

P-06: Peter Lorencz, Andras Csejtei (2012) Experience in the treatment of liver metastases, with special reference to the consequences of interruption of long-run treatments

Experience in the treatment of liver metastases, with special reference to the consequences of interruption of long-run treatments

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Introduction: Our department has been dealing with oncothermia since 2001. It is used as one of the complementary treatments which are applied together with the gold-standards. We had treated more than thousand patients with this modality. 80% of the treated patients had primer or metastatic malignant liver tumors. We are intensively studying the long-term application of the hyperthermia, transforming the treatment of malignancy to the same as for one of the chronic-diseases. The cohort which we had chosen received more than 60 oncothermia treatments, and we are studying not only the long-time effects, but the response of long interruption (at least two weeks) of the treatment.

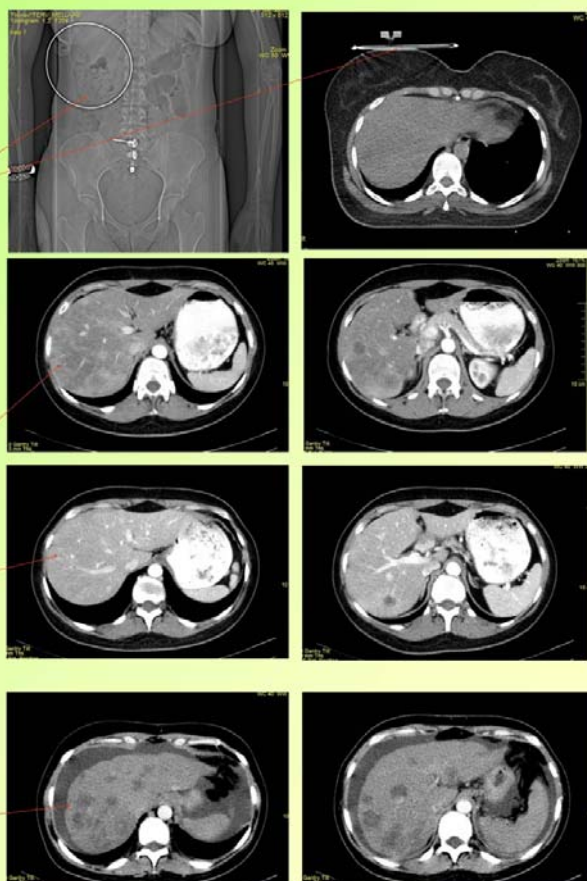
Objective of this presentation: We had chosen a mammary-carcinoma case with liver metastasis to show a typical effect of the interruption of the long-time treatment.

Method: The hyperthermia method was oncothermia, made by the EHY2000 and EHY3000 systems (Oncotherm Kft/GmbH). Oncothermia was applied always complementary to chemo-, radio- or combined therapies. In case of liver no radiation, only chemotherapy was applied. Patients received Oncothermia immediately after the chemotherapy. The control of the patients was made by standard imaging systems (CT, US, MRI).

Case-report: In 2005 a preventive mammography discovered a breast tumor in a female patient born in 1971. In preparation of the surgical intervention the liver metastasis was discovered too.

Applied therapy:

Dec. 22; 2005– breast-keeping surgery, R0
Jan. 2005 – radiotherapy on the breast: 50 Gy
(2 Gy fractioned)+ 10 Gy electron-boost
Jan. 05; 2006 – chemotherapy started (Taxotere + Epirubicine)
Jan. 06; 2006 – oncothermia is planned by CT simulator
Jan. 06; 2006 – Jul.14; 2006 oncothermia
49 sessions (60W, 60 min; 2x/week)
Mar. 06; 2006 – Regression detected by CT
May. 08; 2006 – Regression detected by CT
Sep.15; 2006 – Regression detected by CT
Oct. 18; 2006 – PET/CT negative, NED
Aug. 15; 2007 – NED by CT
No oncothermia is applied at this time
Jun. 06; 2008 – metastasis relapse in liver detected by CT
Jun. 10; 2008 – Chemotherapy (Taxotere +Xeloda)
Aug. 18; 2008 – Chemotherapy (Taxotere + Paraplatin)
Jun. 17; 2008 – Dec. 01; 2008 – 2nd cycle of oncothermia,
24 sessions; 60W.60min; 1x /week)
Jan. 07; 2009 – robust regression by CT
No oncothermia is applied at this time
Jul. 28; 2009 – multiple metastases detected in the liver by CT
Aug. 12; 2009 – Dec. 18; 2009 – 3rd cycle of oncothermia.
23 sessions; 60W, 60 min; 2x / week
No oncothermia is applied after this time
Sep. 26; 2009 – Chemotherapy (Taxol + Gemzar)
Feb. 08; 2010 – rapid progression detected by CT
Mar. 13; 2010 - exitus



Conclusion: Oncothermia has to be continued while the patient has chemotherapy, or at least until the second negative control (2nd NED).