18.
BÖLÜM

ONKOLOJİK TEDAVİYE BAĞLI TROMBOEMBOLİK HASTALIKLAR

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Kanser hastaları venöz ve arteriel trombotik olaylar açısından risk altındadır. Artmış risk; hasta, kanserin kendisi veya kanser tedavisi ile ilişkili olabilmektedir. Bu bölümde, kanser tedavisi ile ilişkili gelişen arteriyel ve venöz tromboembolik hastalıklar anlatılacaktır.

ARTERİYEL TROMBOEMBOLİK OLAYLAR

Kanser kanser hastalarında tromboembolik olaylar(ATE); kanser ilişkili hiperkoagülabilite, antikanser ilaçlar ve radyoterapiye bağlı olarak gelişebilmektedir. ATE ATE varlığı; kötü prognoz, 3 kat artmış mortalite riski ve sonraki altı ay içinde tekrar eden tromboemboli olasılığında %37 artış ile ilişkilidir. (1,2)

Ulusal kanser enstitüsü toksisite kriterlerine göre kanser hastalarında arteriyel tromboembolik adverse olaylar; miyokardial iskemi veya enfarktüs, serebral enfarkt, serebrovasküler olay, serebral iskemi, iskemik inme, periferal veya visseral arteriyel tromboembolik olaylardır. (3)

Tümör hücreleri direk ve dolaylı olarak farklı moleküler yolaklar ile hiperkoagülabiliteyi tetiklemektedir. Trombosit aktivasyonu, prokoagülan faktörlerin artmış salınımı ve fibrinolitik aktivitenin azalması ATE için tetikleyici faktörlerdir. Tüm bu mekanizmalar antikanser ilaçlar ve radyoterapi tarafından tetiklenmektedir.

Navi ve arkadaşları; Surveliyans, Epidemiyoloji ve Sonuçlar veri tabanını kullanarak 279.719 yeni kanser tanısı almış hastada 2002-2011 yılları arasındaki ATE(arteriyel tromboembolik olaylar, myokardial enfarktüs veya inme) insidansını araştırmıştır.(1) Altı aylık toplam arterieltromboemboliinsidansı

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piye aflibercept eklenen kolda %9,3 saptanmıştır.(20) Aynı çalışmada grad 3-4 VTE oranı kemoterapi kolunda %6,2 iken aflibercept içeren kolda %7,8 olarak rapor edilmiştir.

Epidermal Büyüme Faktör Reseptör(EBFR) İnhibitörleri

Epidermal büyüme faktörü reseptör inhibitörleri tromboembolik komplikasyonlarla ilişkilidir. 10.000'den fazla hastayı içeren randomize çalışmaların iki meta-analizinde, EGFR inhibitörü monoklonal antikorlar setuksimab ve panitumumab(RR 1,3-1,5 aralığında) ile VTE riskinde artış saptanmıştır. (81,82)

Siklin Bağımlı Kinaz İnhibitörleri

Siklin bağımlı kinaz 4 ve 6 inhibitörleri VTE riskini arttırabilmektedir. Siklin bağımlı kinaz inhibitörü kullanan 424 meme kanserli kadın hastanın alındığı bir seride tedavinin ilk yılında 38 VTE epizodu rapor edilmiştir.(83)

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