Letter to the Editor

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When will Spend the Stage Healing to Palliative?

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Introduction

When must a specific oncological treatment should be started (surgery, radiotherapy, chemotherapy, hormonotherapy, biological treatments, etc.) and when the best health care should focus on the palliation of symptoms?

In the month of June there was an annual meeting of the American Society of Clinical Oncology (ASCO), in the city of Chicago, Illinois, USA wherein more than 35,000 medical professionals from all over the world took part in the main event of scientific cancer. Subsequently, in October the European Society of Medical Oncology (ESMO) was held in Copenhagen, Denmark, with the assistance of about 20,000 participants.

It is very rewarding to observe a huge amount of young medical professionals active in these meetings and thus be educated and report the novel and latest trends in the modern cancer treatment. Past few years, the information has become quickly available, thanks to advances that give us media, cell phone, e-mail, social networks and internet in general.

Today we have treatments which are very effective and in some tumors it is possible that the disease can be controlled for more than five years and others achieve chronic stage of the disease; this is no longer a dream. Thanks to these new approaches in the treatment of cancer, today we have real dilemmas for exceedingly qualified oncologists and youth oncologists, which lack experience and just a few years of practice and scientific evidence of published studies in prestigious scientific journals, that empowered them to demonstrate medications on vast majority that not only heal but there is also a degree of toxicity essential to therefore decrease in the quality of life of the patients.

However much information is not easy to elucidate or know when the treatment must begin? Oncological treatment (surgery, radiotherapy, chemotherapy, hormonotherapy, biological treatments, etc.) and best health care should focus on the palliation of symptoms.

The health care facilities ought to manage the individual superior to managing the tumor. I had the opportunity to participate in the ASCO 2016, which I mentioned previously.

After listening to some of the presentations, it was clear that huge amount and variety of new molecules are available for the treatment of various kinds of tumors (kidney cancer, melanoma, tumors stromal gastrointestinal, some types of leukaemia, etc.) for which a few years ago there was no drug available. It was really rewarding listening to the new updates on the plethora of new molecules available for the treatment of such cancers.

The other aspect to consider is 1st line, 2nd line and 3rd line of treatment of tumors and this is done as the tumors generate. The growth of the tumors is variable, it usually takes months, not more than 12-18 months, a phenomenon biological called secondary resistance.

Disease responds initially and in a few months it progresses, forcing oncologist to indicate a new line of treatment (2nd line) and so on. Every new attempt to treat the tumors offers less percentage and the response time in comparison to the prior treatment. Now-a-days tumors which were considered "not responders" can be treated with medical (drugs) and the results are really amazing and this response can continue for several months. Aside any consideration cost of these treatments, toxicity producing is not a minor issue. So we can see appearance and development of second’s tumor, ill feeling and fatigue.

The undesirable effects of most of these new molecules include permanent (asthenia) phenomena bleeding, skin lesions type acne all over the body.

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From the point of view of pharmacologic, what if we all know what we do not know? What I want to note is that in general, after having 40 years of experience, I can see that young oncologists are tempted to indicate a drug after another in the belief that they will achieve remission of the disease, at the cost of an evil quality of life, for toxicity these drugs produce and forget many times to discuss these issues with the patient and the family. Not generalized, but I would say that is a very common deal with patients in second opinion, to which they offer more and more treatments, with which they gain in terms of survival is measured in few days, 30-45 days with toxicity now not negligible.

Perhaps the most problematic issue is neither diagnosis nor behaviour when one acts as a consultant, the hardest factor is reversed within the unwell and in its environment, these words in the medical field will help to open a new range of hope, we know for sure that they will achieve the desired effect. All of this can be achieved without assault, position and patient and without offending colleagues. Happily between doctors, matches are much more frequently than the differences. I think one should primarily listen to the patient, which is your desire and according to his will we should give the best council possible and explain the options available.

We do not promise results but we are committed to the best option available and accompany the patient and the patient's family to make the right decision and at the same time the ethical principles are not violated. A couple of years ago we used to request our opinion on the patient and the patients family but at present we share behaviours therapeutic, medical decisions and treatments with what the patient and / or family once search the Internet. It is our responsibility to discuss and provide an explanation for these protests and guidance should be provided towards the best option available. In some patients more and more treatment is indicated as the functions of each drug new is a miracle to come, once we recognize perfectly that the result is of a 1st or 2nd line of treatment, the treatment failure is the only way to come. It's not my thought or my position attitude nihilistic; otherwise, thanks to my 42 years of practice in medicine and 36 years as oncologist, the power resides now in advance genetics, molecular biology, and in the development of new drugs.

I am convinced that in these days the best way to cure and control cancer including the rates are published worldwide and indicated. In the past four decades we had moments when we thought that cancer will be "at bay", with particular drug or a family of drugs, until serious goal analysis was done and was the study was not influenced by industry, put things in place. If I question dealing excessively, patients in whom the advantages are very dubious and we overlook on the whole that the tumor is staying in a guest known as human being.

From the point of view of a doctor, death is not a failure, provided the doctor can influence the quality of the time preceding a death by cancer. We cannot influence the time a death that occurs, unless mechanical means or supportive measures are used, but always we will have the opportunity to talk to our patients and explain that this is the time to interact with family and friends, hence in another way, converting the expectation of false hope by means of support and containment emotional. I wish that these thoughts will help doctors in general and young doctors in particular to take the best way possible.