Chemotherapy and its Applications

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Research Article

ABSTRACT

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Keywords: Chemotherapy, Cancer, Treatment, Pregnancy Chemotherapy is the treatment of cancer with drugs or chemicals that destroys cancer cells. If it is not treated on time you have many complications like Nausea and vomiting which are the most feared side effects of cancer. Based on the occurrence of Chemotherapy can are categorized into three types such as acute, delayed, or anticipatory. If protection during the early stages is not done, you will be a cancer patient. The 5-HT3-receptor is regarded as the 'gold standard' in antiemetic therapy. The first-line treatment for moderately and highly emetogenic chemotherapy and radiotherapy started in adults and children. The prophylactic use of the most effective antiemetic drugs taken must be adhered in order to prevent nausea and vomiting.

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INTRODUCTION

Chemotherapy is the treatment of cancer with drugs or chemicals that destroys cancer cells. These drugs are commonly called as "anticancer" drugs. Chemotherapy includes a variety of drugs and their mode of action is as follows:

1. Intravenous chemotherapy: Drugs that are given into the bloodstream.

2. These drugs can be given over minutes or hours called an infusion.

3. Drugs are also given slowly and continuously over several days using a pump. This is called a continuous infusion.

- 4. Oral chemotherapy: Drugs that are taken by mouth as pills or liquids.
- 5. Intra-cavitary chemotherapy: Drugs that are placed directly into a body area.
- 6. Drugs that are placed on the skin as creams.

Pre-chemotherapy Chemotherapy during Pregnancy

As we know that some cytotoxic medicines reduce fertility. If you are physically and mentally active pregnancy is possible. Cytotoxic medicines can damage sperm, eggs and an unborn baby so it is not advisable if a woman is pregnant and going for chemotherapy. If you are active and confident then you use reliable contraception to avoid pregnancy. Regular communication with your doctor and check up may be useful ^[1-10].

Chemotherapy works by inhibiting the rapid cell growth and multiplication. It harms the adjacent healthy cells and cause side effects. Chemotherapy is done along with surgery followed by radiation or biological therapy and can be easily destroyed called neo-adjuvant chemotherapy. It destroys cancer cells which remain after surgery or radiation called adjuvant chemotherapy. Cryotherapy kills cancerous cells within the prostate. It is not widely used because of less information about its long-term effectiveness. It's less invasive than surgery and has a short recovery time. Cryosurgery leads to nerve damage causing impotency in men. There will be a temporary pain and burning sensation in the bladder and bowel.

Types of chemotherapy agents and regimens

The origin of anthracyclines are anticancer compounds are from Streptomyces and their anti-tumor activities which were established in 1960s. Anthracyclines are red aromatic polyketides which occur in variety of forms due to the structural orientation in the aglycone and the attached sugar residues. These are also called as Anti-tumor antibiotics ^[11-21].

MAJOR DRUGS IN THE CLASS

Daunorubicin

It was the first anthracycline derievative to be characterized structurally and stereo-chemically. It is also used in treating acute lymphoblastic and myeloblastic leukaemias.

Doxorubicin

Doxorubicin is one of the most commonly used chemotherapeutic agent in combination with other drugs. Doxorubicin is a broad spectrum drug and is an effective drug against solid tumors (e.g., breast, lung and ovarian cancer). Its mode of action is against bladder, stomach, liver, thyroid tumors etc. It is also active against multiple myelomas, leukaemia and cutaeneous lymphomas. Only two anthracycline analogs, epirubicin and idarubicin are for clinical use ^[22-40].

Epirubicin

It is an epimer of doxorubicin. It has less cardiotoxic than doxorubicin. Epirubicin is used for the cancer treatment and soft tissue sarcomas.

Idarubicin

It is similar to daunorubicin and lacks the C-4 methoxy group which increases its lipophilicity.

Valrubicin

Valrubicin is a derivative of doxorubicin and has a rapid entry at the cancer site. It is specifically used for the treatment of early stage bladder cancer.

The other types of chemical drugs are

1. Alkylating agents: DNA damage

- 2. Antimetabolites: DNA substitution
- 3. Topoisomerase inhibitors: DNA seperation
- 4. Mitotic inhibitors: inhibit mitosis of the cell cycle
- 5. Corticosteroids: Anti-inflamatory

6. Alkylating agents mode of action is DNA damage and inhibit phases of cell cycle not allowing the cell from reproducing. They are of 5 types: Nitrogen mustards, Nitrosoureas, Alkyl sulfonates, Triazines, Ethylenimines ^[41-50].

