

Re: Radioactive Antibodies: outlook?

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<JF@NoName.com> wrote in message
news:_3MPd.1764348\$B07.266420@news.easynews.com...
>>> *I've gone through the standard surgery & platinum/taxane
>>> therapy. I responded relatively well (ca125 at 18 and 12
>>> after 5th and 6th chemos). But now, 2.5 months after my
>>> 6th and last chemo, CA125 reads as 79. (CT scan to follow
>>> soon, but expected to be clear since I was clear even at
>>> diagnosis).*
>>>
>>>
>>> *So the choice is: start 2nd round chemo right away
>>> (Topotecan? Doxil?) or take a 1 month detour to try this
>>> first.*
>>>
>>>
>>> *Any advice?*
>>>
>>>
>> *There is a third option – if you are feeling well, don't take
>> any treatment until there is a reason to.*
>
> *I understand that this is what some doctors recommend, and I
> understand that since there is no clear evidence that early
> treatment is better, it is an option.*
>
> *However, logic dictates that early treatment is better.*
>

Logic may be a poor guide. And unfortunately, after surgery and multiple chemotherapy, you don't have "early" disease.

> *Earlier stage disease responds better to chemo than later
> stage disease. Also, the fundamental theory of biology,
> evolution, suggests that the more cancer cells there are,
> the higher the odds that one of them will have a mutation
> which will render it immune to chemo. Since cancer grows*

- > *more or less exponentially, earlier treatment should be*
- > *better.*
- > *I certainly wouldn't wait until bacteria had taken*
- > *over my body before starting antibiotics.*
- >
- >
- > *So in my mind, treatment is the only way to go.*
- >
- >
- > *The question I'm left with: is it worth it to 'waste' a*
- > *month on a treatment which may not help at all (the phase I trial),*
- > *or should I go straight to 2nd line chemo (which also may not*
- > *help!).*
- >
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- >> *It depends on the trial, but if they have said it's a single*
- >> *injection, I suspect that's it.*
- >
- > *It just seems strange to me that if the response is shown to*
- > *be good, they wouldn't try to give another injection. To both*
- > *satisfy their curiosity, get data, and out of compassion!*
- >
- >
- > *But I guess that there are also regulatory hurdles that*
- > *stop them...*

A trial is designed and then accepted by an ethics committee – they can't change it on the fly