

# Pairing cancer treatments shows patient improvement

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Western Oncology professor Dr. Barbara Fisher's preliminary research data shows combining radiation with a standard chemotherapy drug for patients with a brain tumour can increase three-year survival rates by 35 per cent. Credit: Paul Mayne, Western News

Combining two common brain tumour treatments could lead to greater results, according to preliminary data from Western Oncology professor Dr. Barbara Fisher.

The Lawson Health Research Institute scientist showed combining

radiation with a standard chemotherapy drug for patients with low-grade gliomas can increase three-year [survival rates](#) by 35 per cent.

Low-grade gliomas, tumours that start in the brain, affect 10-15 per cent of the entire population of brain cancer patients and have only a 50 per cent three-year survival rate with surgery and/or radiation alone. These low-grade gliomas have high-risk features, which can behave aggressively and pose the threat of becoming malignant

In her study, Fisher and her team administered Temozolomide to 136 patients with low-grade gliomas during [radiation treatment](#), and then one week per month for the next year. Following a period of observation, the results were compared to an existing database of patients treated only with radiation.

The preliminary results showed the combined [treatment](#) increased the three-year survival rates by over a year.

"My hope is that the treatment will prolong survival rates, and that some of these patients can live several years longer with a higher quality of life," said Fisher, also a Radiation Oncologist at London Health Sciences Centre (LHSC).

While this is great news, it should not be seen as a 'cookie-cutter' method for treating other forms of cancer.

"Every cancer is completely different," Fisher said. "The fact that something works, in say melanoma, doesn't mean it's going to work in lung cancer. Every tumour is different, sometimes there are bigger leaps in one area and not another.

"I don't see that it's going to be generally used outside brain tumours. The way [cancer treatment](#) goes everyone wants that giant step, but it's

the series of little steps on top of each other that makes the difference, and that is how treatment has improved significantly since I started."

Fisher's results were recently reported at the American Society of Clinical Oncology meeting. Despite the positive outcomes, there is still a great deal to be learned about the exact mechanism Temozolomide activates when combined with radiation.

"Does it interact with the radiation to make it more affective, or is it a separate mechanism that works differently?," said Fisher, who will continue to explore this interaction with her colleagues, including LHSC's Dr. David MacDonald, a collaborator on this study.

"When you find something that works, it sort of opens the door and you can start adding to that, or asking why did it work and who did it work for. It's what keeps you coming into work," Fisher said.

Provided by University of Western Ontario

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