7. Antimetabolites mode of action is by interfering with the DNA and RNA strands. Some of them are: 5-fluorouracil, 6-mercaptopurine, Capecitabine, Cytarabine, Floxuridine, Fludarabine etc.

8. Topoisomerase inhibitors: The enzymes that inhibit DNS separation are called as Topoisomerase inhibitors. They are useful to treat leukemias, lung and Ovarian cancer. These are of two types Topoisomerase I and Topoisomerase II.

9. Mitotic Inhibitors are of alkaloids and derivatives of natural plant products. Some of the eg are: Taxanes, Epothilones, Vinca alkaloids and Estramustine. The main side effect of this drug is nerve damage leading to impotency.

10. Corticosteroids: Steroids or Steroidal hormones which come under synthesized drugs. These are the chemotherapeutical drugs synthesized in the human body. Some eg are: Prednisone,

11. Methylprednisolone and Dexamethasone. They are useful in treating allergic reactions which are the side effects after chemotherapy.

MODE OF ACTION

The anthracycline mode of action for cancer inhibition is not yet clear. A recent study revealed that the anthracyclines inhibit transcriptional factor HIF-1 by binding to DNA in hypoxic human cells and inhibit tumor growth in human prostate cancer xenografts. Anthracyclines inhibits cell growth through antiangiogenic pathways ^[51-70].

Cytotoxic medicines work only on the cancer cells that are rapidly growing. Normally, cells in the body, such as muscle, heart, brain and bone cells do not rapidly divide and multiply. Normal cells are not affected by cytotoxic medicines. Cells in the body which rapidly divide and multiply are called cancerous or tumor cells (for eg: hair and bone marrow. They may be affected by cytotoxic medicines causing side-effects. Generally, normal cells have regeneration capacity than cancerous cells which usually recover after cancer treatment. They enter the cells through diffusion due to cell permeability. Kiyomiya and colleagues proposed the selective transport mechanism of anthracyclines proliferating neoplastic cells. It has been demonstrated with doxorubicin that once it enters the cell, it binds the cytoplasmic proteasomes for high affinity.

DNA INTERCALATION

Anthracyclines cytotoxic nature is due to intercalation of DONA leading to inhibition of synthesis of macro molecules. The characteristic feature of Daunorubicin and Doxorubicin drug is it binds strongly to DNA. It is observed with other anthracyclines that the antitumor activity link with a decrease in DNA affinity. DNA interaction is done by intercalators called Ligands ^[71-85]. They are polycyclic, aromatic and planar in nature. Low concentrations of doxorubicin have selective displacement of nuclear proteins and chromatin induction. This involves drug intercalation where the DNA is free of nuclear proteins which leads to the structural changes such as unfolding of chromatin aggregation.

ANTHRACYCLINE CYTOTOXIC ACTIVITY

It interacts by regulating the gene expression by inhibiting or promoting the binding of transcription factors. It plays a role in anthracycline cytotoxicity and involvement of SP-1 transcription factor as drug specificity. It involves in inhibiting DNA synthesis by affecting the initiation phase, elongation phase and RNA synthesis by inhibiting the enzyme RNA polymerase. The anthracycline acts as Topoisomerase II poisons. It plays a role in stabilizing the complex between Topoisomerase II and the nicked DNA. The DNA nicks cannot be sealed and this leads to an accumulation of DNA damage that is cytotoxic due to growth arrest in G1, G2 and apoptosis. Doxorubicin and Idarubicin inhibit Topoisomerase I of cytotoxic activity of anthracyclines.

CLINICAL ANALYSIS

Doxorubicin is a genotoxic agent and has been shown to induce the binding of p53 to DNA. As p53 is a major substance in some form of apoptosis, anthracyclines may exert their cytotoxic effect via p53 mediated apoptosis. It has been seen that there are more DNA breaks in p53 cells. It is proposed that p53 exerts this activity by ligating to Topoisomerase II which inhibits its ligase activity. Chemotherapy is a treatment process that uses powerful chemicals to kill fast and rapidly growing cells in your body. Chemotherapy is most often used to treat cancer as cancer cells grow and multiply much more quickly when compared to other cells in the body. Many different chemotherapeutical drugs are available. Chemotherapy drugs can be used alone or in combination to treat a wide variety of cancers. Though chemotherapy is an effective way to treat many types of cancer, it also carries side effects. Some chemotherapy side effects are mild and are treatable, while others can cause serious complications [86-95].

