

5. Bölüm

ONKOLOJİ HASTALARINDA COVID-19 İÇİN PREDİSPOZAN FAKTÖLER

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GİRİŞ

Pandemi sürecinde kanser hastalarında hem COVID-19 prevalansının hem de COVID-19 enfeksiyon ciddiyetinin artmış olduğu çok sayıda çalışmada rapor edildi. Mart 2020’de Wuhan’dan yapılan ilk bildiri hastaneye yatan COVID-19 hastalarında eş zamanlı kanser tanısı %1-2 olarak belirtildi (Çin’de genel popülasyonda kanser insidansı %0.29 iken)[1]. Daha sonra Nisan 2020’de İtalya’da yapılan çalışma sonucunda yoğun bakımda yatan COVID-19 hastalarının %6-7’sinde aktif kanser ya da geçirilmiş malignite öyküsü olduğu rapor edilmiştir[2]. Benzer şekilde New York’dan rapor edilen iki çalışmada hospitalize COVID19 hastalarında aktif kanser insidansı %6-7 olarak belirtilmiştir [3, 4].

Genel popülasyonda ciddi COVID-19 için risk faktörü olan ileri yaş, komorbid hastalıklar ve sigara, kanser hastaları için de risk oluşturmaktadır. Kanser hastalarının genel popülasyona göre daha ileri yaşta olması, komorbid hastalıklarının fazla olması ve daha fazla sigara içmiş olmaları SARS-CoV-2 enfeksiyonunun daha ağır seyretmesine sebep olmaktadır[5]. Genel risk faktörlerinin yanı sıra onkoloji hastalarında kansere özgü (türüne, evresine gibi özellikler ile ilişkili) ve kanser tedavisi ile ilişkili risk faktörleri de bulunmaktadır. Diğer taraftan yapılan çalışmalar ile, kanser ve COVID-19 arasında ortak bazı biyolojik mekanizmalar ve moleküler etkileşimler de ortaya çıkmaktadır[6]. Bu bölümde onkoloji hastalarında SARS-CoV-2 enfeksiyonunun oluşması ve sonrasında ağır COVID-19 seyrinde etkili risk faktörleri 2 ana başlık altında toplandı.

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ve mortaliteyi azaltmak için kullanılmaktadır. Her ne kadar kanıtlanmamış olsa da “inflammaging”in şiddetli SARS-CoV2 enfeksiyonunu desteklediği dolayı olarak düşünülebilir[40].

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