BÖLÜM 11

Geriatrik Üroonkolojide Kemoterapinin / Yeni Nesil İlaçların Genel Prensipleri

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1. GİRİŞ

Günümüzde yaşam süresinin uzamasıyla birlikte ileri yaş grubundaki bireylerin sayısı küresel ölçekte artmaktadır. Türkiye İstatistik Kurumu verilerine göre, 2023 yılında 65 yaş ve üzeri bireyler toplam nüfusun %10'unu aşmıştır ve bu oranın önümüzdeki yıllarda daha da artması beklenmektedir (1). Yaşla birlikte kanser insidansı da artmakta, özellikle ürolojik maligniteler bu yaş grubunda sık görülmektedir (2).

Geriatrik hastaların onkolojik yönetimi sadece tümöre odaklı bir yaklaşımla sınırlı kalmamalı, fonksiyonel kapasite, komorbiditeler, kognitif durum, yaşam beklentisi ve hasta tercihleri gibi çok boyutlu faktörleri içeren bütüncül bir değerlendirmeyi temel almalıdır (3). Bu hasta grubunda yaşam kalitesini koruyarak onkolojik sonuçları iyileştirmek tedavi planlamasında ana hedef olmalıdır.

Kemoterapi, özellikle metastatik ya da yüksek riskli ürolojik kanserlerin tedavisinde uzun yıllardır kullanılan temel tedavi yöntemidir. Yaşla birlikte değişen farmakokinetik özellikler, artan toksisite riski ve tedavi toleransındaki bireysel farklılıklar, yaşlı bireylerde kemoterapinin uygulanmasını daha karmaşık hale getirmektedir (4). Yaşlı bireylerde kemoterapinin uygulanabilirliği, doz ayarlamaları ve toksisite yönetimi, genç erişkinlerden belirgin farklılıklar göstermektedir. Bu nedenle, geriatrik hastalarda kemoterapi kararı verirken dikkatli değerlendirme yapmak esastır. Hedefe yönelik tedaviler ve immünoterapiler gibi yeni nesil ajanlar, daha spesifik etki mekanizmaları ve genellikle daha tolere edilebilir yan etki profilleri sayesinde geriatrik hasta grubunda umut verici alternatifler sunmaktadır (5).

Bu bölümde, geriatrik üroonkoloji alanında kemoterapi ve yeni nesil ilaçların kullanımına ilişkin genel prensipler, hasta seçimi, tedaviye uygunluk, yan etki yönetimi ve karar

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8. SONUÇ

Geriatrik üroonkoloji, yalnızca yaşlanmaya bağlı artan kanser insidansıyla değil, aynı zamanda yaşlı bireylerin sağlık, fonksiyonel kapasite ve yaşam beklentileri gibi çok boyutlu ihtiyaçlarıyla da doğrudan ilişkili bir alandır. Bu alandaki klinik kararlar, sadece hastalığın biyolojisine değil, hastanın bireysel özelliklerine, önceliklerine ve yaşam kalitesine odaklanmalıdır. Yaşlı bireylerde onkolojik tedaviler planlanırken, eşlik eden hastalıklar, ilaç etkileşimleri, beslenme durumu, bilişsel kapasite ve sosyal destek ağı gibi birçok faktör göz önünde bulundurulmalıdır. Bu nedenle geriatrik hastalar için tedavi süreçleri, standart protokollerin ötesinde daha esnek, bireyselleştirilmiş ve bütüncül yaklaşımlar gerektirir.

Yeni nesil hedefe yönelik ajanlar ve immünoterapiler, geriatrik bireylerde klasik kemoterapiye göre daha tolere edilebilir seçenekler sunmakla birlikte, bu tedavilerin özgül toksisite profilleri dikkatle izlenmelidir. Kemoterapi ve yeni nesil ilaçlar, uygun hasta seçiminde ve doğru doz ayarlamalarıyla geriatrik hastalarda etkin bir şekilde kullanılabilir.

Tedavi kararlarında multidisipliner ekip çalışması, fonksiyonel değerlendirmeler ve hasta katılımına dayalı paylaşımcı bir yaklaşım esastır. Amaç, yalnızca yaşam süresini uzatmak değil, aynı zamanda tedavi sürecini anlamlı, tolere edilebilir ve yaşam kalitesini koruyacak şekilde yürütmektir. Gelişen teknoloji, artan klinik deneyim ve yaşlı bireylere yönelik özgün sağlık hizmet modelleri sayesinde geriatrik onkoloji pratiği giderek daha etkili ve hasta merkezli bir yapıya kavuşmaktadır. Bu yaklaşımın temelinde, "yaş değil, birey önemlidir" ilkesi yer almalı, her hasta kendi özgün durumu çerçevesinde değerlendirilerek en uygun tedaviye yönlendirilmelidir.

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