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STABILIZATION OF METASTATIC BREAST CANCER WITH CAPACITIVE HYPERTHERMIA PLUS STANDARD-DOSE CHEMOTHERAPY AND/OR METRONOMIC

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INTRODUCTION

In our long experience in University Hyperthermia treatment of tumors associated with chemotherapy, we observed that response to associated treatment determines the disease stabilization and significant clinical benefit for 24 months in 12 cases of metastatic breast cancer, whereas chemotherapy alone had shown ineffective with disease progression, bone marrow toxicity G3-4, fatigue G2-3, nausea and vomiting G1-G2, bone pain G3-4 and visceral pain G2-3. (Table 1).

All patients underwent an average 30 cycles of capacitive hyperthermia, each consisting of eight 45-minute sessions every other day, using 300W per session.

RESULTS

In these patients the improvement of performance status has allowed a return to regular life. This improvement of the quality of life showed a correspondent biochemical response, with a progressive reduction in tumour markers and showed also a diagnostic response with stabilization of disease: in some cases reduction of size and/or number of metastases and in all cases with absence of metabolic activity disease (TB PET CT scan).

CONCLUSION 1

The use of OT/CHT-HT combination may enhance efficacy vs CHT and OT alone. This surprising result may confer a small, but probably, clinically significant improvement survival and quality of life. However the result of larger collaborative international adjuvant CHT-HT trials will be needed in order to determine the true value of this combination.

CONCLUSION 2

According to the studies on P.N.E.I.M (1, 6, 7), the results in the field of Clinical Pharmacology concerning drug abuse and medicines misuse, and the resulting recent studies in anthropology on cancer patients, all of our patients were treated at a preventive, therapeutic and post-treatment level with appropriate behavioural tests and drug treatments to avoid relapse. Clinical Pharmacology, in our opinion, considers every patient, according to the multidimensional approach (biopsycosocial), as a global being (8, 9, 10, 11).

MATERIALS AND METHODS

2 of 12 patients underwent hormone therapy alone because allergic to chemotherapy drugs, other 10 patients underwent to CHT+/- Hormone Therapy according to the protocols seen in Table 2.

ID	Birth Date	Therapy
C. L.	25/08/1969	Exemestane
C. C.	19/02/1947	CMF, Docetaxel, Nolvadex, Enantone
D.L.V.	01/05/1956	Trastuzumab+CBDOCA, Myocet+Gemcitabine
C. P.	22/10/1956	FEC, Trastuzumab, Vinorelbine, Capecitabine, Fulvestrant
F. V.	15/03/1946	Myocet+ Docetaxel, Myocet+Gemcitabine, Zoledronic Acid
F.D.	20/08/1962	Fulvestrant+Xeloda, CBDOCA+TAX, NVB+GEM
P.G.	11/12/1957	Herceptin+NVB, Herceptin,Xeloda
O.F.	14/09/1959	Zometa+Tam
M.D.	19/08/1956	Xeloda+TXT+BEVA,CBDOCA+GEM, TAXOL, NVB, Myocet
L.G.	26/08/1921	TXT+Letrozolo
P.D.A.	24/03/1961	Herceptin+CBDOCA, Myocet+Gemcitabine
M.C.	19/04/1954	FEC,CBDOCA+GEM, Herceptin+NVB, Lapatinib+Xeloda

TAB 2



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