JBUON 2015; 20(4): 1169-1170
ISSN: 1107-0625, online ISSN: 2241-6293 • www.jbuon.com
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LETTERS TO THE EDITOR

Early start of adjuvant chemotherapy in breast cancer

Dear Editor,

The timing of initiation of adjuvant treatment is particularly important for many developing countries including Turkey, as adjuvant chemotherapy may be delayed for up to several months due to several reasons such as referral delay. In a previous study [1], we retrospectively analyzed the data on early breast cancer patients (n=1167) followed at our University Hospital between 1990-2000 by selecting the 'time to adjuvant chemotherapy' (TTAC, range 0.7-8 months) and 'time to progression' (TTP, range 2-98+ months) in the model. Our results revealed that TTAC and TTP were inversely related in patients with breast cancer receiving adjuvant chemotherapy within 4.8 months of surgery.

Moreover, in our recently published study [2], 402 breast cancer patients who received adjuvant treatment at Ankara Oncology Research and Training Hospital between January 1995 and August 2002 were retrospectively evaluated. Patients were divided into two groups: those who started adjuvant treatment ≤ 44 days and those who stated adjuvant treatment > 44 days (n = 344, 85.6% vs n = 58, 14.4%, respectively). Five-year overall survival was significantly better in patients who started adjuvant treatment within 44 days after surgery compared to patients who received adjuvant treatment after 44 days (92 vs 83.3%, p=0.03), but disease-free survival was not significantly different between the two groups (83.4 vs 82.2%, p>0.05).

In conclusion, our studies investigated an optimal starting time for adjuvant therapy and suggest that early-start treatment will provide an increased TTP and the benefit will remain noticeable even in cases when the delay is up to 5 months.

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Extremely high level of CA 19-9 in a patient with metastatic pancreatic cancer and chronic renal failure: Second highest level of CA 19-9 in the literature

Dear Editor,

Carbohydrate antigen 19-9 (CA19-9), was first discovered in 1979 [1]. It is sensitive for hepatobiliary malignancies and pancreatic cancers. Although it was rarely detected higher in some other gastrointestinal tract malignancies and in some benign conditions, the highest value has been reported in pancreatic cancer [2]. So far, the highest value for CA 19-9 has been reported as 19,516,020 U/ml in pancreatic cancer [2] and herein we report a case with CA 19-9 238,810 U/ml which is higher than the value of 215,880 U/ml that Kizilarslanoglu et al. have recently reported [3] as the second highest value. A 63-year-old man previously diagnosed with diabetes mellitus and chronic renal failure (CRF) presented with upper gastrointestinal tract bleeding. A mass in the pancreas and multiple metastatic lesions in the liver and lung were detected during diagnosis. CA 19-9 value which was performed after hemodialysis was 238,810 U/ml. Pathological findings of liver mass tru-cut biopsy revealed adenocarcinoma me-

tastasis from pancreatic tissue. The patient died of gastrointestinal bleeding. In contrast to the two other cases, our case had a history of CRF. However, it has been reported in some studies that tumor marker levels are not affected from CRF. No final decision regarding the effects of CRF on tumor marker levels has been established [4]. In a recent study, no significant relationship between CA 19-9 levels and CRF was shown [5]. Similarly, in our case CA 19-9 values before and after hemodialysis were 217,138 U/ml and 238,810 U/ml, respectively. CA 19-9 which still has many unknown aspects pending for clarification, is an important tumor marker and can be detected in high or very high levels in gastrointestinal cancers and in some benign conditions.

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