MEDICAL BREAKTHROUGHS
RESEARCH SUMMARY

TOPIC: CUTTING-EDGE CHEMO DELIVERY FOR COLORECTAL CANCER
REPORT: **MB #4666**

BACKGROUND: Most colorectal cancers start as a growth on the inner lining of the colon or rectum. These growths are called polyps. Some types of polyps can change into cancer over time (usually many years), but not all polyps become cancer. The chance of a polyp changing into cancer depends on the type of polyp it is. The two main types of polyps are Adenomatous polyps which sometimes change into cancer, and hyperplastic polyps or inflammatory polyps which are more common, but in general they are not pre-cancerous. If cancer forms in a polyp, it can grow into the wall of the colon or rectum over time. The wall of the colon and rectum is made up of many layers. Colorectal cancer starts in the innermost layer and can grow outward through some or all of the other layers.
(Source: https://www.cancer.org/cancer/colon-rectal-cancer/about/what-is-colorectal-cancer.html)

TREATMENT: Chemotherapy may cause vomiting, nausea, diarrhea, neuropathy, or mouth sores. However, medications to prevent these side effects are available. Because of the way drugs are given, these side effects are less severe than they have been in the past for most patients. In addition, patients may be unusually tired, and there is an increased risk of infection. Neuropathy, which causes tingling or numbness in feet or hands, may also occur with some drugs. Significant hair loss is an uncommon side effect with many of the drugs used to treat colorectal cancer, except irinotecan. If side effects are particularly difficult, the dose of the drug may be lowered, or a treatment session may be postponed.
(Source: https://www.cancer.net/cancer-types/colorectal-cancer/types-treatment)

NEW RESEARCH: Michael Lidsky, MD, a Surgical Oncologist at Duke University Medical Center said, “For people that have metastatic colorectal cancer, the best opportunity for long-term survival is to surgically remove all visible disease within the liver and combine that with chemotherapy. The estimated five-year survivals for patients that have surgery combined with chemotherapy are somewhere between 50 and 60 percent. But now that we have hepatic artery infusion, we can actually increase the likelihood of survival. And now we're seeing survival 10 years after surgery, which is just as good as what we previously saw at five years.”
(Source: Michael Lidsky, MD)

FOR MORE INFORMATION ON THIS REPORT, PLEASE CONTACT:

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If this story or any other Ivanhoe story has impacted your life or prompted you or someone you know to seek or change treatments, please let us know by contacting Marjorie Bekaert Thomas at mthomas@ivanhoe.com