How to break bad news: State-of-the-art of letting go

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Regarding the cancer diagnosis, the majority of patients have information needs, want to be involved in treatment decisions and know their prognosis. The difficulty for physicians is how to meet individual information needs, give hope, but not deliver unrealistic expectations. Information that drastically alters the life world of the patient is termed as bad news. Conveying bad news is a skilled communication, and not at all easy. The amount of truth to be disclosed is subjective. A properly structured and well-orchestrated communication has a positive therapeutic effect. This is a process of negotiation between patient and physician, but physicians often find it difficult due to many reasons. They feel incompetent and are afraid of unleashing a negative reaction from the patient or their relatives. The physician is reminded of his or her own vulnerability to terminal illness, and find themselves powerless over emotional distress. Lack of sufficient training in breaking bad news is a handicap to most physicians and health care workers. Adherence to the principles of client-centered counseling is helpful in attaining this skill. Fundamental insight of the patient is exploited and the bad news is delivered in a structured manner, because the patient is the one who knows what is hurting him most and he is the one who knows how to move forward. Six-step SPIKES protocol is widely used for breaking bad news. In this presentation, we put forward more six-step protocol, the BREAKS protocol as a systematic and easy communication strategy for breaking bad news. Development of competence in dealing with difficult situations has positive therapeutic outcome and is a professionally satisfying one.

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Metástasis a distancia en carcinoma sebáceo de cuero cabelludo. A propósito de un caso/distant metastases in sebaceous carcinoma of scalp. A case



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Introduction. Sebaceous carcinoma is a rare malignancy derived from adnexal epithelium of sebaceous glands. It usually occurs in the eyelids, but can occur extraocular (head and neck (75%), followed by the trunk (15%) and extremities (10%)). Diagnosis is difficult because no typical characteristics and histopathology can resemble squamous cell carcinoma or basal cell carcinoma. It is an aggressive neoplasm that metastasizes up to 25% of cases and has a high mortality.

Case report. Male 30 years, smoker, painter by profession and allergy to iodinated contrast, presenting Left parietal lesion excised in 2004, with histologically sudoríparo hidradenoma. Relapse and progressive growth presents new performing in MAY/05 excision. In TAC skull-cervico-thoracic lymph nodes reported bilateral laterocervical <1 cm and occipital Left. Colonoscopy performed by association with Muir-Torre syndrome, being normal. It manages external RT (60 Gy) between August and September/05. Subsequent checks by our department, physical examination shows no abnormalities. PET-CT was performed in May/10 (due to iodinated contrast allergy), and inguinal appearing cervical lymphadenopathy malignant metabolic characteristics. Biopsy is practiced them, not demonstrating malignancy. Year, is performed cervical ultrasound control, suggesting completion of PET-CT for cervical lymph nodes hypoechoic. This time appear malignant lymph nodes generalized. It was decided to apply analytical and serology extending them to rule out lymphoma or infectious process. Syphilis serology appears positive. After antibiotic treatment normalizes PET-CT.

Conclusions. Sebaceous carcinoma is a rare adnexal tumor, presenting distance lymph node metastasis in many cases. The locoregional radiotherapy after surgery can provide good results. The PET-CT is an excellent diagnostic tool in distant disease, considering the false positive rate with benign infections or inflammations.

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New perspectives of "omics" applications in melanoma research: Past, present and future

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Oncoproteomics is the study of proteins and their interactions in a cancer cell by proteomic technologies and has the potential to revolutionize clinical practice, including cancer diagnosis. Recent technological advances in the analysis of the human genome have opened the door to improving our primitive understanding of the gene expression patterns in cancer. The examination of the phenotypic and (epi) genetic changes in cutaneous melanoma has identified several genes deemed central to the development and progression of melanoma. The role of array-based high-throughput gene expression analysis in understanding the specific genes involved as well as the pathways and the comparative gene expression patterns of primary and metastatic melanoma. The development and clinical application of selective pharmacologic agents are also discussed. We identified several articles that have

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