BÖLÜM 35

Kemoterapi ve Kalp

Armağan KAYA [1]

GİRİŞ

Kanser, kalp hastalığı ile birlikte gelişmiş ülkelerde önde gelen mortalite sebebidir.Son zamanlarda kanser tedavisindeki gelişmeler, hastaların hayatta kalma oranlarında artışı sağlamıştır. Kanser tedavisinin kardiyotoksik yan etkileri ise, kanser tedavisi esnasında ve sonrasında artan mortalite ve morbiditeye neden olmaktadır (1). Kanser tedavilerinin kardiyak etkilerinin erken tanımlanması kardiyovasküler toksisite risk değerlendirmesi yapmanın önemini göstermektedir (2). Kanser terapötiklerine bağlı kardiyak fonksiyon bozukluğu insidansı; tedavinin süresi, kullanılan kemoterapötik ajanların tipi ve hasta komorbiditelerine göre geniş bir yelpazede değişkenlik gösterir (3).

Kardiyotoksisite ile en sık ilişkili kemoterapötikler antrasiklinler ve monoklonal antikorlardır . İmmünoterapiler, tirozin kinaz inhibitörleri ve proteazom inhibitörleri gibi yeni ajanlar da kardiyak fonksiyon bozukluğuna neden olabilirler (4).

Kardiyotoksisite

Kardiyak fonksiyon bozukluğuna birçok kemoterapötik ajan neden olabilir. Kanser tedavileri ile ilişkili kardiyovasküler komplikasyonlar arasında kalp yetmezliği (KY), aritmiler, hipertansiyon, akut ve kronik koroner sendromlar, perikardiyal hastalık ve venöz tromboembolizm yer almaktadır (5).

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Talidomit tedavisi, hem venöz hem de arteriyel tromboembolik olayların olasılığını artırır (87). Tromboemboliyi önlemek için en iyi yaklaşım olarak aspirin, varfarin veya düşük molekül ağırlıklı heparin önerilmektedir. Talidomit tedavisi altındaki multipl miyelom hastalarının birincil koruması için bu üç antitrombotik ajanın etkinliğini karşılaştıran bir faz III, açık etiketli ve randomize çalışma, hepsinin eşit derecede etkili olduğunu bulmuştur (88). Uluslararası Miyelom Çalışma Grubu, düşük riskli hastalar için aspirin ve yüksek risk altındakiler için terapötik varfarin önermektedir (89). Direkt etkili oral antikoagülan olan apiksaban kullanımının güvenli olduğu ve ilk denemelerde iyi tolere edildiği kanıtlanmıştır ancak talidomit hastaları bağlamında etkinlik açısından değerlendirilmemiştir (90). Talidomit kullanan hastalarda birincil profilakside direkt etkili oral antikoagülanların rolünü değerlendirmek için daha geniş ölçekli randomize kontrollü çalışmalara ihtiyaç vardır.

SONUÇ

Kardiyotoksisite, kemoterapinin önemli bir yan etkisidir , bu yüzden kanser hastalarının tedavisinde dikkatli olunmalıdır. Onkolojik tedavi gören her hastada advers kardiyak olay riski iyi değerlendirilmelidir. Hastanın kardiyovasküler öyküsünün, bulunduğu kanser türünün, ihtiyaç duydukları tedavi rejiminin ve mevcut kardiyak profilaktik ve terapötik seçeneklerin iyi değerlendirilmesi gerekir. Gittikçe büyüyen kardiyo-onkoloji alanı bu karmaşık klinik durumlara özel bakım sağlamak için ortaya çıkmıştır. Optimal hasta sonuçlarını sağlamaya yönelik en uygun yaklaşımı oluşturmak için kanser hastalarında kardiyovasküler bakımı yönetmeye yönelik çeşitli stratejilerin etkinliği hakkında daha fazla araştırmaya ihtiyaç vardır.

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