Chemotherapy given orally

Chemotherapeutical medicines or drugs can be taken orally in the form of tablets or liquids which are readily absorbed in the bloodstream.

Free Radical Generation

The semiquinone oxidizes the bond between ring A and daunosamine resulting in deglycosylation. The aglycone formed has higher lipid solubility and can intercalate into biological membranes which affects the sensitive targets. The redox cycle of doxorubicin has been introduced to induce the release of iron from the stores. Doxorubicin forms an iron complex and is capable of releasing hydroxyl ions. Anthracycline activity involves in oxidative damage. The production of reactive oxygen is predominantly observed at supra clinical concentrations which is not the main mechanism of anthracycline activity.

Side effects and its cure

Various strategies are going on to prevent the cardiotoxicity of anthracyclines are also being employed which changes the drugs administration, dosage limitation, liposomal encapsulation, treatment combination, use of

cardio protectors and production of modified anthracyclines. Mild allergic reactions have been reported for anthracyclines. Symptoms of epirubicin are high fever, hypertension and hypoxia. Prolonging side effects vary depending on the chemotherapy drug and includes: Damage to lung tissue, Heart problems, Infertility, Kidney problems, Nerve damage, Risk of a second cancer ^[96-100].

Some chemotherapy drugs be a cause of infertility (no children). High chemotherapy drugs doses can be dangerous and cause permanent infertility. It is important to tell the risk of infertility with your doctor before starting treatment. Sometimes it is possible for your doctor to suggest treatment which is less likely to cause infertility. Talk to your partner about this clearly. Men before having starting treatment will prefer sperm banking. Pregnant woman can have fertilised embryos for fertility to lead a happy married life. The fertilisation rate for this treatment is low, as researchers are improving it by developing better techniques. Researchers are freezing the ovarian tissue before preferming chemotherapy and later putting the tissue back. This is still in experiment and not widely done. If interested, talk to your cancer specialist about it. There is more about women fertility in this section.

Life after chemotherapy

Majority 90% feel anxious, afraid and depressed about their lives affect after cancer treatment. These feelings may change your daily routine with the painful treatment its side effects and risk of infertility. Many patients feel this during their treatment process which is a common thing but try to overcome this feeling of being afraid or discouraged.

CONCLUSIONS

Doctors invented many new ways to treat chemotherapy side effects. Consult the doctor or nurse and go for regular check up. Regular communication or consultation with the doctors about the changes help to get rid of the side effects.

REFERENCES

- 1. Ching NG, et al. A Man with Breast Cancer Following Hormonal Treatment for Prostate Cancer J Med Diagn Meth 2013; 2: 112.
- 2. Iacono F, et al. Treating Idiopathic Male Infertility with a Combination of Tamoxifen Citrate and a Natural Compost with Antioxidant and Androgen-Mimetic Action. J Steroids Hormon Sci 2013; S5: 002.
- 3. Ruiz-Romero, Villar-Chavez, Valdovinos-Diaz, Coss-Adame. Overlap Syndrome (Systemic Sclerosis and Rheumatoid Arthritis) with Achalasia: An Unusual Association. J Gastrointest Dig Syst. 2016; 6: 426.
- 4. Santos FGDL, et al. Regulation of Glucose Transporter 1 (Slc2a1) in the Pituitary Gonadotrope of Mice after Puberty. J Steroids Hormon Sci. 2014; 5: 138.
- 5. Chowdhury ATMM et al. Analysis of Possible Correlation with Associated Conditions of Patients with Gastric Fundic Gland Polyp. J Gastrointest Dig Syst. 2016;6:424.
- 6. Wojcik M, et al. High Incidence of Abnormal Circadian Blood Pressure Profiles in Patients on Steroid Replacement Therapy due to Secondary Adrenal Insufficiency and Congenital Adrenal Hyperplasia without Overt Hypertension - Initial Results. J Steroids Hormon Sci. 2013;S12:005.
- 7. Neves EM, et al. Polycystic Ovary Syndrome: Correlation between Phenotypes and Metabolic Syndrome. J Steroids Hormon Sci.2014;5:132.
- 8. McGrath KCY, et al. Androgens Rapidly Activate Nuclear Factor-Kappa B via Intracellular Ca2+ Signalling in Human Vascular Endothelial Cells. J Steroids Hormon Sci. 2012;S2:005.
- 9. Bandaru P, et al. The Impact of Obesity on Immune Response to Infection and Vaccine: An Insight into Plausible Mechanisms. Endocrinol Metab Synd. 2013;2:113.
- 10. Cetinkaya E, et al. Clinical Experience with Lift Technique For Complex Anal Fistulas. J Gastrointest Dig Syst. 2016;6:425.
- 11. Perveen I, et al. Bowel Habit Pattern and Perception about Bowel Habit Pattern of Medical Students. J Gastrointest Dig Sys. 2016;6:427.
- 12. Bognar L, et al. GERD: A Debated Background of Achalasia. J Gastrointest Dig Syst. 2016;6:432.
- 13. Jarufe N, et al. Laparoscopic versus Open Distal Pancreatectomy: Comparative Analysis of Clinical Outcomes at a Single Institution. J Gastrointest Dig Syst. 2016;6:434.

