



THROMBOPENIE CHIMIO-INDUITE

La thrombopénie dont le score CTCAE est rappelé dans le tableau 15, peut être induite par de nombreuses molécules de chimiothérapie (**Tableau 17**). Cette thrombopénie peut être responsable d'hémorragie, individuellement évaluable dans la classification CTCAE ou bien par le score OMS du tableau 16.

Le délai avant cette myélo-suppression est souvent long (plusieurs semaines), correspondant au délai nécessaire pour détruire la population des mégacaryocytes (63).

Il s'agit donc d'une **thrombopénie centrale**. Dans ce cas précis, elle pose rarement de problème diagnostique car il s'agit d'un effet secondaire attendu.

Le romiplostim (protéine de fusion analogue de la thrombopoïétine, se fixant sur les récepteurs rTPO) et l'eltrombopag olamine (facteur de croissance plaquettaire oral) sont disponibles en France mais n'ont pas d'AMM en oncologie solide.

En 2018, l'ASCO a actualisé ses recommandations sur ce sujet (64).

Grade 1	75 000/mm ³ ≤ Plaquettes < 100 000/mm ³
Grade 2	50 000/mm ³ ≤ Plaquettes < 75 000/mm ³
Grade 3	25 000/mm ³ ≤ Plaquettes < 50 000/mm ³
Grade 4	Plaquettes < 25 000/mm ³
Grade 5	-

Tableau 15 – Scores OMS - Evaluation de la sévérité de la thrombopénie.

Grade 0	Pas de saignement
Grade 1	Saignement pétéchiail
Grade 2	Perte de sang légère (cliniquement significatif)
Grade 3	Perte de sang importante, nécessité de transfusion (sévère)
Grade 4	Perte de sang invalidante, hémorragie rétinienne ou cérébrale, décès

Tableau 16 – Scores OMS - Evaluation de la sévérité des saignements

1. Indication des transfusions prophylactiques de plaquette

Chez un patient stable sur le plan hémodynamique (situation prophylactique), sans saignement actif, il est recommandé de prescrire une transfusion de plaquette aux seuils suivants (64–66) :

- **Thrombopénie < 10 000/mm³** en cas de thrombopénie chronique secondaire à une chimiothérapie, y compris pour les patients porteurs d'une tumeur solide en cours de chimiothérapie.
- **Thrombopénie < 20 000/mm³** pour les patients présentant au moins l'un des critères suivants :
 - Fièvre > 38,5°C
 - Tableau septique
 - Leucocytose > 75 000/mm³
 - Aspergillose invasive
 - Traitement par l'amphotéricine B



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DECLARATION DES LIENS D'INTERETS

Les personnes ci-dessous ont déclaré des liens d'intérêt en oncologie thoracique pour des participations à des congrès, séminaires ou formations ; des bourses ou autre financement ; des rémunérations personnelles ; des intéressements ; ou tout autre lien pertinent dans les 3 dernières années :

ARPIN D : Takeda, Roche
 AUDIGIER-VALETTE C : Roche, Abbvie, BMS, MSD, Takeda, Boehringer, AstraZeneca, Pfizer, Novartis, Fabre, Amgen, Lilly
 AVRILLON V : BMS, Abbvie.
 BARANZELLI A. : Roche, Takeda, BMS, MSD
 BAUD M. : Boehringer
 BAYCE BLEUEZ S. : Roche, BMS, AMGEN
 BERARD H : Roche, Pfizer, Boehringer
 BERNARDI M. : BMS, Sandoz, Roche
 BOMBARON P : Roche, AstraZeneca, BMS, Boehringer.
 COURAUD S. : AstraZeneca, Boehringer Ingelheim, Lilly, Merck, MSD, Novartis, Pfizer, Roche, Sysmex Innostics, Chugai, Laidet.
 DELCLAUX B : BMS, Boehringer, AstraZeneca, Novartis, Roche.
 DEMIR S : Pfizer, BMS
 FALCHERO L. : Roche, Boehringer, AstraZeneca, BMS, Pfizer, Amgen.
 FOUCHER P : AstraZeneca, Roche, BMS, MSD, Chugai, Vifor, IFCT, PFIZER
 FOURNEL P. : Lilly, Amgen, BMS, MSD, Roche, Pfizer, Astellas, Boehringer, AstraZeneca, Takeda, Novartis, PFO
 GERINIERE L : Lilly
 GIAJ LEVRA M. : MSD, BMS, Roche, AstraZeneca, Novartis, Pfizer, Boehringer
 GONZALEZ G. : Roche, Novartis, Pharmadom
 GOUNANT V : Takeda, Lilly, Roche, AstraZeneca, BMS, Boehringer, Pfizer, Novartis.
 GROUET A. : Boehringer, Novartis
 HAMMOU Y : Chiesi, ISIS, Elia
 JACOULET P : Boehringer
 JANICOT H. Boehringer
 LARIVE S. : TEVA Santé, Pfizer, Boehringer, BMS, MSD, AstraZeneca.
 LE TREUT J. : AstraZeneca, Boehringer, Roche, BMS, MSD
 LOCATELLI SANCHEZ M. : Boehringer, BMS, AstraZeneca, LFB
 LUCIANI S : Pfizer
 MARTIN E. : Astra Zeneca
 MASTROIANNI B : Amgen
 MERLE P : MSD, AstraZeneca, BMS, Pfizer
 MORO-SIBLOT D : Roche, Pfizer, Lilly, Boehringer, MSD, BMS, Takeda, AstraZeneca, Novartis, Amgen, Abbvie
 NAKAD A : BMS
 ODIER L. : Lilly, Amgen, Pfizer
 PAULUS V : MSD, Roche
 PEROL M. : Roche, AstraZeneca, Boehringer, Lilly, Takeda, BMS, MSD, Pfizer, Novartis, Chugai
 PERROT E. : AstraZeneca
 PINSOLLE J. : Takeda, MSD, Roche, Pfizer, Agiradom.
 RANCHON F : CELGENE, JAZZPHORNA
 SAKHRI L : Pfizer, BMS.
 SOUQUET P.-J. : Amgen, AstraZeneca, BI, CHUGAI, P FABRE, LILLY, MSD, BMS, Pfizer, Novartis, Sandoz, Roche, Takeda, Bayer, Merrimack, Merck, Astellas,
 TAVIOT B : Chiesi
 TISSOT C : Amgen, Sandoz, BMS
 WATKIN E. : MSD, AstraZeneca, Boehringer, Pfizer, Roche, BMS
 ZALCMAN G. : Roche, AstraZeneca, BMS, Pfizer, Novartis, Abbvie, MSD, Boehringer, GSK, Inventiva

Les autres participants et membres des groupes de travail n'ont déclaré aucun lien d'intérêt en oncologie thoracique.
Aucun participant ou membre d'un groupe de travail n'a rapporté de lien d'intérêt avec l'industrie du tabac.



Soins de support et nutrition

MENTIONS LEGALES

La réunion de mise à jour des référentiels (édition 2019) a été organisée par l'Association de Recherche d'Information Scientifique et Thérapeutique en Oncologie Thoracique (ARISTOT).

Les partenaires institutionnels 2019 d'ARISTOT sont : **Amgen, Astra Zeneca, Boehringer Ingelheim, Chugai, Pfizer, Roche.**

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