MOLEKÜLER HEDEFLİ TEDAVİLERE BAĞLI GELİŞEN AKUT YAN ETKİLERİN YÖNETİMİ

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GİRİŞ

Farmakolojik yaklaşımlar kullanılarak kanser tedavisi, son yirmi yılda büyük ölçüde değişti. Antineoplastik kemoterapi klasik olarak DNA oluşumu ve fonksiyonu veya mitoz döngüsü gibi hücre çoğalmasının çeşitli basamaklarını durdurarak etki gösterir. Tedavi genellikle döngüsel bir programda intravenöz olarak verilir ve mide bulantısı, kusma, saç dökülmesi gibi ve "kan sayımında bozulma" gibi yan etkilere neden olur (1) . Klasik kemoterapi ile karşılaştırıldığında, yeni kanser ilaçları ve teknolojileri genellikle daha az toksiktir ve hasta için daha konforludur. Günümüzde moleküler hedefli ilaçlar bir çok neoplazmın tedavisinde kullanılan önemli ajanlar olup hastaların yaşam kalitesini çok fazla bozmadan sağkalımın artmasını sağlamaktadırlar (2).

Günümüzde hedefe yönelik tedavide, tirozin kinaz inhibitörleri (TK inhibitörleri), BRAF proteini inhibitörleri, mitojenle aktifleştirilen protein kinaz enzimlerinin inhibitörleri (MEK [MAPK / ERK] inhibitörleri), rapamisinin mekanik hedef inhibitörleri (mTOR inhibitörleri), epidermal büyüme faktörü reseptörü (EGFR) inhibitörleri, insan epidermal büyüme faktörü reseptörü (HER) monoklonal antikorları, vasküler endotel büyüme faktörünü (VEGF) hedefleyen monoklonal antikor en çok kullanılan ilaç gruplarıdır (3).

Bu ajanların yan etkileri biyolojik hedefleri ile ilişkilidir. Çünkü bu hedefler tümör hücresinde normalin üzerinde eksprese edilmekle beraber cilt, kalp, akciğer, bağırsak mukozası vb hücre homeostazı mekanizmalarında da yer almak-

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