14.
BÖLÜM

ONKOLOJİK TEDAVİYE BAĞLI KALP YETMEZLİĞİNDE TANISAL TESTLER VE YAKLAŞIMLAR

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Onkolojik tedavilerdeki gelişmeler ile hastaların yaşam süreleri uzamıştır. Ancak bu tedavilerin yan etkileri nedeni ile bu hastalarda morbidite ve ölüm sıklığı da artmaktadır. Bu yan etkiler arasında en dikkat çekeni onkolojik tedaviler ile ilişkili miyokard fonksiyon bozukluğu ve kalp yetmezliğidir (KY) (1-5). Bu hastaların takibinde miyokard fonksiyon bozukluğu gelişiminden korunmak, geliştiğinde tedaviyi uygun şekilde yönlendirmek ve bu süreçte hastaların onkolojik tedavisinin aksamaması da önemlidir. Bu nedenlerle bu hastaların takibi ve tedavisinin bu konularda deneyimli onkolog ve kardiyoloğu iceren kardiyo-onkoloji ekibi tarafından yapılmalıdır (1). Onkolojik tedavilere bağlı miyokard fonksiyon bozukluğunun ve KY'nin geliştiği zaman aralığı farklılık göstermektedir; bazı ilaçlarda bu yan etkiler tedavi başladıktan sonra erken dönemde oluşabilirken, bazı tedavilerde uzun dönem sonra ortaya çıkabilmektedir. Ayrıca bazı ilaçlar, antrasiklin grubu gibi erken dönem miyokard hasarı sonrası ilerleyici disfonksiyon ve geç dönemde kardiyomiyopatiye neden olurken, bazı ilaçlar geçici miyokard fonksiyon bozukluğuna neden olabilmektedir (1-5). Çocukluk çağında özellikle antraksin tedavisi ve göğüs bölgesine radyoterapi almış kişilerde yaşam boyu KY riskinin 15 kat arttığı gösterilmiştir (6).

Onkolojik ilaçlara bağlı miyokard fonksiyon bozukluğu ve KY gelişmesi göreceli olarak yaygın ve ciddi bir yan etkidir. Bu yan etki ile ilişkilendirilen onkolojik ilaçlar arasında antrasiklinler (Doxorubicin (Adriamycin), idarubisin, epirubisin, daunorubisin, mitoxanthone, liposomal antrasiklinler), alkilleyici ajanlar (siklofosfamid, ifosfamid), antimetabolit ajanlar (clofarabin), antimikrotübül ilaçlar (docetaxel, paclitaxel), monoklonal antikorlar (trastuzumab, bevacizumab, pertuzumab), tirozin kinaz inhibitörleri (sunitinib, pazopanib,

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tir (44). Carfilzomib ile tedavi edilen hastalarda natriüretik peptidlerin ilk 6 ay içinde yükseldiği özellikle tedavinin ilk 3 haftası içindeki yeni bir yükselmenin 36 kat artmış istenmeyen kardiyovasküler olaylarla ilişkili olduğu görülmüştür. Bu hastalarda istenmeyen kardiyovasküler olaylar tedaviye ara verilmesi ve kötü prognozla ilişkilidir (44). Proteazom inhibitörü verilen hastalarda başlangıçta ve tedavinin erken döneminde natriüretik peptidlerin ölçümü ve takibi ile yüksek riskli hastaların belirlenebileceği vurgulanmıştır (5). Ancak natriüretik peptidlerin özellikle yaşlı ve kadın hastalarda, böbrek yetmezliği olanlarda yüksek olabileceği, obez hastalarda ise düşük saptanabileceği akılda tutulmalıdır (5). Troponin akut kardiyak hasar ile ilişkiliyken, kardiyotoksisitenin uzun dönem takibinde natriüretik peptidlerin kullanımı öne çıkmaktadır.

Ekokardiyografi ve biyobelirteçler kullanılarak kardiyotoksisite tarama ve takibinin zamanlaması, hastanın bazal kardiyovasküler riskleri ve spesifik onkolojik tedavi protokolü dikkate alınarak her hastada bireysel olarak yapılmalıdır. Onkolojik tedavi süresince asemptomatik sol ventrikül fonksiyon bozukluğu ve KY gelişen hastalar ACE inhibitori veya anjiotensin reseptor blokeri ve betablokerler ile tedaviden fayda görmektedirler. Antrasiklin tedavisine bağlı miyokard fonksiyon bozukluğu gelişen hastalarda erken dönemde ACE inhibitörü ve/veya betabloker tedavi başlanması ile daha iyi uzun dönem sonuçlara sahip oldukları gösterilmiştir (45).

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