- 14. Chakraborty PP and Chowdhury S. A Look Inside the Pancreas: The "Endocrine-Exocrine Cross-talk". Endocrinol Metab Synd. 2015;4:160.
- 15. Buechler C. GPCR-Peptides: Prospective Use in Biology and Medicine. Endocrinol Metab Synd. 2013;2:e116.
- Harinarayan CV, et al. Efficacy and Safety of Cholecalciferol Supplementation in Vitamin D Deficient Subjects Based on Endocrine Society Clinical Practice Guidelines. Endocrinol Metabol Syndrome. 2012;S4:004.
- 17. Stoll H, et al. Mechanical Control of Mesenchymal Stem Cell Adipogenesis. Endocrinol Metab Synd. 2015;4:152.
- 18. Horita S, et al. Metabolic syndrome and insulin signaling in kidney. Endocrinol Metabol Syndrome. 2011;S1:005.
- 19. Makhoul E, et al. Primary Gallbladder and Rectal Neoplasms: Rare Synchronous Digestive Tumors. J Gastrointest Dig Syst. 2016;6:435.
- 20. Bohra A, Bhateja S (2015) Carcinogenesis and Sex Hormones: A Review. Endocrinol Metab Synd 4:156.
- 21. Peppa M, et al. Body Composition as an Important Determinant of Metabolic Syndrome in Postmenopausal Women. Endocrinol Metabol Syndrome. 2012;S1:009.
- 22. de Piano A, et al. Nonalcoholic Fatty Liver Disease (NAFLD), a Manifestation of the Metabolic Syndrome: New Perspectives on the Nutritional Therapy. Endocrinol Metab Synd. 2014;3:135.
- 23. Guénard F, et al. Common Sequence Variants in CD163 Gene are Associated with Plasma Triglyceride and Total Cholesterol Levels in Severely Obese Individuals. Endocrinol Metab Synd. 2014;3:146.
- 24. Granados H and Phulwani P. Absent Visualization of a Hypoplastic Uterus in a 16 Year Old with Complete 46 XY Gonadal Dysgenesis (Swyer Syndrome). Endocrinol Metab Synd. 2013;2:114.
- 25. Aina O. Adrenal Psychosis, A Diagnostic Challenge. Endocrinol Metab Synd. 2013;2:115.
- 26. Mohammed SA. Differentiation between the Anterior Pituitary Cells of the Egyptian Insectivorous Bats Rhinopoma hardwickei using Transmission Electron Microscope. Endocrinol Metab Synd. 2015;4:151.
- 27. Burini RC, et al. Dietary Intake Association with IFG and Responses of a Lifestyle Changing Protocol in a Community-B based Adult Cohort. Endocrinol Metab Synd. 2014;3:125.
- 28. Derar DR, et al. Postpartum Ovarian Resumption in Native Dairy Cows in Upper Egypt and their Relation to Oxidant Antioxidant Status. Endocrinol Metabol Syndrome. 2011; S4: 002.
- 29. Prifti E. The Impact of HAART in the Gastrointestinal Tract. J Gastrointest Dig Syst. 2016;6:438.
- 30. Hossein-nezhad A, et al. Circulating Omentin-1 in Obesity and Metabolic Syndrome Status Compared to Control Subjects. Endocrinol Metabol Syndrome. 2012;S1:008.
- 31. Levine J, et al. Proton-Pump Inhibitor Treatment in Eosinophilic Esophagitis is Associated with Decreased Eosinophil Degranulation. J Gastrointest Dig Syst. 2015;5:259.
- 32. Abegunde A, et al. Change in Bowel Habit and Heme Positive Stool. J Gastrointest Dig Syst. 2015;5:i104.
- 33. Hopp RN, Lima NCDS, Filho MS, Filho JLF, Jorge J (2015) Digit Ratio is Associated with Colorectal Cancer. J Gastrointest Dig Syst 5: 253.
- 34. Taboada S and Whitney-Miller CL. Updates in HER2 Testing in Gastric Cancer. J Gastroint Dig Syst. 2013;3:131.
- 35. Samo S. Malignant Gastric Outlet Obstruction. J Gastrointest Dig Syst. 2016;6:436.
- 36. Bergholt MS, et al. Raman Endoscopy for Objective Diagnosis of Early Cancer in the Gastrointestinal System. J Gastroint Dig Syst. 2013;S1:008.
- 37. Huber AR, et al. An Update on the Pathogenesis of Lynch Syndrome: Recently Described Novel Molecular Mechanisms. J Gastroint Dig Syst. 2013;3:151.
- 38. Patil R, et al. Characteristics and Risk Stratification of Colon Polyps among Asymptomatic Hispanic Patients Undergoing First Time Screening Colonoscopy: A Retrospective Study. J Gastroint Dig Syst. 2013;3:153.
- 39. Trabulo D, Teixeira C, Ribeiro S, Martins C, Mangualde J, et al. (2015) Sweet Syndrome and Pulmonary Tuberculosis in a Crohn's Disease Patient Treated with Anti-TNFα. J Gastrointest Dig Syst 5:262.
- 40. Bertino G, et al. Management of Hepatocellular Carcinoma: An Update at the Start of 2014. J Gastroint Dig Syst. 2014;4:178.
- 41. Acar S. Plantar Erythema Nodosum Associated with Crohn's Disease. J Gastrointest Dig Syst. 2015;5:i102.

