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Onkológia (Bratisl.), 2013; roč. 8(6): 404–405

KARCINÓM PRSNÍKA

Jassem J, Ozmen V, Bacanu F, Drobniene M, Eglitis J, Lakshmaiah KC, Kahan Z, **Mardiak J**, Pienkowski T, Semiglazova T, Stamatovic L, Timcheva C, Vasovic S, Vrbanec D, Zaborek P. **Delays in diagnosis and treatment of breast cancer: a multinational analysis. Eur J Public Health. 2013 Sep 12.**

Backrounds: Reducing treatment delay improves outcomes in breast cancer. The aim of this study was to determine factors influencing patient- and system-related delays in commencing breast cancer treatment in different countries.

Methods: A total of 6588 female breast cancer patients from 12 countries were surveyed. Total delay time was determined as the sum of the patient-related delay time (time between onset of the first symptoms and the first medical visit) and system-related delay time (time between the first medical visit and the start of therapy).

Results: The average patient-related delay time and total delay time were 4.7 (range: 3.4-6.2) weeks and 14.4 (range: 11.5-29.4) weeks, respectively. Longer patient-related delay times were associated with distrust and disregard, and shorter patient-related delay times were associated with fear of breast cancer, practicing self-examination, higher education level, being employed, having support from friends and family and living in big cities. The average system-related delay time was 11.1 (range: 8.3-24.7) weeks. Cancer diagnosis made by an oncologist versus another physician, higher education level, older age, family history of female cancers and having a breast lump as the first cancer sign were associated with shorter system-related delay times. Longer patient-related delay times and higher levels of distrust and disregard were predictors of longer system-related delay times.

Conclusions: The delay in diagnosis and treatment of breast cancer remains a serious problem. Several psychological and behavioural patient attributes strongly determine both patient-related delay time and system-related delay time, but their strength is different in particular countries.

Drgona L, Colita A, Klimko N, Rahav G, Ozcan MA, Donnelly JP. **Triggers for driving treatment of at-risk patients with invasive fungal disease. J Antimicrob Chemother. 2013; 68 Suppl 3:iii17-iii24.**

Timing of treatment for invasive fungal disease (IFD) is critical for making appropriate clinical decisions. Historically, many centres have treated at-risk patients prior to disease detection to try to prevent fungal colonization or in response to antibiotic-resistant fever. Many studies have indicated that a diagnostic-driven approach, using radiological tests and biomarkers to guide treatment decisions, may be a more clinically relevant and cost-effective approach. The Invasive Fungal Infections Cooperative Group of the European Organization for Research and Treatment of Cancer/Mycoses Study Group (EORTC/MSG) defined host clinical and mycological criteria for proven, probable and possible classes of IFD, to aid diagnosis. However, some patients at risk of IFD do not meet EORTC/MSG criteria and have been termed Groups B (patients with persistent unexplained febrile neutropenia) and C (patients with non-definitive signs of IFD) in a study by Maertens et al. (Haematologica 2012; 97: 325-7). Consequently, we considered the most appropriate triggers (clinical or radiological signs or biomarkers) for treatment of all patient groups, especially the unclassified B and C groups, based on our clinical experience. For Group C patients, additional diagnostic testing is recommended before a decision to treat, including repeat galactomannan tests, radiological scans and analysis of bronchoalveolar lavage fluid. Triggers for stopping antifungal treatment were considered to include resolution of all clinical signs and symptoms. For Group B patients, it was concluded that better definition of risk factors predisposing patients to fungal infection and the use of more sensitive diagnostic tests are required to aid treatment decisions and improve clinical outcomes.

Drgona L, Khachatryan A, Stephens J, Charbonneau C, Kantecki M, Haider S, Barnes R. **Clinical and economic burden of invasive fungal diseases in Europe: focus on pre-emptive and empirical treatment of Aspergillus and Candida species. Eur J Clin Microbiol Infect Dis. 2013 Sep 12.**

Invasive fungal diseases (IFDs) have been widely studied in recent years, largely because of the increasing population at risk. Aspergillus and Candida species remain the most common causes of IFDs, but other fungi are emerging. The early and accurate diagnosis of IFD is critical to outcome and the optimisation of treatment. Rapid diagnostic methods and new antifungal therapies have advanced disease management in recent years. Strategies for the prevention and treatment of IFDs include prophylaxis, and empirical and pre-emptive therapy. Here, we review the available primary literature on the clinical and economic burden of IFDs in Europe from 2000 to early 2011, with a focus on the value and outcomes of different approaches.

Cipkova-Jarcuskova J, Chalupkova A, Hrabovska Z, Wagnerova M, Mistrikova J. Biological and pathogenetic characterization of different isolates of murine gammaherpesvirus 68 (MHV-68) in the context of study of human oncogenic gammaherpesviruses. Acta Virol. 2013; 57(2): 105-12.

Study of murine gammaherpesvirus 68 (MHV-68), which was discovered in 1980 in Slovakia, has led to many important findings regarding gammaherpesviral properties in general. Nowadays, it is considered to be a universal model used for detailed studies to determine pathogenetic, immunological and molecular

aspects of oncogenesis in analogy to Epstein-Barr virus (EBV) and Kaposi´s sarcoma-associated virus (KSHV). The objective of this work is to characterize biological and pathogenetic properties of the virus with an emphasis on our prior results concerning ecology, epidemiology, viral persistence in peritoneal macrophages, detection of malign and benign lymphoproliferations accompanied bythe presence of atypical lymphocytes in blood during IM-like and leukemia-like syndromes. We are trying to elucidate the role of virus-specific genes in virulence, pathogenicity and murine gammaherpesvirus oncogenesis by comparison of molecular-biological, pathogenetic and oncogenic potential of MHV-68 isolates and deletion mutant MHV-76 and therefore help to understand the analogical processes that occur in EBV infected patients.

Abstrakty a postery zo zahraničných konferencií

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Mego M, Karaba M, Cierna Z, Janega P, Minarik G, Benca J, Sedlackova T, Manasova D, Gronesova P, Pechan J, Reuben JM, Mardiak J. Correlation between tumor expresion of matrix metalloproteinase 1 and circulating tumor cells in early breast cancer patients/ ISMRC 2013, Paris: [s.n.], 2013: 70

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GENITOURINÁRNE MALIGNITY

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Jana Obertova, Michal Mego, Zuzana Sycova-Mila, Patrik Palacka, Jan Rajec, Michal Chovanec, Jozef Mardiak. Treatment-induced hyperlipidemia and pneumonitis could be meaningful clinical biomarkers during treatment with mTOR inhibitors (everolimus, temsirolimus) in metastatic renal cell cancer. European Journal of Cancer 2013; 49: Suppl. 2: S668

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Wlodzimierz Olszewski1, Helmut Popper2, Izidor Kern3, Leonhard Müllauer4, Rafal Dziadziuszko, **Peter Berzinec**, **Ladislav Dusek**, Tanja Cufer, Paolo Bajcic, Zbynek Bortlicek, **Lucia Copakova**, Balazs Dome, Joanna Chorostowska-Wynimko, Blanka Robesova, Vitezslav Kolek, Milos Pesek, Rodryg Ramlau, Wolfgang Eisterer, **Lenka Medvecova**, Pawel Krawczyk, **Juraj Mazal**, Robert Pirker. **EGFR mutation testing methods in clinical practice in Central Europe: findings from the insight observational study. J Thorac Oncol. 2013; 8(Suppl 2): 1252**

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