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Perioperative nutrition in gastrointestinal malignancies

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Cancer anorexia-cachexia syndrome (CACS) usually consists of a combination of anorexia, tissue wasting, malnutrition, weight loss and loss of compensatory increase in feeding. CACS represents the result of a complex interaction between cancer growth and host response and is associated with a poor response to chemotherapy and with an increase in drug-related toxicity. Compared to other tumors, pancreatic cancer has the highest incidence of cachexia reaching as much as 80% at the time of diagnosis. The loss of muscle and fat- tissue is mediated by different alterations in the organism, not all of which are known until now. One important mechanism is the activation of the acute phase response cascade, resulting in loss of fat and muscle tissue. Significantly higher serum CRP, IL-1 α , IL-1 β , IL-6, IL-8, IL-10, TNF- α , VEGF-A, VEGF-C, VEGFR1, and leptin concentrations were found. Cachexia markers that are specifically expressed in pancreatic cancer and secreted into the blood circulation have yet to be investigated. Oral eicosapentaenoic acid has been found to stabilize the body weight of patients with advanced pancreatic cancer and, when combined with an energy- and protein-rich nutritional supplement, to produce weight gain arising solely from an increase in lean body mass. Patients with pancreatic cancer may have a clinically relevant benefit from the inexpensive oral supplementation of L-Carnitin and appetite stimulans megesstrol acetate.

Biography

Renata Dobrila Dintinjana is working as a Professor of Internal medicine, specialist of Internal medicine, subspecialist of Medical Oncology. Currently she is Head of Radiotherapy and Oncology Clinic, University Hospital Rijeka, Croatia. Her research interests are Gastrointestinal Cancers, Supportive Cancer Care, especially nutrition. She has published various chapters in 7 books and more than 30 research papers. She is member of EACR, ESMO, ASCO, MASCC and Coordinator for Oncology Section of IASGO.

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