- 42. Yildirim AE, et al. An Unexpected Cause of Hyperactive Delirium in Patients with Decompensated Nonalcoholic Cirrhosis. J Gastrointest Dig Syst.2015;5:261.
- 43. Rino Y and Yukawa N. Vitamin A, D, and E after Gastrectomy for Gastric Cancer. J Gastroint Dig Syst. 2013;S12:009.
- 44. Ebert EC. Gastrointestinal Manifestations of Churg-Strauss Syndrome. J Gastrointest Dig Syst. 2011;1:101.
- 45. Shi D, et al. Current Status of Metal Stents for Malignant Gastro-Duodenal Obstruction. J Gastroint Dig Syst. 2013;3:140.
- 46. Salem A and Roland BC. Small Intestinal Bacterial Overgrowth (SIBO). J Gastroint Dig Syst. 2014;4:225.
- 47. Oldfield EC, et.al. Nonalcoholic Fatty Liver Disease and the Gut Microbiota: Exploring the Connection. J Gastrointest Dig Syst. 2014;4:245.
- 48. Nerome K, et al. The Usefulness of an Influenza Virus-Like Particle (VLP) Vaccine Produced in Silkworm Pupae and Virosomes and Liposomes Prepared by Chemical Means: From Virosome to VLP and the Future of Vaccines. J Gastrointest Dig Syst. 2015;5:256.
- 49. Liang J and Church JM. Standards for Local Recurrence Rates in Both Open and Laparoscopic Rectal Cancer Surgery. How do you Measure Up?. J Gastrointest Dig Syst. 2015;5:260.
- 50. Reuter DA, et al. Stroke volume variation for assessment of cardiac responsiveness to volume loading in mechanically ventilated patients after cardiac surgery. Intensive Care Med. 2002; 28:392-398.
- 51. Rajput RS, et al. Comparison of Cardiac output measurement by noninvasive method with electrical cardiometry and invasive method with thermodilution technique in patients undergoing coronary artery bypass grafting. World Journal of Cardiovascular Surgery. 2014;4:123-130.
- 52. Zoremba N, et al. LTE Comparison of electrical velocimetry and thermodilution techniques for the measurement of cardiac output. Acta Anaesthesiol Scand. 2007;51:1314-1319.
- 53. Schmidt C, et al. A Comparison of electrical velocimetry and transoesophageal Doppler echocardiography for measuring stroke volume and cardiac output. British Journal of Anaesthesia. 2005;95:603-610.
- 54. Narula J, et al. Electrical Cardiometry in Patients undergoing Cardiac Catheterisation. International Journal of Perioperative Ultrasound and Applied Technologies. 2013;2:102-107.
- 55. Zhang L, et al. Early goal-directed therapy in the management of severe sepsis or septic shock in adults: a meta-analysis of randomized controlled trials. BMC Medicine. 2015;13:71.
- 56. Bernstein DP and Lemmens HJ. Stroke volume equation for impedance cardiography. Med Biol Eng Comput. 2005;43:443-450.
- 57. Bernstein DP. Bernstein-Osypka stroke volume equation for impedance cardiography: citation correction. Intensive Care Med. 2007;33:923.
- 58. Eng J (2003) Sample Size Estimation: How Many Individuals Should Be Studied? Radiology 227: 309-313.
- Guinot PG, et al. Mini-fluid challenge can predict arterial pressure response to volume expansion in spontaneously breathing patients under spinal anaesthesia. Anaesth Crit Care Pain Med. 2015;32:645– 649.
- 60. Cheng Li, et al. Stroke Volume Variation for Prediction of Fluid Responsiveness in Patients Undergoing Gastrointestinal Surgery. Int J Med Sci. 2013;10:148-155.
- 61. Soliman R, et al. Stroke volume variation compared with pulse pressure variation and cardiac index changes for prediction of fluid responsiveness in mechanically ventilated patients. EJCCM. 2015;3:9-16.
- 62. Marx G, Cope T, McCrossan L, Swaraj S, Cowan C, et al. (2004) Assessing fluid responsiveness by stroke volume variation in mechanically ventilated patients with severe sepsis. Eur J Anaesthesiol 02: 132-138.
- 63. Peake SL, et al. Goal-directed resuscitation for patients with early septic shock. N Engl J Med. 2014;371:1496-1506.
- 64. Yealy DM, et al. A randomized trial of protocol-based care for early septic shock. N Engl J Med. 2014;370:1683-1693.
- 65. IBM Corp. IBM SPSS Statistics for Windows, Version 22.0. Armonk, NY: IBM Corp. 2013.
- 66. Youden WJ. An index for rating diagnostic test. Cancer. 1950;3:32-35.
- 67. Lopes MR, et al. Goal-directed fluid management based on pulse pressure variation monitoring during high-risk surgery: a pilot randomized controlled trial. Crit Care. 2007;11:R100.

