

## Treatment results in patients with esophageal carcinoma treated at the Institute of oncology in Ljubljana from 2006–2010

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Esophageal carcinoma is a relatively rare disease with bad prognosis. The purpose of our retrospective study was to evaluate the methods and results of treatment of patients with esophageal cancer, who were treated at the Institute of Oncology in Ljubljana (OIL) from 2006 to 2010. The study included 151 patients, of whom 74 received palliative treatment and 75 radical treatment. In two patients radical treatment had been planned, but because of rapidly progressing complications and deteriorating general condition they only received supporting treatment. The five-year overall survival (OS) rate for all patients amounted to 9.5%, of those receiving palliative treatment 0% and those receiving radical treatment 18.7%. The corresponding values for five-year progression-free survival (PFS) rate were for all patients 22.4% and for radically treated patients 29.6%. In radically

treated patients we also performed a survival comparison study between the group of 50 patients, who were treated only with radiation with or without simultaneous chemotherapy and the group of 25 patients, who had also been operated either prior or post radio and/or chemotherapy. There were no significant differences among the subgroups in OS ( $p=0.42$ ) or PFS ( $p=0.31$ ). The results of treatment of these patients in Slovenia are poor, but do not substantially differ from the likely poor results from the EUROCARE-5 study. Whether consistent trimodality therapy in treating esophageal cancer (in selected patients) and potential use of new chemotherapeutic schemes can achieve any kind of progress, is a question, which only carefully planned and implemented prospective studies can answer.

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## Systemic treatment of advanced differentiated thyroid cancer

Cvetka Grašič Kuhar

Differentiated thyroid cancer represents over 90 percents of thyroid cancers. It arises from thyroid follicular cells and is one of highly treatable cancers. Primary treatment is surgical and patients at high risk of carcinoma recurrence also receive adjuvant radioiodine therapy and a suppressive dose of thyroxin. In 7–23% of patients metastases

appear in remote organs (lungs, skeleton). The basic treatment for metastatic differentiated thyroid cancer is radioiodine therapy. In case of resistance to radioiodine therapy during disease progression, treatment is now also possible with target medication sorafenib.

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## Liver resection possibility in hepatocellular carcinoma

Arpad Ivanecz, Marko Sremec, Tomaž Jagrič, Stojan Potrč

Liver resection (LR) has remained the main form of therapy for solitary hepatocellular cancer (HCC) in patients with preserved functional liver reserves and in good general condition. Advanced imaging has contributed to a better selection of patients. Liver surgery has advanced as there are many techniques of liver tissue transection useful and different instruments are available, which enable faster and more accurate surgery in the bloodless operating field. Improved surgical technique, maintenance of low central venous pressure and advancement in patient postoperative care have provided that mortality rates

after liver surgery in selected series lowered as far as to 0%. The Barcelona Clinic Liver Cancer (BCLC) classification apart from disease control also offers recommendations with regard to therapy selection. It limits surgical therapy only to patients with early stage liver cancer. The purpose of this article is to research whether at present time it is perhaps better to perform radioiodine therapy with acceptable short- and long-term results even in patients with HCC, where there are numerous and large tumours present, macroscopically invading the veins.

## Radiation of elderly cancer patients

Vaneja Velenik

There is a growing number of evidence that elderly cancer patients can benefit oncology treatment. Despite this fact they are under treated, which leads to a worse outcome of the disease. Additionally, it is also concerning that a great deal of elderly people when diagnosed are in a relatively healthy and good condition and have presumably several years of life ahead of them. The chronological age, which is often the basis for deciding the type and intensity of treatments, has proven as an insufficient and misleading piece of information. Elderly

people in good condition tolerate radiation just as well as younger patients and the disease has a comparable treatment response. Other contributing factors in treatment decision are false assessments of a patient's life expectancy, doubts in therapeutic efficiency and fear because of treatment toxicity. An integral geriatric evaluation of older patients is recommended, which would help oncologists in deciding whether to refer patients for radical or palliative oncology treatment.

