

31. Bölüm

COVID-19 PANDEMİSİNDE GERİATRİK ONKOLOJİ HASTALARININ YÖNETİMİ

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GİRİŞ

Severe Acute Respiratory Syndrome Coronavirus 2 (SARSCoV-2)'nin neden olduğu COVID-19 salgını ilk kez 12 Aralık 2019'da Çin'de tespit edilen bir vaka ile başlamış 11 Mart 2020'de ise Dünya Sağlık Örgütü (DSÖ) tarafından pandemi olarak tanımlanmıştır. Eylül 2020 itibariyle, dünya çapında 200 milyondan fazla vaka ve 4 milyondan fazla ölüm bildirilmiştir. Virüs her yaştan insanı etkilerken, veriler sürekli olarak artan yaş ve komorbiditeler ile mortalitenin daha yüksek olduğunu göstermiştir ^[1]. 70 yaşından küçük hastalarda vaka ölüm oranları % 0.3-3.5 olarak rapor edilmiştir ^[2, 3]. Bunun aksine, Çin'de 70-79 yaş arası hastalarda %8 ve 80 yaş üstü hastalarda ise yaklaşık %15'dir ^[2]. İtalya'da epidemiyolojik veriler, COVID-19'dan ölen hastaların ortalama yaşının 80^[4] olduğunu, ölüm oranının 70 yaşın üzerinde yaşla birlikte arttığını göstermektedir ^[3]. Amerika Birleşik Devletleri'nde, New York'ta 75 yaş ve üzeri hastalardaki ölüm oranı 100.000 kişi başına 1511'den fazla saptanmıştır ^[5].

İleri yaş ve kardiyovasküler hastalık, diyabet, kronik solunum yolu hastalığı, kronik böbrek yetmezliği ve kanser gibi komorbiditelerin COVID-19'da kötü sonuçlar için riski arttırdığı gösterilmiştir ^[6]. Bu nedenle COVID-19, kanserli yaşlı yetişkinler için terapötik kararlar alırken dikkate alınması gereken ek bir risk faktörünü temsil eder. Tedavinin zor olabileceği kanserli birçok yaşlı hastada, tedavi kararının riskleri ve yararları değerlendirilirken COVID-19'a yakalanmaktan kaynaklanan morbidite ve mortalite riskleri göz önünde bulundu-

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kımı sırasında yaşlı hastaları desteklemelidir. Enfeksiyon kontrol prosedürleri, palyatif bakım ortamları için de geçerli olmalıdır. Palyatif bakım hizmetlerine olan talep (evde veya yataklı bakım tesislerinde, hastanelerde veya bakımevlerinde) artabilir. Bu hizmetler personel ve diğer sağlık hizmetleri kaynaklarının mevcudiyeti kapsamında pandemi sırasında hızlı ve esnek bir şekilde yanıt verecek şekilde uyarlanmalıdır [74].

Kanser Takibi

Yaşlı insanlar kanserden kurtulanların üçte ikisinden fazlasını oluşturmaktadır [75]. Bununla birlikte, COVID-19, kanserden kurtulan yaşlıların fiziksel sağlıklarını ve psikososyal refahlarını orantısız bir şekilde etkileyebilir ve bu da uzun vadede istenmeyen sonuçlara yol açabilmektedir [76]. COVID-19 kısıtlamaları nedeniyle sosyal ve açık hava etkinliklerinin askıya alınmasına rağmen, egzersiz günlük rutine entegre ederek fiziksel aktiviteyi sürdürerek hareketsiz yaşam tarzından kaçınılması önerilmektedir [28]. Pandemi sırasında kanserden kurtulan yaşlıların ihtiyaçlarını karşılamak için yüksek kaliteli, kişiye özel, kişi merkezli sağkalm bakımının sağlanması zordur. Bununla birlikte, burada hala kanıt bulunmadığından, genel nüfus için geçerli olan tavsiyeler, kanserden kurtulan yaşlılar için de geçerli olmalıdır.

SONUÇ

COVID-19, hastalık prevalansına bağlı olarak özel bakım ve değerlendirmeyi gerektiren, ortaya çıkan ve hızla gelişen bir durumdur. Toplum pandemi ile ve yaşlı hastalarda kanser tedavisinin en iyi nasıl sağlanacağıyla uğraşırken, savunmasızları korumak ve bu yaş grubunda öngörülen olumsuz sonuçları azaltmak için acilen harekete geçilmesi gerekmektedir. Bunun karşılaşıcağımız son pandemi olmaması muhtemel olduğundan, hem mevcut hem de gelecekteki kullanım için yönetim planlarını öğrenmek ve tasarlamak için bu fırsatı değerlendirmek zorunludur. Daha önce bahsedilen tavsiyelerin pandeminin evresine göre farklı uygulamalara yol açabileceği de kabul edilmelidir.

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