News Release

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New Treatment Brings New Hope to Some Cancer Patients

Complex surgical procedure highlights multidisciplinary capabilities at UNM Cancer Center

Albuquerque, NM—April 16, 2012—The University of New Mexico Cancer Center is now offering an advanced surgical treatment that promises to help some patients with late-stage abdominal cancers. Known as cytoreduction surgery with HIPEC (short for Hyperthermic Intraperitoneal Chemotherapy), the new procedure involves extensive tumor-removing surgery within the abdomen, immediately followed by a heated chemotherapy “bath” of the abdominal cavity. Certain patients with colorectal and appendiceal cancers that have spread to—but not beyond—the abdomen, as well as some patients with mesothelioma and other rare cancers that directly attack the abdominal lining, may be candidates for HIPEC. The UNM Cancer Center is currently the only medical center in New Mexico that provides the treatment.

“This is great news for our patients,” says Cheryl Willman, MD, Director and CEO of the UNM Cancer Center. “Patients who might otherwise have to leave New Mexico to seek treatment now have access to this highly specialized therapy right here at home. We are grateful to the UNM School of Medicine and UNM Hospitals for their indispensable collaboration in making cytoreduction with HIPEC a reality at our Center.”

“With our HIPEC program in place, we will be able to bring new hope to a small but important population of patients with extremely challenging cancers,” says Itzhak Nir, MD, the UNM Cancer Center surgical oncologist who is spearheading the new program. Dr. Nir was recruited to the UNM Cancer Center two years ago from Memorial Sloan Kettering Cancer Center in New York City.

Nationwide, about 1,500 cytoreduction with HIPEC procedures are performed each year. Begun as an experimental approach in the 1980s to help patients with appendiceal and other rare cancers, HIPEC has evolved into the standard of care for a handful of carefully selected patients with abdominal metastases and primary cancers of the abdomen. (A version of HIPEC is also used for certain ovarian cancer patients whose tumors have spread to the abdominal cavity.) The

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UNM Cancer Center joins a growing number of the nation’s leading medical centers offering this treatment. Data collected internationally suggests that, for the right patients, HIPEC can ease painful symptoms, extend patient prognosis and even, in a small number of cases, help put patients on a path to recovery.

Lasting as long as 10-12 hours, the entire procedure requires the expertise and coordination of numerous medical and surgical professionals, including physicians (surgeons, anesthesiologists, intensivists, medical oncologists); nurses and midlevel providers (operating room, ICU, floor, clinic); ancillary providers (perfusionists, pharmacists, respiratory therapists and physiotherapists); and an array of support staff. Orchestrating such a complex, multi-faceted team is familiar terrain for the UNM Cancer Center. As the only cancer care facility in New Mexico that provides all aspects of cancer treatment under one roof, the UNM Cancer Center is home to experts from every oncology specialty. Each patient seen at the Center benefits from a personalized treatment plan carried out by a multidisciplinary team of oncologists, nurses/midlevels, ancillary providers and cancer researchers with expertise and experience specific to the patient’s tumor type and individual case.

After months of preparation and planning, Dr. Nir and other key members of the treatment team visited Mercy Medical Center in Baltimore, Maryland, for live training in the procedure. That visit, made late last year, has been accompanied by investments in new technology and a rigorous review and expansion of existing operating room protocols. Combining chemotherapy and surgery in a single procedure is a complex proposition, requiring cross-training of surgical and chemotherapy staff and new rules for introducing powerful chemotherapy drugs into previously “chemo-naïve” environments.

Cytoreduction with HIPEC occurs in two phases. The first phase is surgical. The patient’s abdomen is opened, and the surgical team works over many hours to remove as many visible tumors as possible from the abdominal cavity lining. The second phase involves chemotherapy, and follows immediately after the cytoreduction is complete and the patient remains on the operating table. A high dose of heated chemotherapy is perfused into the patient’s abdomen, which is gently agitated to ensure maximum contact and absorption. Because the drug is delivered in a confined region, higher doses can be used and patients are spared the common side effects of systemic chemotherapy. Studies have shown that warming the chemotherapy increases its effectiveness; heat alone may also aid in killing cancer cells, which are known to be sensitive to higher temperatures.

The procedure is challenging for surgeon and patient. Post-operative recovery can be slow, and most patients remain in the hospital for at least two weeks. But the powerful potential benefit is that the careful efforts of a skilled surgeon, combined with the targeted delivery of high-dose chemotherapy, will have eliminated much more cancer than any other existing methods would have allowed.
Determining which patients are most likely to be helped by the procedure goes a long way to ensuring its benefits. “Patient selection is extremely important,” says Dr. Nir. “Cytoreduction with HIPEC is appropriate for certain patients, but not for many others.” Three criteria guide patient selection: primary tumor type (certain tumors of the colon, rectum and appendix that have spread or recurred to the abdomen, as well as abdominal cancers, are the best targets for this procedure); the magnitude, or “burden,” of disease (if the cancer is too widespread, HIPEC is not pursued); and the age and overall health of the patient (younger patients with no “co-morbidities,” other serious health issues, are the best candidates).

While cytoreduction with HIPEC may ease disease symptoms or extend the life of patients who otherwise have few options, it is not a panacea, Dr. Nir cautions. “This procedure is for patients who are quite sick. Like all treatments for late-stage cancer, it is helpful but not often curative.” Still, he adds, the program’s launch is the cause for real hope among UNM Cancer Center providers and patients. One procedure has already been carried out, and several more are being scheduled for later this spring.

About the UNM Cancer Center
The UNM Cancer Center is the Official Cancer Center of New Mexico and the only National Cancer Institute (NCI)-designated cancer center in the state. One of just 66 NCI-designated cancer centers nationwide, the UNM Cancer Center is recognized for its scientific excellence, contributions to cancer research and delivery of medical advances to patients and their families. It is home to 85 board-certified oncology physicians representing every cancer specialty and 126 research scientists hailing from prestigious institutions such as MD Anderson, Johns Hopkins and the Mayo Clinic. The UNM Cancer Center treats more than 60% of the adults and virtually all of the children in New Mexico affected by cancer, from every county in the state. Last year, it provided care to almost 16,000 cancer patients. The Center’s research programs are supported by $70 million annually in federal and private funding. Learn more at http://cancer.unm.edu.

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