DIFFERENT MODALITY OF TREATMENT FOR OVARIAN CANCER

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There are a variety of diseases treated very differently in different countries of the world. How so-called standard treatments are arrived at depend upon the strength of a particular medical specialty as well as the effectiveness of treatment.

In certain cases, when treatment is not particularly effectual totally different medical specialties in different countries may seem predominant in the treatment. There are multiple examples of this.

One is that of ovarian cancer. For decades in this country, surgery followed by chemotherapy has remained the standard of care. Conversely in Canada, especially at the Princess Margaret Hospital, radiation therapy has been the dominant form of treatment with data similar to that of chemotherapy in the United States.

Several centers have attempted to combine the best of chemotherapy and radiation therapy for ovarian cancer - sometimes successfully and sometimes not.

Patients treated for cure with radiation techniques use the whole abdominal fields. This bathes the abdominal contents with radiation - much like chemotherapy does for the entire body. Radiation's advantage is the ability to direct treatment.

Surgical intervention diminishes the bulk of the tumor prior to the institution of radiation or chemotherapy.

Those with recurrent ovarian cancer face a difficult medical challenge because of the cancer's resistance to chemotherapy. Certain patients are being treated with radiation in an attempt to place the disease in a quiescent phase; others are treated to palliate or diminish symptoms.

A new study from the Fox Chase Cancer Center by Corn et al has evaluated the role of radiation therapy for use in patients whose ovarian cancer has recurred despite chemotherapy. Their goal of treatment was to improve the quality of life - so-called palliative therapy.

Recently reported were 33 patients with recurrent ovarian cancer having symptoms related to the disease. All had progressive cancer despite initial chemotherapy. Patients uniformly were first treated surgically followed by chemotherapy including Cis-platinum.

At time of recurrence, various sites of the body were reported as being symptomatic. Symptoms for which radiation was instituted included pain, vaginal or rectal bleeding and shortness of breath as well as those due to brain metastases. Of the 33 patients, 47 locations were irradiated. The predominant site of cancer was the pelvis. Thirty three patients had pelvic, five had abdominal, four had chest and three had brain irradiation. Two other sites as well were treated.

The authors reported an overall symptomatic response rate of 70% with complete resolution of symptoms in more than half the patients irradiated. Bleeding stopped in 85% of patients, pain was relieved in 83% of patients and respiratory symptoms improved in 75% of patients thus treated.

The authors noted that "severe late morbidity occurring more than one month after treatment was rare."
How do the authors explain the rationale of treatment? Simply they note, "Although these recurrences after front line chemotherapy are incurable, successful palliative care of such patients is needed to enhance their quality of life."

Furthermore, they note reaching a successful goal of radiation, "The current analysis shows that durable palliation is achievable with radiation therapy in most patients."

The physicians conclude, "This study demonstrates the palliative efficacy of radiation therapy in the treatment of local symptoms among women with ovarian cancer who have previously received aggressive treatment including Cis-platinum. Medical and gynecologic oncologists entrusted with the care of patients with ovarian cancer should be aware of the role of palliative irradiation in the treatment of patients with symptomatic metastases because the therapeutic index in treating local failures favors local radiation therapy rather than systemic salvage regimens."

This news should be of benefit for those women afflicted with a, thus far, difficult disease to successfully treat.