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Interesting aspects of clinical hyperthermia: stabilization of neoplastic disease and intraoperative application

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The optimal therapy of malignant tumors is an integrated approach to the particular disease using hyperthermia in combination with other modalities. In fact, thermotherapy, particularly associated with radio-chemo- and immunotherapy, represents a valid aid in cancer's treatment, especially when the traditional therapies have failed or can no longer be applied.

In these last years, the progress in the fields of experimental and clinical hyperthermia show significant improvement in the technical equipment and in their applicative methods, in thermosensitizing drug use, in-patient selection and in the appropriate timing to give the hyperthermic therapy. Without doubt the most interesting aspects resulting from the treatment of neoplastic disease with hyperthermia alone or in combination with other therapies are:

- 1) the stabilization of malignant tumors
- 2) the possibility to apply hyperthermia in the

intraoperative stage.

About the first consideration, it is interesting to give prominence to the fact that we can obtain these responses after hyperthermic treatment: no response, complete or partial remission, stabilisation of the tumor.

About this last response, we would emphasise the importance of results, the possibility to obtain an arrest in tumor growth in 35-40% of treated patients with a good "performance status" and a good quality of life, with a follow-up from 6 months to some years, represents without doubt a new aspect in the response to cancer therapy.

We must consider that these cases no longer responded to other modes of therapy.

The exact pathogenetic mechanisms of this phenomenon is not yet clear (maybe the immunological system is involved); however, patients no longer responsive to radio- or chemotherapy can live after hyperthermia in good conditions, despite the presence of very significant residual disease. In particular, in our experience, the stabilization of hepatic tumors (specially secondary from digestive tracts) lung tumors and pelvic tumors are numerous. The possibility