

Re: Experimental Treatment for Liver Cancer (inoperable)?

Source: <http://sci.tech-archive.net/Archive/sci.med.diseases.cancer/2004-06/0213.html>

From: madiba (down_at_thekraal.com)

Date: 06/27/04

Date: Sun, 27 Jun 2004 16:21:41 +0200

Thomas T. Veldhouse <veldy71@yahoo.com> wrote:

> *Steph <steph@vancouver.island> wrote:*
> > *Don't get too carried away, Orac.*
> > *About 15% of patients with liver mets are technically suitable for*
> > *"curative" surgery, and about 15% are alive at 5 years.*
> > *15% of 15% is 2%.....*
> >
> >
> *Honestly, that is alright. I am just looking for options with an open*
> *mind. We can explore the feasibility of each option after we know what*
> *they are. That was exactly the information I was looking for. I am*
> *also looking for anything more that people can provider ... again, as*
> *the subject suggests, perhaps an experimental treatment (nevermind*
> *qualifying for the treatment ... that is a followup issue). I am*
> *looking at this as part of an attempt at brainstorming any solutions,*
> *whether real, possible, unlikely or pure fantasy.*
> >
> *All, thanks for the help so far.*

Assuming your dad has been correctly re-staged we are then talking palliative treatment, ie keep him comfortable, pain-free and extending his life by a couple of years. In addition to Orac's suggestions of surgery, chemo and RF-ablation he could also consider embolization and chemo-embolization of the liver tumor. This is done by interventional radiologists. Stereotactic radiosurgery using a LINAC may be offered in your area, this could handle the liver met, the pelvic LNs and the operation site* from where the mets are presumeably coming. LINACs are the domain of the radiation oncologist. Your dad's preoperative radiochemotherapy not only did not downstage his tumor (it was upstaged at surgery) but also failed to prevent locoregional recurrence, so try finding another radiation center should he decide to go for stereotactic radiation. This treatment requires very accurate targeting with high doses of radiation, much more so than 'normal' radiation he received before surgery.

--

sci.med.diseases.cancer: Re: Experimental Treatment for Liver Cancer (inoperable)?

madiba

*Provided he had a colostomy. The rectum does not tolerate the high rad. dose that would be applied and would become necrotic..