Pancreatic carcinoma: the contribution of CA 19-9 to the enhancement of diagnostic precision of imaging techniques

**KEYWORDS:** Pancreatic Neoplasms; Diagnostic Imaging; Tumor Markers, Biological; Ca-19-9 Antigen

**Background:** Ultrasonography (US) and magnetic resonance (MR) are the most important imaging techniques in the diagnostics of pancreatic carcinoma and disease staging; they are also very useful in monitoring and follow-up of treatment efficacy. The problems with imaging diagnostics arise in certain cases of pancreatic focal lesions - for example in the differentiation of focal chronic pancreatitis and pancreatic carcinoma. Our objectives were the evaluation of US and MR reliability and determination of the importance of oncomarker CA 19-9 in the diagnostics of pancreatic carcinoma.

**Methods:** Our investigation included patients with pancreatic focal mass suspected of malignancy. All patients were examined by ultrasonography, MR, and ultrasound-guided needle biopsy. Cytopathologic examination of the biopic samples was used to diagnose the disease. Oncomarker CA 19-9 was done in all patients.

**Results:** MR imaging and US examination made possible the correct diagnosis of carcinoma in case of 17 patients; in three patients with focal chronic pancreatitis the diagnosis was false positive. No case of false negative diagnosis was found. The value of oncomarker CA 19-9 was determined and it was clearly positive (over 150 U/ml) in all patients.

**Conclusion:** Imaging techniques gave good results in the evaluation of pancreatic pathology. However, when using imaging techniques differential diagnosis between focal chronic pancreatitis and pancreatic carcinoma seems to be major problem. Correlation of imaging technique and identification of CA 19-9 has an important role in the diagnostics of pancreatic carcinoma. Imaging techniques and identification of oncomarker CA 19-9 are complementary methods in the examination and diagnostics of pancreatic carcinoma and they allow better precision of diagnosis of pancreatic focal lesions.

Treatment of metastatic breast cancer with anastrozole in patients previously treated with aminoglutethimide - case report

**KEYWORDS:** Breast Neoplasms; Antineoplastic Agents, Hormonal; Neoplasm Metastasis; Aminoglutethimide; Menopause; Aromatase

Anastrozole represents new, strong and selective nonsteroid aromatase inhibitor. The purpose of this report was to show the effect of anastrozole in two patients with breast cancer who were previously treated with aminoglutethimide. A female patient aged 55 years (menopausal, unknown status of steroid receptors) has been living 246 months with breast cancer (63 months with metastatic disease), and treated with tamoxifen, aminoglutethimide, and anastrozole. Therapeutic effect lasting 45 months was achieved with aromatase inhibitors. Female patient aged 56 years (menopausal, unknown status of steroid receptors) has been living 163 months with breast cancer (130 months with metastatic disease). There was 124 months response to hormone therapy - tamoxifen (66 months), aminoglutethimide (54 months), and anastrozole (4 months). Therapeutic effect lasting 45 months was achieved with aromatase inhibitors. Anastrozole was selected in both patients because of metastatic involvement of the pleura with bilateral effusion. No disease progression was maintained for 4 and 5 months with no toxic effects and with good quality of life. Anastrozole has a marked role, as a secondary hormone therapy medication in breast cancer, in the treatment of receptor positive patients in menopause.