



Dear Readers,

Cachexia is one of the most disturbing symptom in advanced malignant neoplasms, however the classification of cachexia is currently being revised to improve design of clinical trials and patient care [1]. Assessment of cachexia requires multimodal subjective instruments, and outcome monitoring necessitate varies cofactors to be considered. Baczyk et al. performed a broad analysis of factors potentially contributing to cachexia. Authors found a correlation between weight loss and worse pain control, higher grade of depression and higher serum level of cortisol. There was also a tendency to higher TNF-alpha and IL-6 serum levels in cachectic patients, markers that are commonly increased in advanced muscle loss [2]. Some authors suggest that pro-inflammatory cytokines may serve as a marker of early detection of cachexia [3].

Chronic pain remains a paramount problem in advanced cancer patients. Unfortunately, not all patients respond adequately to pharmacological treatment, and this may lead to a deterioration of the quality of life, a limitation of function and unacceptable side effects related to increasing doses of analgetics. Boroń and Woźniewski showed that one month of exercise training allowed for limiting of pain intensity, decreasing doses of analgetics and increasing physical activity of patients with chronic cancer-related pain.

Two case reports complete the part of issue dedicated to symptom control — the report on chronic pleural effusion accompanying chronic liver failure (Damps-Konstańska et al.), and chronic pain diagnosed as myofascial and nerve compression pain (Wolfs and Zylicz). In both cases no standard treatment is recommended and final outcomes depend on several additional factors.

Finally, I would like to pay your attention also to two other papers dealing. The first one indicates an important problem of nutrition. Sopata and co-authors discussed about the methods of oral, enteral and parenteral nutrition in palliative medicine.

Recently American College of Chest Physician (ACCP) recommended the use of computed cough analyzers in monitoring of cough and effectiveness of anti-tussive treatment [4]. Unfortunately, reliable device differentiating between cough and other sounds, use to use in the ambulatory setting is still lacking. Krajnik et al. challenged the idea of constructing the cough monitor based on recording of vibro-acoustic signals.

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2. Mantovani G et al. Cytokine activity in cancer-related anorexia/cachexia: role of megestrol acetate and medroxyprogesterone acetate. *Semin Oncol* 1998; 25 (Suppl 6): 45–52.
3. Fortunati N et al. Pro-inflammatory cytokines and oxidative stress/antioxidant parameters characterize the bio-humoral profile of early cachexia in lung cancer patients. *Oncol Rep* 2007; 18: 1521–1527.
4. Irwin RS. Assessing cough severity and efficacy of therapy in clinical research. *Chest* 2006; 129: 232S–237S.

