

BÖLÜM 20

HİSTON DEASETİLAZ İNHİBİTÖRLERİ

Ahmet KAYA¹

GİRİŞ

Kanser kemoterapisinde, son birkaç yılda önemli gelişmeler olmuştur. Bununla birlikte, kullanılan ilaçlar dar bir terapötik indekse sahiptir ve genellikle sadece palyatiftir. Bu tür ilaçlar, belirli biyomakromoleküllere yönelik olmasına rağmen, hızla bölünen malign olmayan hücreler ile kanser hücreleri arasında ayrım yapmaz. Buna karşılık, son yıllarda popüler olan hedefe yönelik tedavi, kansere özgü hedeflere ve sinyal yollarına yöneliktir ve daha sınırlı spesifik mekanizmalara sahiptir. Epigenetik mekanizmaların kanser gelişiminde çok önemli rolü bir dizi çalışma ile gösterilmiştir. Karsinogenez sadece genetik değişikliklerle açıklanamaz, aynı zamanda epigenetik süreçleri de içerir (DNA metilasyonu, histon modifikasyonları ve kodlamayan RNA deregülasyonu). Histon modifikasyonları, kromatin yoğunlaşmasına yol açan H3 ve H4 histonlarının lizin deasetilasyonunu içerir(1). Bu değişiklikler, çeşitli antionkogenlerin ve DNA onarım genlerinin gen transkripsiyonunu etkiler(2). Bu nedenle, epigenetik süreçler çok sayıda araştırmada yeni terapötik hedefler olarak ortaya çıkmıştır. Bu epigenetik modifikasyonlardan asetilasyon, hücre farklılaşması, proliferasyon, anjiyogenez ve apoptoz gibi normal hücresel süreçlerin düzenlenmesinde önemli roller oynayan en yaygın olanıdır. Asetilasyonun düzensizliği, kanser patolojilerinde çeşitli hücresel olaylarla ilişkilendirilmiştir. H4'ün global hipoasetilasyonu, tümörlerin böyle yaygın bir özelliğidir(3). Histonların ve histon olmayan proteinlerin asetilasyon seviyesi, iki antagonistik enzim ailesi tarafından yönetilir: histon deasetilazlar (HDAC'ler) ve histon asetiltransferazlar (HAT'ler). HDAC'ler, bakteri, mantar, bitki ve hayvanlarda bulunan ve çekirdek histonlarda ve birçok histon olmayan proteinde bulunan lizin kalıntılarının ε-amino gruplarından bir asetil grubunu çıkarabilen

¹ Uzm. Dr., İnönü Üniversitesi Turgut Özal Tıp Merkezi Erişkin Hematoloji Bölümü, doktorahmetkaya@hotmail.com

ve hipomagnezemi gibi elektrolit bozukluklarına bağlıdır. HDACI ile tedaviden önce serum potasyum ve magnezyum seviyeleri izlenmeli ve herhangi bir eksiklik düzeltilmelidir. QT uzamasına neden olan ilaçların birlikte uygulanmasından kaçınılmalıdır. Lökopeni, granülositopeni ve trombositopeni genellikle geçicidir ve hızla geri dönüşümlüdür. Kısa zincirli yağ asitleri ile yapılan uygulamalarda konfüzyon, oryantasyon bozukluğu, ataksi, vertigo ve somnolans gibi nöropsikolojik yan etkiler kaydedilmiştir. Nadiren, öksürük ve nefes darlığı gibi pulmoner yan etkiler kaydedilmiştir (46). Serum kreatinininde yükselmeler ve/veya hipokalsemi ve hipofosfatemi gibi elektrolit dengesizlikleri olabilmektedir. Hayvanlarla yapılan klinik öncesi çalışmalarda, HDACI'ler fetal toksisite göstermiştir ve fetal büyüme geriliğine ve iskelet anormalliklerine neden olabilir ve hamile kadınlarda kaçınılmalıdır(47). Bu ajanlar viral enfeksiyonları yeniden aktive etme potansiyeline sahip olduğundan, HIV ve hepatitli hastalarda yakın gözlem gereklidir(48,49).

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