

Crowd funding bid to test whether malaria drug kills cancer

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Medical experts investigating whether a common malaria drug could have a significant impact on colorectal cancer have launched a crowd funding project to fund their work.

Scientists at St George's, University of London, and St George's Hospital, are in the second phase of research into whether the [malaria drug](#) artesunate, can have a positive effect on colorectal [cancer patients](#) by reducing the multiplication of tumour cells and decreasing the risk of cancer spreading or recurring after surgery. If it does the drug could be used to provide a cheap adjunct to current expensive chemotherapy.

Artesunate is derived from the plant Artemisia Annua also known as Sweet Wormwood. The Chinese scientist Tu Youyou whose research in the 1960s led to the development of artesunate from a plant used in Chinese traditional medicine, was recently awarded the Nobel Prize 2015.

Over one million patients are diagnosed with colorectal cancer globally each year. Colorectal cancer is the third most common cancer in men and the second most common cancer in women and is a leading cause of mortality. In the UK, 110 new cases are diagnosed daily, with older patients particularly at risk of death (Ferlay et al 2014). Current treatments involve complex combinations of surgery, chemotherapy and radiotherapy.

Unfortunately all these measures have not increased overall survival rates

beyond 60% at the 5 year stage after patients receive a diagnosis. New treatments are urgently needed to improve survival rates. Developing new, effective drugs however can take many years and sometimes even decades. Repurposing safe and established existing drugs for cancer treatment is therefore gaining interest amongst the scientific community.

Professor Sanjeev Krishna, an infectious disease expert at St George's, who jointly-led the study with Professor Devinder Kumar, said: "We recently investigated and subsequently published a small but very informative study of oral artesunate treatment given to patients who were diagnosed with bowel. In a small clinical pilot trial of 20 patients only one patient in the artesunate group had a recurrence of their cancer after 42 months, compared to 6 in the placebo group (those randomised to receive a non-active dummy pill).

"We now need to do larger studies: to see if these encouraging results are confirmed. Our study is designed to change how we manage colorectal cancer, so if people agree that this is important and worthwhile, we would very much value their involvement and contribution."

"I'm extremely excited about this," said Professor Devinder Kumar, who has been a [colorectal cancer](#) surgeon for three decades. "We already know this is a safe drug that has been taken by tens of millions of people around the world to treat malaria. It only costs about 70p per tablet compared to the £20 or £30 you might expect to spend on a daily dose of chemotherapy.

"If we can repeat the results of this small study in a larger trial this could really be a ground breaker in the treatment of bowel cancer and one that wouldn't bankrupt the NHS."

More information: Sanjeev Krishna et al. A Randomised, Double Blind, Placebo-Controlled Pilot Study of Oral Artesunate Therapy for

Colorectal Cancer, *EBioMedicine* (2015). [DOI: 10.1016/j.ebiom.2014.11.010](https://doi.org/10.1016/j.ebiom.2014.11.010)

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