A RETROSPECTIVE REVIEW OF METASTATIC COLORECTAL (MCRC) PATIENTS THAT HAD LIVER-DIRECTED THERAPIES (METASTASECTOMY, RFA, TARE/TACE) IN MARMARA UNIVERSITY HOSPITAL
In this study 73 of 86 patients (85%) had de novo metastatic disease.

72 patients (84%) had liver metastasectomy,

12 (14%) had RFA, 18 (21%) had TARE/TACE.

The available regional treatments for hepatic metastases from CRC include:

- Surgical resection,
- Local tumor ablation (ie, instillation of alcohol or acetic acid directly into the metastatic lesions,
- Radiofrequency ablation [RFA]
- Regional hepatic intraarterial chemotherapy or chemoembolization,
- Radiation therapy (RT).
Univariate analyses revealed that, age 58 (p=.04), timing of LDT (in 1st or 2nd line vs 3rd line) (p=.053), and having liver metastasectomy (p=.018) were the most important factors affecting pmOS.

Among these liver directed treatments, only surgery is associated with a survival benefit.

But in this study all liver directed treatments are evaluated together because of the limited number of patients.

Hepatic resection is the treatment of choice for CLM, with a 5-year survival rate ranging from 35% to 58% in modern series.
In this study;

- In Cox regression, only age (RR 2.78; 95% CI 1.3-5.97; p=.009) and timing of LDT (RR 3.01; 95% CI 1.28-7.06; p=.011) had independent effects on pmOS.

Timing???

- A controversial issue is the timing of hepatic resection in patients who have liver metastases at initial presentation.
- A more commonly used approach is to administer chemotherapy during the interval between diagnosis and hepatic metastasectomy,
- So that this will allow some patients with initially unresectable or borderline resectable liver metastases to undergo successful later hepatic resection.
Simultaneous resection of the primary and metastatic disease is clearly preferable from the patient's perspective,

No inferior survival or greater morbidity for patients who undergo a one-stage procedure as compared with delayed (staged) hepatic resection, but major hepatic resection (three or more segments) is needed

One-stage surgery; is probably a reasonable option for patients who present with low-volume (four or fewer, less than three segments involved, or all in the same lobe) potentially resectable hepatic metastases

If there are five or more simultaneous potentially resectable hepatic metastases (unless all are located in one lobe), bilobar involvement, or if disease is borderline resectable due to location, initial chemotherapy followed by reassessment and delayed resection is probably a better strategy
Study Conclusion:

- Patients may benefit more from LDTs that will be done in the early phases of mCRC course.
- However, an individualised decision making process of multiple factors is key before going for LDTs in mCRC.
EFFECTIVENESS AND SAFETY OF LMWH TREATMENT IN CANCER PATIENTS DIAGNOSED WITH NON-HIGH RISK VENOUS THROMBOEMBOLISM (VTE) - RESULTS OF TURKISH OBSERVATIONAL STUDY (TREBECA)
The goal of treatment of acute venous thromboembolism (VTE)

- To prevent recurrence, extension, and embolism while minimizing the risk of bleeding.
Options for anticoagulation

- Low molecular weight [LMW] heparin
- Unfractionated heparin [UFH]) and
- Long-term anticoagulation (LMW heparin, vitamin K antagonists [VKAs],
- Oral anticoagulants [rivaroxaban, apixaban, edoxaban, dabigatran])

- Low molecular weight (LMW) heparin is the preferred agent over unfractionated heparin (UFH)
In this study;
- 133 patients were treated with enoxaparin,
- 112 patients; bemiparin
- 5 patients were treated with tinzaparin.

Anticoagulant therapy provoked thrombus resolution in 15 (6.5%) patients on Day 15,
- 1.2% of patients using enoxaparin, and 12.7% of patients using bemiparin (p=0.004) provoked thrombus resolution.
Comparative studies have not been performed to determine whether one formulation of LMW heparin (enoxaparin, dalteparin, tinzaparin) or the synthetic pentasaccharide, fondaparinux, is superior over the other.

However, in clinical practice, dalteparin or enoxaparin are the most common agents used.
Conclusion:

- In this study they found that Bemiparin is more effective than enoxaparin in thrombosis resolution with a similar tolerability profile.

- But because of the limited number of patients, further studies are needed.
A STUDY ON BASIC DEMOGRAPHIC AND DISEASE CHARACTERISTICS OF THE CANCER DIAGNOSED SYRIAN REFUGEES TREATED IN BORDER CITY OF TURKEY, SANLIURFA; A HOSPITAL BASED RETROSPECTIVE CASE SERIES STUDY
There are lots of Syrian refugees especially in the south east of Turkey.

