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LIVER METASTASIS FROM COLORECTAL NEOPLASIA: TREATMENT WITH PERCUTANEOUS ETHANOL INJECTION (PEI) UNDER ULTRASOUD (US) GUIDANCE.

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The aim of this study was to evaluate the efficacy and tolerability of PEI in patients (pts) with metastases of colorectal origin. Between April '91 and February '93, 22 lesions (10 synchronous and 12 metachronous) with a mean diameter of 3.03 cm (0.8-5.8 cm) in 16 pts (5 female, 11 male; mean age 63.1 years: range 49-77) were treated.
After correct positioning of the neddle (Spinale, Ethanoject 22G) under US control (AU-590 Esaote Biomedica) inside the metastasis, varying amounts of sterile alcohol (0.5-10 cc) at 95° were administered by means of one or more injections, depending upon the diameter of the lesion and patient tolerability. Response was measured by means of a fine needle echo-guided biopsy (FNAB) carried out at the end of treatment (CR = necrobiosis and the absence of CTM; PR = necrobiosis and rare, poorly-conserved atypical CTM). 7/22 lesions (4 pts) are not evaluable because treatment is still ongoing. Of the 15 evaluable lesions (12 pts), 12 (in 9 pts) responded to PEI (80%): CR in 4/12 (26.6% of lesions), PR in 8/12 (53.3% of lesions). Histological confirmation was obtained in 5 pts who underwent surgical exeresis. One lesion in a patient with progressive intestinal cancer remained unchanged and two lesions progressed. An alteration in CEA was observed in 6 of the 9 pts responding to PEI (normalisation in 3, a significant reduction in the remaining 3). The treatment was well tolerated and no complications were observed for the total of 229 performed alcoholisations. Three of the 16 pts died after a mean survival of 13.3 months (3-6 and 11); mean follow-up of remaining 13 pts is 6.7 months (1-17).
The results seem to suggest that PEI may be a useful alternative in controlling liver metastasies; it deverses further study in larger populations and over a longer period of time.

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PALLIATIVE CARE EDUCATION - AN INTERACTIVE APPROACH TO SYMPTOM CONTROL AND COMMUNICATION SKILLS

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Development, dissemination and evaluation of an educational innovation. This interactive videodisc programme aims to improve the knowledge and skills of health care professionals with regard to symptom control of patients with advanced cancer and the assessment of and communication with these patients. The programme underwent formative evaluation and has recently been summatively evaluated independently of the authors and producers. This paper describes the process of development, dissemination and evaluation of the initiative. Future developments include its use as a vehicle for ensuring the achievement of quality control.

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MEGESTROL ACETATE AND WEIGHT LOSS IN ADVANCED CANCER

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OBJECT: A randomized double-blind trial designed to test the effects of megestrol acetate (M.A.) on body weight (w.t.) in patients (pts) with advanced tumors receiving no antineoplasic treatment, anorexia and wt. loss.
METHODS: Since December 1989. 100 eligible and evaluable pts were included according to the following criteria: 1ª - Only syntomatic therapy . 2ª No corticosteroid concomitant therapy. 3ª No evidence of diabetes or Cardiovascular disease, and were randomized to receive (A) Standar oral dose, 160 mgr/day of M.A. 50 pts versus (B) 320 mgrs/day. 50 pts.
The median treatment time was 24 weeks (Range: 2 weeks to 2 years). All pts received therapy at least for 12 weeks. Body wt were recorded before therapy and 12 weeks there after.
RESULTS: No statistical differences could be found in body wt after treatment in any of the arms (A) 3, 86 Kgrs (Range -4 to 12,6 Kgs). (B) 4,2 Kgrs. (Range -2,8 to 10,3 Kgrs).
14 A patients and 12 B patients failed to gain wt.
The median time to peak wt during M.A. treatment was 11 week.
The performance status after therapy also shiffed to a better status without significant statistical difference between A o B patients. 36% of A pts and 28% of B pts had temporary increase of Karnosfky performance status. (p.s.). The lenght of increase Karnofsky p.s. was 12 weeks when the terapy with M.A. star with anorexia only and 4 weeks if star with wt loss.
All A and B patients felt an increase of apetite and also had an improved sense of well-being.
No serious side-effects of the treatment were noted in this study. Toxicity consisted on mild Edema(2),and Trombophlebitis (1) M.A. is a powerful appetite stimulant with subjetive and objetive effects on nutricional status. The wt gain in the A or B groups are the same, suggesting than the lower dose is as effective as the higher one fopalliative treatment.
Positive results in the management of wt loss and anorexia have been achieved as quicker as start the treatment after anorexia comes.

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COMPARATIVE STUDY BETWEEN HALF BODY IRRADIATION (HBI) AND Sr^{89} IN MULTIPLE BONE METASTASIS FROM CANCER OF THE PROSTATE.

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Management of pain from bone metastasis in cancer of the prostate is a difficult problem. In this retrospective study we tried to compare the analgesic result obtained by HBI versus Sr^{89}. Material and Method: 50 patients with extensive bone metastasis were treated with HBI with proton beam 18 MV dose delivered was 800 cGy. In another group of 18 patients we used the Sr_{89}. Both groups were followed up at week intervals as well as blood toxicity. Results: The evaluation of the analgesic result was done with a score system. Response to therapy was seen in 87% of HBI and 79% of Sr^{89}. 80% of patients irradiated by HBI we were pain free within 48hrs. In the group treated with Sr^{89} pain reduction appeared about two weeks later. In all patients Haematological toxicity was not important. 30% in the HBI group presented some nausea when treated above diaphragm.
In concludion both therapies have good results in pain palliation. Toxicity is more important in HBI.

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COELIAC PLEXUS NEUROLYSIS IN TERMINALLY ILL PATIENTS

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INTRODUCTION
We reported our experience using ultrasound as an aid in performing percutaneous coeliac plexus neurolysis using the anterior approach
PATIENTS AND METHODS
We used this technique in 34 patients with refractory pain produced by upper abdominal abdominal cancer. 50 % alcohol was used. Pain relief was assesed 1-2 weeks and 3 months.
RESULTS
There were 7 women, 27 male, with an average of 60 years. Symptoms average of 9 months. Pancreatic carcinoma(22),hepatic carcinoma(6), gastric(3) and others(3). Pain relief were:total in twnty,partial in twelve and null in two patients. No side effects or complications were encountered in this study.
CONCLUSION
We think that coeliac plexus is a good procedure to improve the quality of life of these patients.

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METHADONE SUPPOSITORIES (MS) FOR THE TREATMENT OF CANCER PAIN.

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The purpose of this study was to assess the effectiveness of custom made MS in 28 consecutive patients receiving massive doses of morphine or hydromorphone. All patients were started on custom made MS every 8-12 hours. All patients were adults who received a mean baseline equivalent daily dose of morphine of 1471±1900mg/day. They received MS for an average of 19±22 days and the mean maximal daily dose of methadone was 748±742mg/day. The mean MEDD of morphine in 15 patients who completed titration to MS decreased from 917±499mg to 434±265mg ($p<0.01$). The mean visual analogue for pain decreased from 56±30 to 40±54 ($p<0.01$). The mean equianalgesic coefficient morphine/methadone was 2.5±1.5 (95% confidence or 1.76-3.32). The mean cause of treatment was $1126. for MS as compared to $11200. for equivalent morphine dose. Blood levels of morphine in 13 patients on steady state showed a wide interpersonal variation but a very consistent level within the same patient in multiple determinations.
We conclude that methadone is effective and highly economic in the management of severe cancer pain. Patient accrual continues.