- 68. Angappan S, et al. The comparison of stroke volume variation with central venous pressure in predicting fluid responsiveness in septic patients with acute circulatory failure. Indian J Crit Care Med. 2015;19:394-400.
- 69. Berkenstadt H, et al. Stroke volume variation as a predictor of fluid responsiveness in patients undergoing brain surgery. Anesth Analg. 2001;92:984-989.
- 70. Kim KM, et al. Pulse pressure variation and stroke volume variation to predict fluid responsiveness in patients undergoing carotid endarterectomy. Korean J Anesthesiol. 2013;65:237-243.
- 71. Suehiro K, et al. Stroke volume variation as a predictor of fluid responsiveness in patients undergoing airway pressure release ventilation. Anaesth Intensive Care. 2012;40:767-772.
- 72. Peng K, et al. Goal-Directed Fluid Therapy Based on Stroke Volume Variations Improves Fluid Management and Gastrointestinal Perfusion in Patients Undergoing Major Orthopedic Surgery. Med Princ Pract. 2014;23:413-420.
- 73. Zhang J, et al. Goal-directed fluid optimization based on stroke volume variation and cardiac index during one-lung ventilation in patients undergoing thoracoscopy lobectomy operations: a pilot study. Clinics (Sao Paulo). 2013;68:1065-1070.
- 74. Gallagher JE, et al. Public health aspects of tobacco control revisited. Int Dent J. 2010;60:31-49.
- 75. Nisar N, et al. Pattern of tobacco consumption among adult women of low socioeconomic community Karachi, Pakistan. J Pak Med Assoc. 2005;55:111-114.
- 76. Schroeder SA. Tobacco control in the wake of the 1998 master settlement agreement. New England Journal of Medicine. 2004;350:293-301.
- 77. WHO World Health Organization Framework Convention on Tobacco Control. Geneva. 2003.
- 78. Petersen PE. World Health Organization global policy for improvement of oral health: World Health Assembly 2007. Int Dent J. 2008;58:115-121.
- 79. Davis JM, et al. Education of tobacco use prevention and cessation for dental professionals-a paradigm shift. Int Dent J. 2010;60:60-72.
- 80. Wiener RC and Pla RMW Evaluation of educational material for tobacco prevention and cessation used in West Virginia University Dental Programs. J Dent Hyg. 2011;85:204-210.
- 81. Ehizele A, et al. Oral health knowledge, attitude and practices among Nigerian primary school teachers. Int J Dent Hyg. 2011;9:254-260.
- 82. Sood P, et al. Dental patient's knowledge and perceptions about the effects of smoking and role of dentists in smoking cessation activities. Eur J Dent. 2014;8:216-223.
- 83. Terrades M, et al. Patients' knowledge and views about the effects of smoking on their mouths and the involvement of their dentists in smoking cessation activities. Br Dent J. 2009;207:542-543.
- 84. Rikard-Bell G, et al. Preventive dentistry: what do Australian patients endorse and recall of smoking cessation advice by their dentists? Br Dent J. 2003;194:159-164.
- 85. Lung ZH, et al. Poor patient awareness of the relationship between smoking and periodontal diseases. Br Dent J. 2005;199:731-737.
- 86. Al-Shammari KF, et al. Dental patient awareness of smoking effects on oral health: comparison of smokers and non-smokers. J Dent. 2006;34:173-178.
- 87. Campus G, et al. Does smoking increase risk for caries? A cross-sectional study in an Italian military academy. Caries Res. 2011;45:40-46.
- 88. Jette AM, et al. Tobacco use: a modifiable risk factor for dental disease among the elderly. Am J Public Health. 1993;83:1271-1276.
- Petersen PE. The World Oral Health Report 2003: continuous improvement of oral health in the 21st century-the approach of the WHO Global Oral Health Programme. Community Dent Oral Epidemiol. 2003;31:3-24.
- 90. Gallagher JE and Eaton KA. Health workforce governance and oral health: Diversity and challenges in Europe. Health Policy. 2015;119:1565-1575.
- 91. Butler CC, et al. Qualitative study of patients' perceptions of doctors' advice to quit smoking: implications for opportunistic health promotion. BMJ. 1998;316:1878-1881.