Conclusion:
- Syrian refugee cancer patients consisted of mostly women.
- The most frequent cancer seen: Breast and gynecological cancer.
- They have difficulty to reach screening program and early diagnosis.
- But they can reach to whole health system facilities without no difference from Turkish population when they diagnosed as cancer.
SB04

Non-Small-Cell Lung Cancer (NSCLC) harboring driver mutation (EGFR mutation or ALK Translocations) with clinical characteristics and management in a real-life setting: a retrospective observational multicenter case series study
Findings:

- 46 (70.8) of the patients had EGFR mutation and 19 (29.2) had EML4-ALK fusion gene rearrangement.
- Median overall survival (OS) and progression free survival (PFS) was 26 months and 9 months, respectively.
- There was no statistically significant correlation for OS between EGFR or ALK mutation (p:0.48).
- EGFR mutation, with exon 19 deletions OS > than those with exon 21 mutations (p:0.007).
- The OS of oligometastatic patients > than the other patients (p: 0.001).
- The PFS of patients who received tyrosine kinase inhibitor in first-line treatment > than patients using chemotherapy in first line setting. (18 months vs 5 months) (p:0.005)
Meta-analysis for the data from 13 phase III trials in which an EGFR TKI was given to 2620 patients (1475 EGFR mutation positive and 1145 mutation negative).

Progression-free survival was significantly prolonged (hazard ratio [HR] 0.43, 95% CI 0.38-0.49), while no effect on survival was observed (HR 1.01, 95% CI 0.87-1.18).

For each of erlotinib, gefitinib, and afatinib, trials showed significant improvement in PFS compared to chemotherapy.

Patients had greater tolerability than standard chemotherapy.
PROFILE 1014;

A phase III trial in the first-line setting (PROFILE1014);

Demonstrated a clinically and statistically significant improvement in the median PFS while using crizotinib when compared with conventional platinum and pemetrexed chemotherapy [10.9 months (8.3-13.9 months) versus 7.0 months (6.8-8.2 months) at a hazard ratio (HR) of 0.45 (95% CI, 0.35-0.60)]
Conclusion: The treatment preference in favor of tyrosine kinase inhibitors in first line setting produce fairly good outcomes in metastatic NSCLC patients who had driver mutations.
SB05

NEW TREATMENT STRATEGY IN CHEMORESISTANT LOCOREGIONALLY BREAST CANCER: C ARM CONE BEAM CT-GUIDED SELECTIVE INTRAARTERIAL CHEMOTHERAPY
There were 181 Locally advanced breast cancer patients

Neoadjuvant chemotherapy involved 4 cycles antracyline based chemotherapy.

36 (19.9%) patients didn’t response to the chemotherapy and under went IACT (Cisplatin 70mg/m2 and Dosetaxel 70 mg/m2 combination or Carboplatin 5AUC and Paclitaxel 175 mg/m2)

The mean DFS: 71.2 months (95% CI 68.5 to 73.8).

Two years DFS rate was 85.6%.

IACT was performed for the patients with locally advanced chemoresistant breast cancer.

The DFS of the patients were similar in two groups.
Similar to primary liver cancer, breast cancer has an abundant arterial blood supply.

Because of this, chemotherapy by intraarterial infusion can provide high concentrations of chemotherapeutic drugs.

There have been several reports on regional intraarterial chemoinfusion for patients with advanced breast cancer.

This approach reduces tumor volume, decreases the extent of tumor infiltration, and increases the rate of surgical resection.

In conclusion, intraarterial chemoinfusion is safe and effective for locally advanced breast cancer.
The present study is limited by the brief length of patient observation, which allows reporting only of the immediate outcomes of intraarterial chemoinfusion for locally advanced breast cancer.

This is a single-arm study that includes only the patients that didn’t response to the neoadjuvant chemotherapy,

Randomized phase studies are needed for further evaluation of intraarterial chemoinfusion

It can be a good alternative treatment for locally advanced breast cancer patients.
Conclusion

IACT is effective and less toxic in chemotherapy resistant locoregionally advanced BC.
SB06

OUR TREATMENT RESULTS IN GERIATRIC LUNG CANCER PATIENTS
124 patients aged over 70 were evaluated

2 years of OS was 33%, DFS was 35% and local control was 62%.

ECOG (p = 0.03), weight loss (p = 0.001), having a comorbid disease (p = 0.002) and having CT (p = 0.04) were found significant in 2 years of OS.

Weight loss (p = 0.005) was also found significant in 2 years of disease free survival.
Cisplatin-Based Therapy for Elderly Patients With Advanced Non-Small-Cell Lung Cancer: Implications of Eastern Cooperative Oncology Group 5592, a Randomized Trial

- Response rate, toxicity, and survival in fit, elderly NSCLC patients receiving platinum-based treatment appear to be similar to those in younger patients,
- Although patients 70 years old or older have more comorbidities and can expect more leukopenia and neuropsychiatric toxicity.
- Advanced age alone should not preclude appropriate NSCLC treatment.
Weight loss, performance status have been shown to be of independent prognostic values in lung cancer.

Weight loss is an important issue with multivariate analysis demonstrating an increased risk of death in patients with lung cancer.
Conclusion:

Weight loss, performance score, comorbidity were the factors effecting the overall survival rates and were poor prognostic factors that affect the elderly lung cancer patients as the rest of the population.

Chronological age does not show the tolerability to treatment.

Patients must be evaluated before treatment and treatment strategy must be determined for every patient personally.

For better results in patients over the age of 70, randomised phase III studies in this age group of patients have to be performed.
Thanks for your attention....