



Supportive management

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The introduction of checkpoint inhibitor therapy and advances in targeted therapy have led to impressive improvements in the treatment of cancer patients. In the shadow of these developments, progress in supportive management of tumor and therapy-associated side effects is often underrated.

Nevertheless, advances in the treatment of oncologic emergencies and other adverse events has led to marked improvements in activity and tolerability of treatment and, most improvement, in the quality of life for our cancer patients.

In his article, Dr. Popov highlights the importance of early detection and treatment of febrile neutropenia (FN) following systemic therapy in cancer patients [1]. Generally, FN is associated with an in-hospital mortality of 10%. The introduction of the Multinational Association Supportive Care in Cancer (MASCC) score helps to identify patients with a higher risk of severe side effects and is an important clinical tool for oncologists. In addition, Dr. Popov highlights the importance of prophylactic granulocyte colony-stimulating factors (G-CSF) to lower the risk of FN associated with chemotherapy [1].

Drs. Petrasch, Marics and Spanberger show the importance of detection and treatment of hypercalcemia of malignancy (HCM). It is a frequent oncologic emergency affecting up to 30% of cancer patients [2]. In an interesting and challenging case report the colleagues emphasize that HCM can be the initial symptom leading to a tumor diagnosis [2]. Moreover, challenges in the diagnosis of HCM are highlighted, such as the correction of serum calcium to serum albumin levels,

which is frequently a pitfall in the early diagnosis of HCM. The most frequent causes for HCM (such as release of parathyroid hormone-related peptide and bone metastasis) and treatment algorithms including hydration and the administration of denosumab are summarized [2].

Last, but not least, Dr. Heregger focuses on the management of tumor-associated anemia (TAA) in patients undergoing palliative chemotherapy. TAA occurs in up to 39% of cancer patients. Importantly, besides TAA, other causes for anemia have to be ruled out [3]. The importance of iron supplementation and strict adherence to the current guidelines for the supplementation of erythrocyte-stimulating agents (ESA) are emphasized [3]. Importantly, it is pointed out that a hemoglobin level exceeding 12 g/dl should be prevented as the current literature points to an association with higher mortality rates and an increased risk of thromboembolic events [3].

Nevertheless, up to 70% of cancer patients will benefit from ESA supplementation, leading to a reduction of red blood cell transfusions and improvement of anemia-related symptoms in cancer patients [3].

Taken together, these articles highlight the importance of early diagnosis and prompt management of oncological emergencies and the benefits of optimized supportive care for our patients.

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