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INTERNATIONAL MEDICINE

PHILADELPHIA INTERNATIONAL MEDICINE® NEWS BUREAU

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For immediate release:

In this month's edition

1. Silencing Hepatitis B Virus Prevent Recurrence of Liver Cancer
2. New Treatment Regimen Shown Effective Against Advanced Ovarian Cancer

Editors note: Research, new techniques and improved facilities by Philadelphia International Medicine hospitals and physicians may lead to new ways to treat some of our most challenging diseases. Below are just some examples from our hospitals.

Silencing Hepatitis B Virus Prevent Recurrence of Liver Cancer

PHILADELPHIA— Previous studies have shown that antiviral treatment reduces the incidence of hepatocellular carcinoma (HCC) in patients with chronic hepatitis B (CHB). But now, researchers from the Division of Gastroenterology and Hepatology at Thomas Jefferson University are reporting that the antiviral therapy also prevents recurrence of HCC and extends patients' lives.

The standard of care for patients with HCC is local ablation of the tumor, unless it is large or has metastasized. However, HCC tumors often recur, or new lesions develop. In the *International Journal of Cancer*, Hie-Won Hann, MD, professor of medicine at Jefferson Medical College, and colleagues reported that the median survival in patients who received antiviral therapy after HCC diagnosis was 60 months. The median survival was 12.5 months in those who did not receive antiviral therapy.

“Before the antiviral drugs were developed, patients would often develop new lesions within a few months of tumor ablation because we were not treating the underlying virus that is causing the liver cancer,” Dr. Hann said. “The virus drives the cancer, and by suppressing the virus and making it undetectable we can extend the survival for these patients.”

The small study included 15 CHB patients who received local ablation of a single HCC tumor that was less than four cm. The first six patients were diagnosed between 1991 and 1997, prior to the development of antiviral therapy. These patients were considered historical controls.

The other nine patients were diagnosed between 2000 and 2004. These patients began ongoing antiviral therapy with lamivudine immediately after HCC diagnosis. Other antiviral medications, such as

tenofovir and adefovir were added to the regimen if resistance to lamivudine developed, or even without drug resistance.

All patients who received the antiviral therapy maintained undetectable hepatitis B virus in serum and continued the therapy. Seven of the nine patients have not developed a new HCC or recurrence. The longest survivors are the two patients who came with HCC in 2000. They are doing well, free of cancer for more than 10 years. All patients continue with the antiviral therapy and are followed at three to four month intervals.

“The other option for these patients is liver transplantation, which carries its own risks,” said Robert Coben, MD, associate professor of medicine at Jefferson Medical College of Thomas Jefferson University, who was involved in the study. “This is an attractive alternative therapy for this patient population.”

Other researchers include Anthony J. DiMarino, MD, William Rorer Professor of medicine at Jefferson Medical College of Thomas Jefferson University, and Diane Bergin, MD, who is now at the University Hospital Galway in Ireland.

New Treatment Regimen Shown Effective Against Advanced Ovarian Cancer

Newly reported results from a major clinical trial show that adding bevacizumab (Avastin) to standard frontline chemotherapy for women with advanced ovarian cancer and then continuing a maintenance dose of the drug afterwards significantly extends progression-free survival. Women receiving the new treatment regimen saw no worsening of their disease for 14.1 months, compared to 10.3 months for women receiving standard therapy.

The international, multi-center, randomized, double-blind, placebo-controlled Phase III clinical trial was conducted by a network of researchers known as the Gynecologic Oncology Group (GOG) and sponsored by the U.S. National Cancer Institute. The trial results were presented at the 46th Annual Meeting of the American Society of Clinical Oncology (ASCO). Robert A. Burger, MD, director of the Women's Cancer Center at Fox Chase Cancer Center, was lead investigator on the GOG trial.

The trial marked the first time a molecularly targeted agent has been part of a validated strategy for treating advanced ovarian cancer. It was also the first time a maintenance dosing approach involving any therapy has been outlined for the disease. Additionally, ongoing analysis of the trial data may offer insights into genetically defined subgroups of patients who benefited more than others, pointing to the possibility of more personalized, even more effective treatment for ovarian cancer in the future.

“Ovarian cancer remains one of the most deadly cancers in women, so this clinical advance is particularly welcome,” said Dr. Burger. “Before this, we could treat ovarian cancer patients only with

surgery and chemotherapy involving relatively toxic agents. Now, we have a third type of more targeted therapy to offer these patients, potentially opening the way to even greater progress in years to come.”

According to the American Cancer Society, approximately 22,000 new cases of ovarian cancer will be diagnosed this year, and about 15,000 women will die from their disease. Ovarian cancer is the eighth most common cancer among women, excluding non-melanoma skin cancers. It ranks fifth in cancer deaths among women, accounting for more deaths than any other cancer of the female reproductive system.

The trial, dubbed GOG-0218, enrolled 1,873 previously untreated women with advanced disease from 336 sites in four countries (U.S., Canada, South Korea, and Japan). The women were randomly assigned to one of three treatment protocols: standard chemotherapy (carboplatin and paclitaxel) plus placebo, followed by placebo maintenance for up to 10 additional months; standard chemotherapy plus bevacizumab followed by placebo maintenance; and standard chemotherapy plus bevacizumab followed by bevacizumab maintenance. The type and frequency of bevacizumab-associated side effects were similar to those seen in previous cancer studies involving the drug.

Bevacizumab, a humanized monoclonal antibody, is an angiogenesis inhibitor, meaning that the drug limits tumor growth by interfering with the formation of new blood vessels to supply the tumor with needed nutrients. It acts by inhibiting the function of a naturally occurring protein called vascular endothelial growth factor, or VEGF, which is overproduced in many cancers and stimulates new blood vessel formation.

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