

TRAITEMENT DE L'ANEMIE

1. Généralités

Nous vous renvoyons au référentiel AFSOS « Anémie et cancer » qui a été réactualisé en 2021⁶.

L'anémie est un événement fréquent au cours des chimiothérapies anti cancéreuses, particulièrement en cancérologie pulmonaire (près de 75 % des patients sous CT). Les causes en sont multiples :

- Causes périphériques : hémorragie, hémolyse, carence nutritionnelle, insuffisance rénale
- Insuffisance médullaire
- Effets toxiques directs des traitements anticancéreux (chimiothérapie, radiothérapie)
- Inflammation responsable d'une diminution de la survie des hématies et de l'utilisation du fer (55)

L'incidence de l'anémie augmente avec le nombre de cycles de chimiothérapie. L'anémie est la cause réversible la plus importante d'asthénie liée au cancer (56). Par ailleurs, elle est associée à une mauvaise qualité de vie et il s'agit d'un facteur pronostic péjoratif (57).

Grade 1	10 g/dL < Hb < Normale
Grade 2	8 g/dL < Hb < 10 g/dL
Grade 3	Hb < 8 g/dL ; indication de transfusion
Grade 4	Conséquences vitales ; mesures médicales urgentes indiquées
Grade 5	Décès

Tableau 12 – Cotation de l'anémie chimio-induite selon la classification CTCAE v5.0

Le diagnostic positif repose sur la mesure du taux d'hémoglobine (< 12 g/dL chez la femme et à 13 g/dL chez l'homme). Il est ensuite recommandé de réaliser un bilan à la recherche d'autres causes d'anémie.

La ferritine sérique et le coefficient de saturation de la transferrine sont les marqueurs à doser pour faire le diagnostic d'une carence en fer.

Le traitement des anémies chimio-induites repose sur les transfusions sanguines et les agents stimulant l'érythropoïèse (ASE).

⁶ Disponible sur : <https://www.afsos.org/fiche-referentiel/anemie-et-cancer/>

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