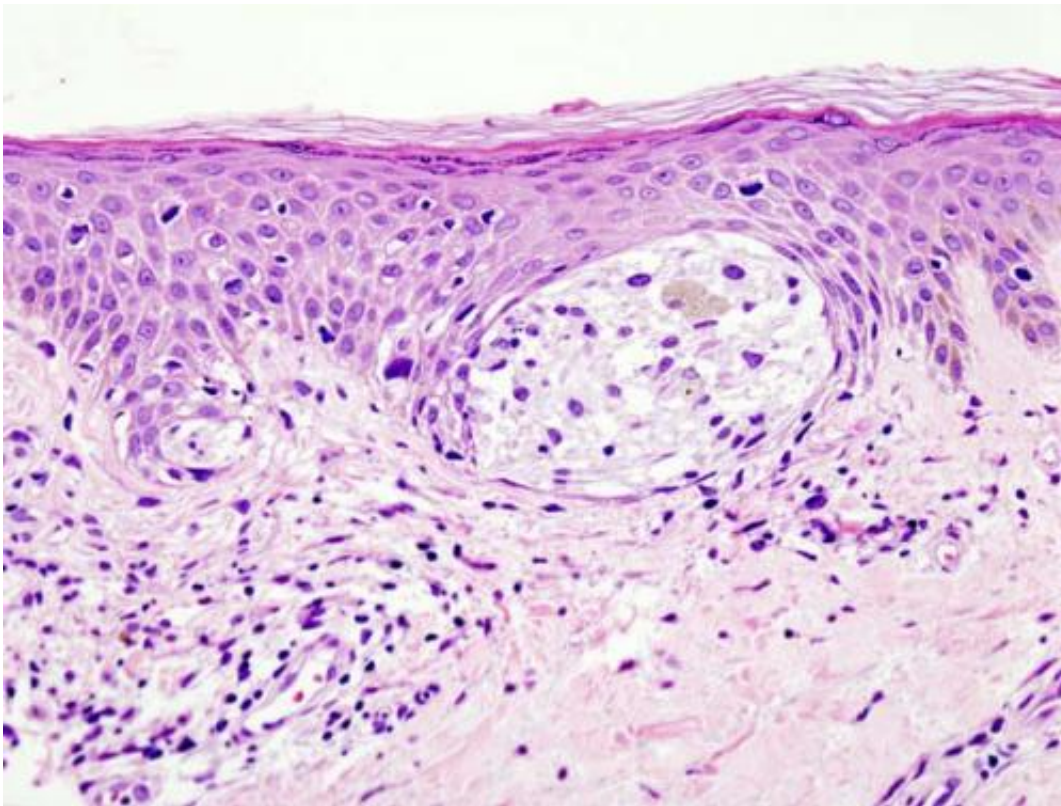


Surgery on that has spread into abdomen more than doubles patient survival time

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Melanoma in skin biopsy with H&E stain—this case may represent superficial spreading melanoma. Credit: Wikipedia/CC BY-SA 3.0

Patients with metastatic melanoma who undergo surgery to remove lesions that have spread into the abdomen live more than twice as long as those treated with drug therapy alone, according to novel new research by a North Shore-LIJ Health System cancer surgeon.

The study, by North Shore-LIJ surgical oncologist Gary B. Deutsch, M.D., M.P.H., will be presented on Oct. 8 at the 2015 Clinical Congress of the American College of Surgeons in Chicago. Dr. Deutsch's research is the first comprehensive look at the survival benefits of surgical resection for [melanoma](#) metastases in the abdomen since the advent of groundbreaking immunotherapies in recent years that stimulate [patients'](#) immune systems to destroy [cancer](#) cells, improving once-dismal survival rates.

Dr. Deutsch's study could immediately impact how oncologists across the United States approach metastatic melanoma cases in which the cancer has spread to [abdominal organs](#), he said.

"I think integrating surgical resection with newer drug therapies will greatly benefit patients with [metastatic melanoma](#)," said Dr. Deutsch, who performed the research while a surgical oncology fellow at John Wayne Cancer Institute at Providence Saint John's Health Center in Santa Monica, Calif.

"There's an opportunity to increase surgeon involvement in the treatment of these patients," he added. "Now that there are better options systemically, the decision-making about treatment has become more complex. Having this data available could potentially impact discussions about treatment and benefit patients long-term."

About 74,000 new cases of melanoma are diagnosed in the United States each year, and about 10,000 patients die of the malignancy annually. Melanoma is the deadliest form of skin cancer, though it sometimes also begins in the eye.

Immunotherapies approved for melanoma treatment by the U.S. Food and Drug Administration in just the past several years have offered alternatives to standard chemotherapy for metastatic cases, which once

were considered hopeless. Surgical resection in metastatic disease, which removes cancerous portions of organs, is seldom performed.

But Dr. Deutsch's study offered a modern update to data tracked over 45 years. Of 1,623 patients at John Wayne Cancer Institute - all of who had melanoma metastases to the abdomen that might be operable - 392 underwent surgical resection. The surgery was done either as the sole treatment; combined with medical therapy; or, in some cases with liver involvement, combined with radiofrequency ablation or heat probe treatment to destroy cancer cells.

The liver was the sole site of cancer spread in 697 patients, while 336 had metastases to the gastrointestinal (GI) tract; 138, to the adrenal glands; 109, to the spleen; and 38, to the pancreas. Another 305 patients' cancer had spread to multiple abdominal organs.

Dr. Deutsch and his fellow researchers found that the surgical group's average survival was nearly 2.5 times as long - 18 months, compared to only seven months for the 1,231 patients who didn't undergo surgical resection.

"We suspected that this would be the case, but we didn't really have updated data to back it up," he said. "While we weren't entirely surprised, the difference in survival between surgical and non-surgical patients was much larger than expected."

To examine whether treatment era affected survival, patients were divided into groups of "before" (1969 to 2003) and "after" (2003 to 2014) advances in systemic therapies. The latter group contained 320 patients, but Dr. Deutsch and his team unexpectedly found that systemically immunotherapies did not greatly improve survival rates compared to the earlier treatment era.

"The reason we looked at this over 45 years," he explained, "was that we really wanted to compare the most recent decade, when these newer drugs became available, to the previous decades when systemic therapy was less effective."

Despite the availability of these new immunotherapy drugs, Dr. Deutsch's research indicates that surgical resection results in the longest survival for melanoma patients with abdominal metastases. Combining [surgical resection](#) and immunotherapy even offers the possibility of a cure in certain patients, especially when some lesions haven't responded to drug [treatment](#), he said.

"A surgical cure is attainable if a patient can be left with no evidence of disease on the highest-quality imaging tests," Dr. Deutsch said. "I think the combination of immunotherapy with surgical therapy . . . could potentially lead to curing more patients."

Provided by North Shore-Long Island Jewish Health System

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