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## Recommendations for diarrhea in systemic oncology treatment

Nežka Hribernik and Martina Reberšek

Diarrhea is defined as frequent passages of loose, unformed or liquid stool more than three times in 24 hours. It is one of the most common undesirable symptoms, which oncology patients face. Diarrhea can lead to dehydration, electrolytic and metabolic disorders, kidney failure and in severe cases also hemodynamic instability, which requires hospitalisation. The problem can affect the uninterrupted course of a specific cancer treatment and influence the quality of life

of patients, reduce compliance to treatment and shorten the survival period. General recommendations for diarrhea in cancer treatment were first published in 1998, amended and adapted in 2004 in the *Journal of Clinical Oncology* (1). So far there are no updated, internationally accepted instructions. The article summarises the recognised and generally adopted recommendations, with differences in treatments of diarrhea with cytostatic and target medications.

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## Recommendations for prevention and treatment of nausea and vomiting in systemic oncology treatment

Martina Reberšek and Nežka Hribernik

In spite of great advancement, nausea and vomiting remain the most common undesirable effects of systemic cancer treatment, which substantially lower the patients' quality of life and reduce their compliance to continue systemic treatment. *Recommendations for prevention and treatment of nausea and vomiting resulting from cytostatic treatment* were published in 2003 in *Oncology* magazine. This article complements the recommendations for treatment of nausea and vomiting with new developments, which were published in the

NCCN guidelines in 2014 and MASCC and ESMO in 2010 (1, 2). We present our method for treating dysphagia with the help of intraluminal oesophageal stents. In our practice, the intraluminal oesophageal stent has proven to be a very effective and the most patient-friendly method for optimal delivery of nutrients before and during neoadjuvant therapy. There are few complications, and insertions do not have a negative impact on the perioperative outcomes.

## Significance of quality of life in cancer patients

Vaneja Velenik

A half of cancer survivors suffer from delayed treatment complications, e.g. physical, psychosocial, cognitive and sexual. In addition, they worry about potential later cancer recurrence or onset of new cancer. Survivors often face unemployment and discrimination at work. How they react to cancer diagnosis, treatment and consequences of it or the very disease, greatly depends on the information offered to them by the medical staff.

Self-evaluation of health-related quality of life (HRQOL) in cancer patients is becoming a component part of oncology clinical practice. It is helpful in deciding the appropriate treatment for each patient. Changes in HRQOL during treatment can predict a poorer response to treatment and disease recurrence. In advanced cases it can help to estimate the expected survival rate and consequently optimal palliative treatment or supporting treatment.

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## Heart transplant 28 years after completed treatment for non-Hodgkin's lymphoma in childhood - case report

Lorna Zadavec Zaletel, Peter Rakovec, Matija Jelenc, Zvezdana Dolenc Stražar, Berta Jereb

In patients, who have received cancer treatment in childhood, the damages of the cardiovascular system are among the primary causes for later mortality, which is seven times higher than in general population. The most frequent cause for heart complications in cancer patients are anthracycline, which are the most effective medications for neoplastic diseases. In our patient case report we wish to draw attention to the advanced heart muscle defect after treatment of non-Hodgkin's lymphoma with chemotherapy, which included anthracyclines and alkaline agents, after 28 years resulted in heart failure and required a heart transplant.

In patients treated with anthracyclines, lifetime active monitoring of their cardiac function is crucial, so that any heart disturbances (also clinically silent) are discovered as soon as possible and treated accordingly. Echocardiography is the most frequently used diagnostic method for heart function evaluation within the scope of monitoring subsequent consequences of cytostatic treatment and/or radiation. It is very important that any potential defects are discovered at a stage when the patient is still asymptomatic, because appropriate treatment (mainly ACE inhibitors and beta blockers), appropriate lifestyle, as well as minimising other risks for developing cardiovascular disease can prevent or delay the development of a life-threatening heart defect.