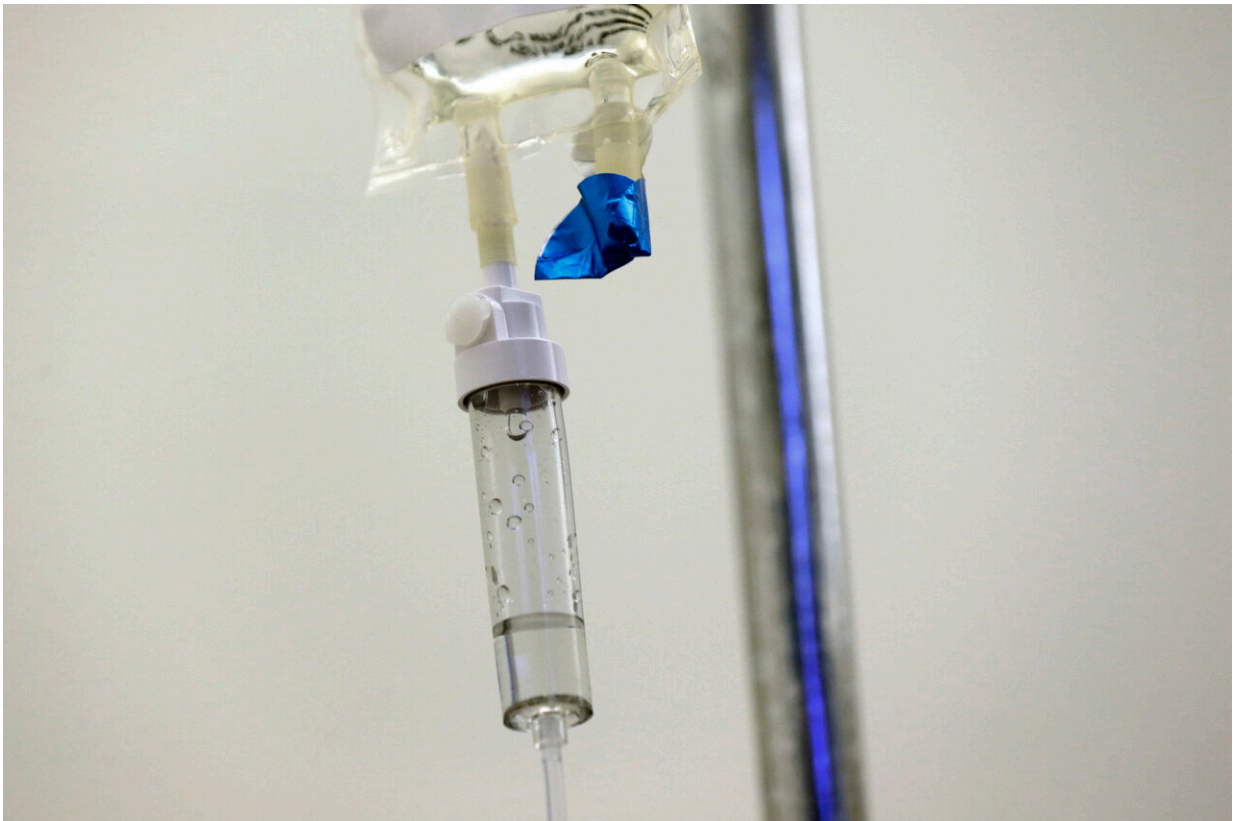


Cancer patients often do better with less intensive treatment, new research finds

June 2 2024, by Carla K. Johnson



In this May 25, 2017 file photo, chemotherapy drugs are administered to a patient at a hospital in Chapel Hill, N.C. Scaling back treatment in some cancers—ovarian, esophageal and Hodgkin lymphoma—can make life easier for patients without compromising outcomes, doctors reported at the American Society of Clinical Oncology annual meeting in early June 2024. Credit: AP Photo/Gerry Broome, File

Scaling back treatment for three kinds of cancer can make life easier for patients without compromising outcomes, doctors reported at the world's largest cancer conference.

It's part of a long-term trend toward studying whether doing less—less surgery, less chemotherapy or less radiation—can help patients live longer and feel better. The latest studies involved ovarian and [esophageal cancer](#) and Hodgkin lymphoma.

Thirty years ago, cancer research was about doing more, not less. In one sobering example, women with [advanced breast cancer](#) were pushed to the brink of death with massive doses of chemotherapy and bone marrow transplants. The [approach didn't work](#) any better than chemotherapy and patients suffered.

Now, in a quest to optimize cancer care, researchers are asking: "Do we need all that treatment that we have used in the past?"

It's a question, "that should be asked over and over again," said Dr. Tatjana Kolevska, medical director for the Kaiser Permanente National Cancer Excellence Program, who was not involved in the new research.

Often, doing less works because of improved drugs.

"The good news is that cancer treatment is not only becoming more effective, it's becoming easier to tolerate and associated with less short-term and [long-term complications](#)," said Dr. William G. Nelson of Johns Hopkins School of Medicine, who was also not involved in the new research.

Studies demonstrating the trend were discussed over the weekend at an American Society of Clinical Oncology conference in Chicago. Here are the highlights:

OVARIAN CANCER

French researchers found that it's safe to avoid removing lymph nodes that appear healthy during surgery for advanced [ovarian cancer](#). The study compared the results for 379 patients—half had their lymph nodes removed and half did not. After nine years, there was no difference in how long the patients lived and those with less-extreme surgery had fewer complications, such as the need for blood transfusions. The research was funded by the National Institute of Cancer in France.

ESOPHAGEAL CANCER

This German study looked at 438 people with a type of cancer of the esophagus that can be treated with surgery. Half received a common treatment plan that included chemotherapy and surgery on the esophagus, the tube that carries food from the throat to the stomach. Half got another approach that includes radiation too. Both techniques are considered standard. Which one patients get can depend on where they get treatment.

After three years, 57% of those who got chemo and surgery were alive, compared to 51% of those who got chemo, [surgery](#) and radiation. The German Research Foundation funded the study.

HODGKIN LYMPHOMA

A comparison of two [chemotherapy regimens](#) for advanced Hodgkin lymphoma found the less intensive treatment was more effective for the blood cancer and caused fewer side effects.

After four years, the less harsh chemo kept the disease in check in 94% of people, compared to 91% of those who had the more intense

treatment. The trial included 1,482 people in nine countries—Germany, Austria, Switzerland, the Netherlands, Denmark, Sweden, Norway, Australia and New Zealand—and was funded by Takeda Oncology, the maker of one of the drugs used in the gentler chemo that was studied.

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