

Studies Show Intraperitoneal Chemotherapy Extends Survivorship For Advanced Stage Ovarian Cancer Patients

Cancer Care Northwest Now Offering This Re-emerging Protocol

There is encouraging news for some patients with advanced stage ovarian cancer, the deadliest of all gynecologic cancers. Three large clinical trials conducted over the last decade are renewing interest in intraperitoneal (IP) chemotherapy, a little used treatment protocol more than 20-years old. The studies have shown that IP chemotherapy can extend the median progression free survival in patients with advanced ovarian cancer from 18.3 months to 23.8 months and overall survival from 49.7 months to 65.6 months. The results from the most recent study were released in the New England Journal of Medicine this past January (*Volume 354: 34-43*).

Ovarian cancer typically claims 50% of all diagnosed women within five years. It is normally treated with intravenous chemotherapy exclusively, but in light of the newly released study and past trials, the National Cancer Institute is now recommending a preferred combination of IP and intravenous therapy to extend disease-free and overall survival to optimal levels.

To be eligible for the treatment, patients must have minimal remaining tumor after surgery and be in good medical condition. Also, it is not recommended for women whose cancer has relapsed, or those who have intra-abdominal scarring.

Being Pro-Active Can Lead To An Earlier Diagnosis

Unfortunately 81% of ovarian cancer patients are diagnosed with advanced stage disease, greatly reducing the chance for a positive outcome. We therefore urge women to pay close attention to screening guidelines, risk factors and symptoms, with the hope of diagnosing this disease in its early stages.

Ovarian Cancer Risk Factors:

The chance of developing ovarian cancer increases with age, especially around the time of menopause. Although most ovarian cancers are not hereditary, a family history of ovarian cancer and breast cancer is an important risk factor. Infertility and not bearing children also increase risk.

Ovarian Cancer Screening Recommendations:

Patients with no or one family member who have had ovarian cancer should have an annual rectovaginal pelvic exam. Screening for patients with multiple family members with ovarian cancer is still not standardized, but may include

blood work, ultrasound evaluation of the ovaries or preventative surgery. Genetic counseling should also be considered.

Ovarian Cancer Symptoms:

Ninety-five percent of women diagnosed with ovarian cancer DO report symptoms, however they can be vague and not gynecologic. These include: abdominal pressure; bloating or discomfort; nausea; indigestion or gas; constipation; diarrhea or frequent urination; abnormal bleeding; unusual fatigue; unexplained change in weight, and shortness of breath. Unfortunately, these symptoms are often misdiagnosed as gastrointestinal problems.

We encourage all women to contact their primary care physicians for more information or assistance evaluating ovarian cancer symptoms. Early diagnosis is essential for obtaining the best possible outcomes.