- 92. Chaudry Al, et al. Carotid cavernous fistula: ophthalmological implications. Middle East Afr J Ophthalmology. 2009;16:57-63.
- 93. Oishi A, et al. Etiology of carotid cavernous fistula in Japanese. Jpn J Ophthalmol. 2009;53:40-43.
- 94. Uehara T, et al. Spontaneous dural carotid cavernous sinus fistula presenting isolated ophthalmoplegia: evaluation with MR angiography. Neurology. 1998;50:814-816.
- 95. Coskun O, et al. Carotid-cavernous fistula: diagnosis with spiral CT angiography. AJNR Am J Neuroradiol. 2000;21:712–716.
- 96. Aralasmak A, et al. Venous Drainage Patterns in Carotid Cavernous Fistulas. ISRN Radiology 2014:7.
- 97. Hirai T, et al. Three-dimensional FISP imaging in the evaluation of carotid cavernous fistula: comparison with contrast-enhanced CT and spin-echo MR. AJNR Am J Neuroradiol. 1998;19:253-259.
- 98. Harsha KJ, et.al. Susceptibility-weighted imaging in carotido-cavernous fistulas. A case control study. Interv Neuroradiol. 2013;19:438-444.
- 99. Seeger A, et al. Feasibility of Noninvasive Diagnosis and Treatment Planning in a Case Series with Carotid-Cavernous Fistula using High-Resolution Time-Resolved MR-Angiography with Stochastic Trajectories (TWIST) and Extended Parallel Acquisition Technique (ePAT 6) at 3 T. Clin Neuroradiol. 2015;25:241-247.
- 100. Bayramova AN. Gastroenterological Diseases as a Complications of Type 2 Diabetes Mellitus. J Gastrointest Dig Syst. 2016;6:442.