

Historical Highlights on the Flare-up Phenomenon After Cancer Operations

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Abstract

A well-known phenomenon is that, after cancer surgery, there may be a flare up of the disease. Accordingly, since research on a subject's antecedents has been advocated, this paper provides historical examples.

Keywords: *Cancer; Operation; Flare; History*

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Introduction

Netherlands researchers reported recently “that primary tumor removal induces a flare-up of angiogenesis, leading to metastatic outgrowth” [1]. An American group characterized “the clinical features of late urinary symptom flare” [2]. From Japan, the research team surmised that “Currently, the incidence of disease flare is unknown and it is impossible to predict who will experience it” [3]. Accordingly, since it is advised that antecedents need to be unraveled when research is begun [4], let me provide some historical highlights chronologically.

Historical texts

1. 1676 – Richard Wiseman [5], the nicely named observer, perceived that “by ill handling or increase of Acrimony, they frequently terminate in raging Cancers.”
2. 1753 - Norford [6] noted the prevailing concepts thus: That notwithstanding the operation has been early performed, and the part healed, yet the disease has soon after returned; sometimes the wound has proved cancerous; in both which cases, the patient has been carried off with the utmost rapidity.
3. 1761 – Sharp [7] observed, as did the above author, that after operation, “the cancerous poison falls on some other part of the body; in both which cases, the patient is frequently carried off with the utmost rapidity.”
4. 1805 – Young [8] was specific as follows: “We also learn from it that the operation hurries on the diseased action in contaminated parts, faster than it would have otherwise proceeded.”
5. 1830 – Cooper [9] noted the progression thus: “then the disease attacks various parts of the body; of the same constitution will produce the local action under accidental but continued irritation.”

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6. 1846 – Hasse [10] incriminated particular organs: The bones and the testicles appear to furnish its most frequent starting; and numerous examples tend to show that surgical operations for the removal of cancer in those parts, are very speedily followed by its transition to internal organs.
7. 1850 – Simon [11] saw cases which differed in terms of “being able to advance with rapidity unlike the morbid mass which had been removed.”
8. 1871 – Arnott [12] was also aware of such trends with reference to surgery bringing about “aggravation.”
9. 1871 – Arnott [13] noted an interesting case treated at the Middlesex Hospital: Twelve months before she had complained of pains and swelling in the clitoris, and four months ago the disease had been cut away, but had speedily returned and spread with greater energy than before.
10. 1876 – Coupland [14] detailed thoroughly a case report on a woman whose breast including the axillary nodes merited extirpation on April 22nd. Thereafter, the omens were bad as follows: In November a sudden and rapid evolution of secondary knots took place, beginning in the right mammary region; next the left breast became, as it were, infiltrated with a diffuse scirrhus growth, which quickly made it a large, hard, stiff, hemispherical mass. Simultaneously with this there was a rapid dissemination of scirrhus knots through all the soft tissues over the front and sides of the chest, converting them into an inflexible brawny cuirass, and while this went on the lymphatic glands in both armpits and above the collar-bones became infected. In less than a fortnight from the beginning of this outburst her chest had become quite fixed... The rapidity with which this condition was evolved is not often seen... Mr. Hulke has informed me that in all his experience he has never seen so rapid a recurrence and extensive diffusion of cancer take place within so short a time.
11. 1889 – Doran [15] generalized that “Portions of cancer cut through and left behind at operations usually grow quicker.”
12. 1896 – Beatson [16] identified age as being culpable, seeing that “it sometimes seems to hasten the progress of the disease, which assumes an acute and fulminating form....”

Discussion

In a wide ranging Review Lecture delivered back in 1973 at the Royal Society, Woodruff [17] considered cancer as an elusive enemy! In this contexts, to be on the attack, he warned against “delay in the clinical exploitation of scientific discoverers.” In particular, how goes research on the flare phenomenon?

Perhaps, it suffices to mention two modern trends. By 1979, New York associates reviewed their experience of flare-up on using Tamoxifen in treating advanced breast cancer [18]. Recently, the case report concerned a man who experienced the PSA flare during pain treatment of bone metastases in prostate cancer (19). In conclusion, therefore, whatever is predictive of the flare phenomenon deserves recondite research especially in the well-funded translational laboratories [20].

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