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THE THERMOPIERAPY: A METHOD INCREASING THE EFFECT OF MULTIDISCIPLINARY TREATMENT OF THE CANCER.

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The present status of optimizing surgical treatment of tumors regards the eradication in the first stage of their evolution and the cytoreduction with combination of associated therapies in the inoperable stages.

This new concept interests particularly the limitation of the radical and supraradical extirpative surgery that has shown an immunodepressing collateral effect very impressive in the growth of recurrences of tumors.

So it is very important that the post-operative management can determine no or not important immunodepression.

The hyperthermia, particularly associated with radio - chemo - and immunotherapy, represents a valid aid in cancers 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 shows significant improvement in the technical equipment and in their applicable methods, in thermosensitizing drugs use, in patient selection and in the appropriate timing to give the hyperthermic therapy.

The goal of cancer therapy is to prolong the life of patients, killing or reducing the neoplasm with a complete or partial remission, maintaining good or discrete general conditions and the "performance status" of the patients for a long period. In this perspective we think that it is very interesting to give prominence importance to the fact that we can obtain a stabilization of the tumor, for more or less periods of time.

The exact pathogenetic mechanism of this phenomenon is not yet clear (may be 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 the hepatic tumor (especially secondary from digestive tract), lung tumors and pelvic tumors are numerous.

The possibility to operate inoperable tumor became secured and operable because of hyperthermia, and to prolong the life and ilic's quality happened to us in some case and amazed us pleasantly.

As regard to the realization of the maximum level of therapeutic hyperthermia values inside the tumors (we know the problem of reaching 41,5° C - 42° C into the tumor), we can say that the intraoperative hyperthermia already used in some centers can help the realization of the best treatment.

The interesting applications with microwaves or radiofrequency intraoperative electrodes, allow to reach more detectable results also in deeper tumors (lung, pancreas, bile duct).

In the future we think that the indications to the pre - , intra - or post-surgical treatment with associated therapies will be a big step in the control of tumoral growth by hyperthermia.

In conclusion, considering that the neoplastic disease is a systemic illness, we emphasize the multidisciplinary approach to the tumor also in the first stages of its evolution.

In this effort the hyperthermia represents undoubtedly a very much promising mean to increase the results of traditional therapies and to avoid or minimize collateral effects.
References


