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The effect of prenatal factors on the development of colon cancer

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Background: There is some evidence that prenatal factors can play role in development of colon cancer. Children with an old parent age at the time of birth were observed to develop certain childhood cancers more frequently. This trial is designed to investigate the effects of some prenatal factors on colon cancer risk. Particularly, investigation of the effect of advanced parent age on colon cancer development risk was targeted.
Materials-Methods: In this study 117 in or out patient diagnosed as colon cancer and 234 control patients included. Definitive diagnostic results and dates of diagnosis were determined from pathological reports. Groups were asked the parenteral age, smoking habits, sociodermographic, environmental, familial and reproductive traits. The results were compared between the patients and the control group. The conformance of data obtained by measurement to normal distribution was investigated in each group by Kolmogorov Smirnov test. The comparisons of the variables conforming to normal distribution were made by Student t-test between the patients with colon cancer and the control group. As for the comparisons of the variables not conforming to normal distribution, Mann-Whitney U test was used. The analyses of data obtained by counting were performed by chi-square test.
Results: There was no statistically significant difference between the patients and the control group by age, presence or absence father and mother, mean height, weight and BMI values. It was determined that children may have higher risk if mother and father are more than 30 at birth ($p = 0.018$, $p = 0.020$). While the mean mother age at birth was 25.6 ± 5.72 in patients, it was 24.7 ± 6.90 in the controls. The difference was not statistically significant ($p < 0.056$). While the mean father age at birth was 29.4 ± 6.58 in patients, it was 27.4 ± 7.47 in the controls. The difference was statistically significant ($p < 0.001$). Smoking of mother was one of the important risk factors of colon cancer ($p = 0.044$).
Conclusions: Our data supports that some prenatal factors such as high parental age at birth and smoker mother may be risk factors for some cancers for children. This is the first study reports that having high parental age at birth and exposure to smoke prenatally increase the risk or colon cancer.

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Preventive effect of traditional Japanese medicine on neurotoxicity of FOLFOX for metastatic colorectal cancer: a multicenter retrospective study

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Background: FOLFOX is a standard chemotherapy for metastatic colorectal cancer (mCRC). The major dose-limiting toxicity of oxaliplatin is neurotoxicity. The traditional Japanese medicines Gosyajinkigan (TJ-107) and Syakuyakukanzoto (TJ-68) are both reported to be effective against paclitaxel-induced peripheral neuropathy. The aim of this study was to evaluate the preventive effect of TJ-107 and TJ-68 for oxaliplatin-induced neurotoxicity.
Methods: Between July 2006 and November 2008, 44 patients (pts) with metastatic colorectal cancer were treated with modified FOLFOX6 or FOLFOX4 as first-line chemotherapy at three institutions. They received either therapy with TJ-107 (Group A, $n = 20$) or TJ-68 (Group B, $n = 24$) to reduce neurotoxicity. TJ-107 (7.5 g/day) and TJ-68 (7.5 g/day) were administered orally every day during FOLFOX therapy. Neurotoxicity was assessed according on a specific scale: grade 1 is paresthesia or dysesthesia lasting up to 7 days, grade 2 is paresthesia or dysesthesia lasting more than 7 days, and grade 3 is persistent functional impairment. Time to treatment failure (TTF) was calculated as time from the beginning of FOLFOX administration to discontinuation of oxaliplatin.
Results: The characteristics of each group were as follows. Median age of 66.5 years (range 48−79) in Group A, 60 years (range 43−78) in Group B, male/female 14/6 in Group A, 13/11 in Group B, PS 0/1/2 12/6/2 in Group A and 14/10/0 in Group B. Bevacizumab was added to FOLFOX in 2 pts in Group A and 15 pts in Group B. The median number of treatment cycles and median cumulative oxaliplatin dose was 12 cycles (range 4−19), 898 mg/m^2 (range 340–1255) in Group A and 10.5 cycles (range 6−20), 845 mg/m^2 (range 510–1480) in Group B. Eighteen pts in Group A and 24 pts in Group B received a cumulative dose of more than 500 mg/m^2 of oxaliplatin. At a dose of 500 mg/m^2, grade 1−2 neurotoxicity was seen in 10 pts (56%) in Group A, and in 7 pts (29%) in Group B. Grade 3 was not seen in each group. In the 38 pts with measurable lesions, the response rate was 50.0% (9/18) in Group A and 65% (13/20) in Group B. Median TTF was 209 days in Group A and 226 days in Group B.
Conclusions: Administration of traditional Japanese medicine may reduce oxalipatin-induced neurotoxicity and prolong TTF. A phase II study is in progress to investigate whether TJ-68 prevents neurotoxicity.

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A brief overview of 10 most common malignancies in Eastern Nigeria, from January 2000 – December 2007

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Background: In Eastern Nigeria reliable health figures are almost nonexistent. Records of the cancer registry were reviewed to show the ten most common malignancies.
Design: 2123 malignancies recorded in our cancer registry were reviewed using percentages.
Results: Breast cancer is first with 561 (26.4%), mean 41.8 SD 11.4. Prostate carcinoma has 356 (16.8%), mean 65 SD 11.3. Squamous cell carcinoma of skin and mucous membranes has 221 cases (10.4%), mean 49.1 SD 14.3. Metastatic carcinomas of lymph nodes has 153 cases (7.3%), mean is 48.1 SD 14.2. Cervical carcinoma 116 cases (5.5%), mean 49.1 SD 14.3. Colorectal carcinoma has 103 cases (4.9%) mean 52.8 years SD 13.9. Hepatocellular carcinoma 72 (3.4%) mean 42.8 SD 12.8. Lymphomas include Non-Hodgkin's 47 (2.2%) mean 34.6 SD 17.1, Hodgkin's lymphoma 50 (2.4%) mean 33.7 SD 17.7. Thyroid and gastric carcinomas each had 60 (2.8%) and 62 (2.9%) respectively.
Conclusion: Most common are Breast, prostate, squamous cell, metatstatic carcinomas, cervical and colorectal carcinoma.

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Breast cancer screening promotion program

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Introduction: Breast cancer is the leading malignancy among women in Serbia with incidence and mortality rates increasing constantly. Late diagnosis is one of the major problems in breast cancer control in Serbia, with over 50% of women having regional or distant metastases at the moment of diagnosis.
Institute for Oncology and Radiology of Serbia organized a program aimed at raising public awareness and the promotion of breast cancer screening.
Materials and Methods: Institute for Oncology and Radiology of Serbia, together with nongovernmental charity organizations, organized the media campaign and invited women for free breast examinations during weekends at the Institute. Breast examination included clinical examination and mammogram for women over 40. Survey on risk factors, previous exams and interest in breast cancer screening was performed. Women were also trained to perform the breast selfexam.
The aim of this study was to raise public awareness and promote breast cancer screening, investigate attitudes and behavior of women regarding breast cancer examinations and gather experiences for future screening programs.
Results: During 6 months in 2008, over 1100 women were examined at the Institute. Of those women, more than 40% reported never having any breast exam (67% in the group with elementary education). Only 15% of women reported that they performed breast self exam regularly. For 66% of women over 40, this was the first mammogram they ever had.
Almost 90% of women were interested in receiving more information on breast cancer and breast cancer screening. The majority of them (89%) would like to receive information from a health professional; however, very few had the opportunity to discuss these matters with their GPs or gynaecologists (28% and 11%, respectively). Women were also interested in receiving information through leaflets and other printed material (44%) or media (35%).
Conclusions: The aim of these activities was to raise breast cancer awareness and promote breast cancer screening among women in Serbia. Results from the survey will be used for planning future activities and planning of the population screening program.