

OP 40

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Side effects of chemoradiotherapy plus cetuximab in patients with advanced head neck squamous cell carcinoma – health care

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Head and neck squamous cell carcinomas (SCCHN) are frequent tumors and account for around 500000 new cases per year. Seventy percent of the patients present with advanced stages require heavy and combined therapy. Induction chemotherapy and concomitant chemoradiotherapy plus cetuximab use sequentially provided optimal benefit for patients. The incidence of distant metastases is reduced and the radiotherapy efficacy is amplified. Treatment with concomitant chemoradiotherapy plus cetuximab improves locoregional control increasing the common toxic effect. At the Institute of Oncology and Radiology in Belgrade, in the period from January 2008 to June 2009, 32 patients with SCCHN were treated with concomitant chemoradiotherapy plus cetuximab. A planned treatment consisted of a loading dose of Cetuximab (400 mg/m²) one week prior radiotherapy and then weekly (250 mg/m²) with or without CDDP (40 mg/m²), with radiotherapy 70Gy in 35 daily fractions. Patients were divided in two groups. Group I: patients treated with concomitant chemoradiotherapy plus cetuximab. Group II: patients treated with concomitant radiotherapy plus cetuximab. The most frequent side effects were: skin toxicity (group I 86%, group II 90%), mucositis (group I 100%, group II 100%), anemia (group I 54.5%, group II 10%), leukopenia with neutropenia (group I 27.9%), thrombocytopenia (group II 9.1%), diarrhea (group I 4.5%, group II 20%), febrile states (group I 36%), metabolic disorder: hypo Mg (group I 59%, group II 50%), hypo K (group I 36%, group II 30%), hypo Ca (group I 18%, group II 10%), hypo proteinemia (group I 45%, group II 30%), hypoalbuminemia (group I 27%, group II 50%). Cetuximab in treatment with concomitant radiotherapy increases the common toxic effect within the radiation portals. In combination with CDDP the frequency of severe neutropenia may be increased and thus may lead to a higher rate infections complication. Nurses should be familiar with these side effects and specific treatment of unwanted side effects – all aimed to improve the quality of life of such patients.

Key words: Head and Neck Neoplasms; Carcinoma, Squamous Cell; Combined Modality Therapy; Antineoplastic Agents; Drug Therapy; Radiotherapy; Antibodies, Monoclonal

OP 41

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Chemotherapy of breast cancer in pregnancy

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Chemotherapy is a choice-therapy for many cancers. For accurate use of cytostatics, it is important to understand the normal cell cycle, changes in cell cycle that bring to malignant transformation, and system of cytostatics that "kill" the tumor cells. Knowing the mechanisms of action and aim of the therapy are the key-elements of multiagent treatment. In multiagent regimens, different cytostatics have a different ways in blocking or changing cell cycle (for example anthracyclin-based and taxane-based regimens). Toxicity is also diverse. The aim of the paper was to present the treatment of two pregnant women receiving chemotherapy for breast cancer in Daily Hospital in IORS, during 2009. Use of chemotherapy in pregnancy, especially in first trimester, has been shown as very toxic and it can lead to many congenital and genetic disorders. Oocytes can be damaged as well, so the next pregnancies can have a lethal result. Second and third trimesters are more comfortable for the use of cytostatics because the organogenesis is completed (presented at *Sixth Breast Cancer Congress*). However, the use of chemotherapy in pregnancy has to be carried out very carefully, not just because of patient but because of the fetus as well (detail genetic screening should be performed in children born after chemotherapy).

Key words: Breast Neoplasms; Pregnancy; Antineoplastic Agents; Drug Therapy



OP 42

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The role of physical therapy in prevention and treatment of postoperative thromboembolism

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Thromboembolic complications (TEC) are common in postoperative course. The most frequently are manifested as deep venous thrombosis and pulmonary embolism. Pulmonary embolism occurs 7 to 10 days or later after surgery. It is strongly correlated with patient's immobility in the bed and suggests the importance of early mobilization, vessels damage, and coagulopathy. Risk factors for TEC are genetic (hereditary) and acquired. Acquired risk factors are age over 65 years, vein damage, heart insufficiency, obesity, sepsis, malignant diseases (7%), immobility, major abdominal and pelvic surgery, length of operation (longer than 6 hours brings twofold the risk), operative and other trauma, cardio-vascular insult (CVI). The aim of this study is to present postoperative TEC and to point out the role of physical therapy in both prevention and treatment. Early mobilization of patients in bed and verticalization in intensive care units significantly diminishes the risk of thromboembolism. Mechanical methods in high-risk patients are efficient if applied together with anti thrombotic prophylactics aiming to decrease venous stasis and improve circulation. Mechanical methods comprise appliance of elastic socks or bandages before, during, and after surgery until full patient's mobility is achieved. Active exercises for peripheral circulation in bed, early sit up, and walking of patients are mandatory. Timely and enhanced physical therapy in early postoperative rehabilitation in surgical patients significantly prevents postoperative thromboembolic complications. In addition, it improves overall performance status and faster recovery of patients and shortens hospital stay and costs.

Key words: Postoperative Complications; Thromboembolism; Pulmonary Embolism; Physical Therapy Modalities

PP 43

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Modern treatment of ulcerating tumors in cancer patients

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Complications in terms of infections that lead to ulcerating tumors are very common cause of morbidity and mortality in oncology patients. We examined whether the use of modern means of swabbing of ulcerating tumors prevent infection spreading, reduce bleeding, and the costs of treatment. The study presents three ulcerating tumors changes that were treated with hydrocolloidal linings with silver ion during several weeks; they have antimicrobial effects and contain sodium carboxymethylcellulose that is highly adaptable and blotting. All patients treated with hydrocolloidal linings had changes in various locations: neck, inguinum, left breast. All wounds were infected. Following bacteria were isolated: *Enterococcus*, *Pseudomonas*, *Escherichia coli*. After approximately two weeks of swabbing, there was a decrease in exudation, bleeding, and tumor size in a patient who had a tumor on a neck. This caused less pain and stress that tumor brings during the swabbing period. Swabbing was performed every other day. The average price of a traditional treatment method is more expensive and requires the engagement of medical staff twice a day. Use of hydrocolloidal lining is cheaper and requires changing once in every other day. This also avoids bleeding because damaged blood vessels can cause greater complications. The use of this new swabbing method in oncology patients reduces the risk of further complications and the possible occurrence of intrahospital infections that is inevitable in oncology.

Key words: Neoplasms; Wounds Infection; Colloids; Bandages, Hydrocolloid; Treatment Outcome



PP 44

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Radical abdominal trachelectomy - health care in post surgical period

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Radical abdominal trachelectomy is a new procedure in treating operable cervical cancer. It is applied in young persons, when preserving reproductive ability is the goal. The role of a nurse, as a team member in period after the surgery is out of most importance for quicker rehabilitation of these patients. Our aim was to show standardized activities of a nurse - technician after the procedure of radical abdominal trachelectomy. In our work we used: data from history of diseases, protocol of health care of the Institute for Oncology and Radiology of Serbia, nurses' documentation. Radical abdominal trachelectomy is a choice surgery in young patients with operable cervical cancer, because life quality and reproductive capability are preserved. Nurse, as a team member, by applying standardized activities in great deal contributes to successfulness of treatment and complete rehabilitation of patients.

Key words: Uterine Cervical Neoplasms; Gynecologic Surgical Procedures; Nurse`s Role; Nursing; Quality of Health Care; Reference Standards