak etki gösteren bu antineoplastik ilaçlar, tek başlarına, farklı antineoplastiklerle kombine ve radyoterapi ile eş zamanlı radyoduyarlaştırıcı olarak kullanılmaktadırlar(1). Aşağıda bir çok farklı kanser tipinde etkin şekilde kullanılmakta olan bu antineoplastik ajanların klinik kullanımları ve kombinasyon olarak yer aldıkları kemoterapi protokolleri ve yan etki profilleri özetlenmiştir.

SİSPLATİN

Sisplatin birinci nesil platin analoğudur. Onkoloji pratiğinde geniş kullanım alanı bulunmaktadır. Bu kullanım alanları tablo 1. de özetlenmiştir(2).

Tablo 1. Sisplatin'in klinik kullanımları	
Adrenokortikal karsinom	Doksorubisin, Etoposid, Mitotan ile
Anal karsinom	Mitomisin ile
Baş Boyun karsinomları	Dosetaksel, 5-Fluorourasil ile kombine veya 5-Fluorourasil ve Setuksimab ile kombine
Endometrium karsinomu	Doksorubisin veya Paklitaksel ile komine
Gestasyonel trofoblastik neoplazi	EMA-EP protokolü, Etoposid, Metotreksat, Lökovorin, Daktinomisin ile kombine

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stimülasyonu gibi fiziksel modaliteler veya girişimsel prosedürler endike olabilmektedir(39).

Gastrointestinal yan etkiler içinde bulantı – kusma yaklaşık 60% oranında diğer platin analoglarına benzer sıklıkta görülmekteyken, okzaliplatine bağlı diare 46% oranında bildirilmiştir ve diğer platin analoglarından daha sık görülmektedir. Küratif tedavilerde gelişen Grad III ve IV yan etkilerde okzalipatin dozunun 75mg/m^2'ye azaltılması, palyatif tedavi süreçlerinde saptanan Grad III – IV yan etkilerde ise dozun 65mg/m^2'ye azaltılması önerilmektedir(40).

Kemik iliği supresyonu karboplatin'e göre daha nadir görülmekle birlikte doz kısıtlayıcı olabilen yan etkilerdir. Anemi 64%, Lökopeni 13%, Trombositopeni 30% oranında görülmektedir. Grad IV ve tekrarlayan Grad III hematolojik yan etkilerde hematolojik değerler düzelene kadar tedaviye ara verilmesi, sitopeni geriledikten sonra küratif tedavilerde okzalipatin dozunun 75mg/m^2'ye, palyatif tedavilerde okzalipatin dozunun 65mg/m^2'ye azaltılması önerilmektedir(40).

Okzaliplatin tedavisi altında karaciğer metastazına ve diğer hepatit nedenlerine bağlı olmadığı saptanan transaminaz artışı ve portal hipertansiyon gelişimi tespit edildiği taktirde okzaliplatine bağlı sinüzoidal obstrüksiyon sendromu düşünülmelidir(41). Sinüzoidal obstrüksiyon sendromu dışında da transaminaz yüksekliği görülebilmektedir, genellikle doz kısıtlayıcı olmamaktadır.

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