

Experience with chronic oncothermia treatments

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Background: We provide oncothermia treatment to our patients from 2001. Approximately 700 patients received oncothermia in this time, with more than 3500 sessions. Our aim in this article is to show what causality condition could be established between the curative rate and the time of care.

Method: Patients receiving at least 50 oncothermia treatments were selected retrospectively into this study. This selection resulted in 13 patients, 1.8% of the full patients population receiving oncothermia. All the included patients had primary or metastatic liver cancer. The other localizations (like the gynecology cases or head&neck tumors) were not reaching such eligibility to select them in this group. Due to the partially private financing of the treatments not all the patients whom medically was recommended this therapy could receive oncothermia. Despite of the financing bias (which mainly limited the number of applied sessions) the benefit of chronic treatment approach was clearly observable. From the 13 patients (all having large number [>50] of treatments) in the case of 5 the chronic regular oncothermia made such definite improvement of the patient, that it was not rational to continue the treatment, and two were interrupted due to private reasons. The staging was regularly controlled by combination of three different methods to avoid any misstaging. The methods were: (1) imaging diagnostics (US, CT or MRI), (2) blood analysis (tumor markers and other labor parameters) and (3) personal investigation. Patients receiving chemotherapy were treated immediately after or concomitantly with oncothermia, while patients receiving radiotherapy the oncothermia was started within 20 minutes after. 12 patients received weekly two, while one received partly 2 and 1 oncothermia sessions pro week.

Results: Our results definitely show a chronic treatment possibility by oncothermia application. Interruption of the oncothermia series caused immediate worsening of patients stage, increased the progression of the disease. Continuing the treatments afterwards the efficacy of the therapy was lower than before.

Conclusion: In cases of liver malignancies (primary or metastatic) oncothermia is able to handle this disease as chronic morbidity without mortal event, like dialysis does. Our experience suggests continuing oncothermia in liver malignancies at least 12-16 times after finishing the conventional oncotherapy protocols. These observations make feasible work out the protocol of oncothermia treatment as chronic procedure.