

Title:

Abdominal Chemo Increases Ovarian Cancer Survival Rate

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Summary:

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Article Body:

A large clinical test shows that giving chemotherapy directly into the stomach, as well as into a vein, can improve survival of women with advanced ovarian cancer by about sixteen months. The results of the study, which pop up in this week's issue of the New England Journal of Medicine, prompted the National Cancer Institute to issue a statement supporting doctors to employ this plan of attack for appropriate patients.

Why is this new treatment reigmine so important? Ovarian cancer is the fourth greatest reason of cancer demises in women, affecting more than 22,000 women and killing more than 16,000 in 2005. Although this disease is super treatable when saw ahead of time, virtually all cases are not noticed until they have dispersed beyond the ovaries. Because so many ovarian cancer patients are diagnosed at a later stage, it is crucial to find ways to better treatments for further progressed disease.

What is already known about ovarian cancer? virtually all women with advanced ovarian cancer get chemotherapy after surgery to get rid of the tumor. That chemotherapy is usually given into a vein and moves through the bloodstream to reach tumor cells in the stomach. Doctors have also experimented with rendering the chemotherapy straight into the abdomen through a catheter, a system called intraperitoneal (IP) chemotherapy. Eight clinical trials of this approach have been done, and most showed a gain to IP chemotherapy. But this technique is not widely wore, according to the study's author, Deborah Armstrong, MD.

"There has been a prejudice against IP therapy in ovarian cancer because it's an old idea, it requires skill and experience for the surgery and for the chemotherapy, and it's additional complicated than IV chemotherapy," said Armstrong, who is a medical oncologist and associate professor at the John Hopkins Kimmel Cancer Center in Baltimore.

How this study was done: Women with stage III ovarian cancer were randomly assigned to get either standard chemotherapy in a vein (210 women), or a combination of chemotherapy in a vein and IP chemotherapy (205 women). The women had already had surgery that successfully removed all or most of the tumor; none had tumors remaining that were larger than 1 cm in diameter. All the women were treated with the same drugs, cisplatin and paclitaxel. Six cycles of chemotherapy were planned for both groups.

What was found? Women who had IP chemo operated long without their cancer coming back and lived longest overall. Women who had traditional chemotherapy in a vein survived about 4 years after treatment, while those who got chemotherapy in the stomach as well as a vein stomach an median of nearly 5 ½ years after treatment.

That improvement is "one of the largest benefits ever observed for a new therapy in gynecologic oncology," based on data from Stephen A. Cannistra, MD, who composed an editorial published with the study. He is a professor at Harvard Medical School and managing director of the division of gynecologic medical oncology at Beth Israel Deaconess Medical Center in Boston.

Nonetheless, the IP treatment was very much more difficult on the patients. Women who had this treatment had many additional terrible or life-threatening side effects, including low white blood cell counts, infection, tiredness, and anguish. Many side effects were associated to the catheters that must be introduced into the stomach to deliver the chemotherapy. These problems were so serious that fewer than half of the women designated to undergo IP chemotherapy finished all six designed treatment cycles. That makes the survival advance that good deal supplementary noteworthy, Cannistra composed.

Women who got IP therapy also reported significantly worse caliber of life during and just after treatment. By one year out, nonetheless, both groups described similar quality of life.

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