







# Comorbidities, multiple diseases


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- ▶ 60-year old man with no serious diseases in the past
  - ▶ In 2012 abdominal pain → CT scan showed a 10 cm large retroperitoneal tumour between the stomach and pancreas
  - ▶ Surgery was performed with marginal margin
  - ▶ Pathology difficult to assess
  - ▶ Second opinion by professor Christopher Fletcher in Boston: Unspecified low grade sarcoma with lymphocytic components, considered to have a high risk for local recurrence
  - ▶ Postoperatively radiotherapy, delayed because of scar infection with problems with healing


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- ▶ A couple of weeks after surgery (before radiotherapy) he got multiple blisters in the skin → pemphigus vulgaris
  - ▶ The skin improved but over the next years increasing pemphigus-associated interstitial lung disease with severely impaired lung function
  - ▶ 2016 a solitary liver metastasis was diagnosed
  - ▶ The poor lung function did not allow surgery – what to do?

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- Other local methods were considered, and a liver embolization was performed in April -16
  - A new liver lesion lead to a new embolization August -17
  - Soon after that multiple lesions were found in a limited area of the liver; further embolization was considered not possible
  - Stereotactic radiotherapy was given in November -17

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- ▶ A couple of months after that, new multiple lesions were growing
  - ▶ By that time very poor lung function and sensitive to infections
  - ▶ Standard intravenous chemotherapy not considered possible
  - ▶ What to do instead?

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- We tried cautiously dosed per oral chemotherapy (trofosfamide + etoposide) with start in February -18
  - Since then stable disease in spite of need of some treatment pauses and further dose reductions

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- ▶ With "comorbidities" we usually refer to other diseases with a potential influence on the disease under consideration
  - ▶ This influence may be with respect to e.g.,
    - clinical presentation
    - prognosis
    - treatment intention
    - treatment possibilities
    - drug interactions
  - ▶ Comorbidities thus always of importance to consider in the care and treatment of tumour patients, e.g., patients with sarcoma

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- ▶ Heart diseases, e.g., congestive heart disease or coronary disease, may interfere or even hinder surgery and/or medical treatment with different drugs like doxorubicin
  - ▶ Kidney diseases with reduced renal function may interfere with abdominal radiotherapy and medical treatment with e.g. ifosfamide and cisplatinum
  - ▶ Lung diseases may contraindicate surgery and medical treatment
  - ▶ Neurological disorders may aggravate neuropathies from some drugs like docetaxel
  - ▶ Psychiatric disorders may increase risk for suicide among patients with malignant tumours, or may lead to decreased patient cooperation in treatment





# What to do when comorbidities are present?

- ▶ When treatment is considered, investigate vital organic functions
- ▶ Optimize functions if possible – contact with expert colleagues!
- ▶ Modify sarcoma treatment if necessary
- ▶ Discuss risks and benefits of different therapeutic options carefully with the patients and her/his relatives
- ▶ Not seldom difficult to weigh risks of the sarcoma against risks of treatment
- ▶ *The patient has always the final decision after careful discussion!*