Bölüm 2

ONKOLOJİDE ANTİEMETİK TEDAVİ YAKLAŞIMLARI

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GİRİŞ

Bulantı ve kusmanın önlenmesi ve kontrolü kanser hastalarının tedavisinde oldukça önemlidir. Kemoterapiye bağlı bulantı-kusma, hastaların yaklaşık %80' inde görülür ve hastaların yaşam kalitesini önemli ölçüde etkilemektedir. Bulantı-kusma ayrıca; ciddi metabolik bozukluklar, dehidratasyon, beslenme yetersizliği ve anoreksi, hastanın zihinsel ve fiziksel durumunun bozulması, özbakım ve işlevsellikte azalma, özefagial yırtıklar, yara iyileşmesinde gecikmeler ve fraktürler, kemoterapiye devam edememe ya da tedavinin kesilmesine neden olabilir (1-4).

Bulantı-kusmanın kemoterapi (KT), radyoterapi (RT) ya da kemoradyoterapi alan hastalardaki sıklığı ve şiddeti bazı etkenlere göre değişir; 1. Kullanılan KT ajanı, 2. KT dozu, 3. KT şeması ve uygulama yolu, 4. RT verilen alan (tüm vücut, üst abdomen gibi), 5. Hastaya ait değişkenler (örneğin yaş, cinsiyet, önceki KT, alkol kullanım öyküsü olması) (5,6).

BULANTI-KUSMANIN SINIFLANDIRILMASI (7-9)

1. Akut bulantı-kusma: KT uygulaması sonrası ilk 24 saat süresince yaşanan bulantı-kusmadır (10).
2. Gecikmiş bulantı-kusma: KT uygulamasından 24 saat sonra ortaya çıkan bulantı-kusmadır. Yüksek dozlarda ya da peş peşe 2 gün ve daha fazla verilen sisplatin, siklofosfamid, doksorubisin ve ifosfamid gibi ilaçlarla ilişkilidir.
3. Beklentisel bulantı-kusma: Tedavi odasının kokuları, görüntüleri ve sesleri gibi uyaranlara cevap olarak yeni bir KT döngüsü daha başlamadan önce oluşan bulantı-kusmadır. Beklentisel bulantı-kusma tipik olarak akut ya da gecikmiş bulantı-kusma yaşadığı üç veya dört KT döngüsünden sonra hastada meydana gelen klasik olarak şartlandırılmış bir cevaptır.
4. Breakthrough (ani gelen) bulantı-kusma:Antiemetiklerin proflaktik kullanımından sonraki beş gün içinde oluşan ve sonlandırmak için kurtarma gerektiren bulantı-kusmadır.

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NK-1 reseptör antagonistleri

NK-1RA' leri KT ilişkili bulantı-kusmada belirli bir yere sahip olmakla birlikte RT ilişkili bulantı-kusmadaki yerini değerlendirecek yeterli çalışma bulunmamaktadır. RT ilişkili bulantı-kusmanın tedavi rehberlerinde NK-1RA' leri henüz yeralmamaktadır (15).

Diğer tedavi ajanları

Hafif semptomları olan RT ilişkili bulantı-kusmalarda proklorperazin, metoklopramid ve kannabinoidler gibi eski ajanlar tedavide kullanılabilir (70).

Sonuç olarak RT ilişkili bulantı-kusma gelişim riski yüksek olan hastalar için MASCC ve ASCO klinik uygulama rehberinde bir 5-HT_3RA ile proflaksi önerilmektedir. Yüksek emetojenik KT alan hastalardaki sonuçlara dayanarak 5-HT_3-RA' ne deksametazon eklenmesi de önerilmektedir.Orta derecede emetojenik RT verilecek olan hastalara kısa süreli deksametazonla kombine olarak ya da tek başına bir 5-HT_3RA verilmesi önerilmektedir (60). NK-1RA' lerinin tam karşılaştırmalı klinik çalışması olmadığı için RT ilişkili bulantı-kusmayı önlemede kullanımları önerilmez.

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