Ovarian Cancer Surgery with Hyperthermic Intraperitoneal Chemoperfusion (HIPEC) Marks First Documented Case in Southeast

Revolutionary Procedure Expected to Dramatically Improve 5-Year Survival Rate of Ovarian Cancer Patients
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Physicians and ovarian cancer patients alike finally have some truly promising news regarding the treatment of ovarian cancer. The very first documented case in the Southeast of a procedure known as Hyperthermic Intraperitoneal Chemoperfusion (HIPEC) was performed in late April by world-renowned gynecologic oncologist, Benedict B. Benigno, M.D. Dr. Benigno is executive director of Southeastern Gynecologic Oncology in Atlanta, and founder of the Ovarian Cancer Institute, a 501 © 3 not-for-profit established in 1999 on the Georgia Institute of Technology campus. The number-one mission of the Ovarian Cancer Institute is to discover a reliable early detection tool for ovarian cancer.

Deemed a revolutionary breakthrough for ovarian cancer treatment, the HIPEC procedure, when used during surgery, will drastically improve the five-year survival rate of women with ovarian cancer, promises Dr. Benigno. "This surgery was a milestone event in the treatment of ovarian cancer, because by performing the HIPEC procedure after surgery, while the patient is still on the table, one has the ability to destroy many cancer cells that may remain in the abdomen after the cancerous ovary has been removed," Dr. Benigno explained.

HIPEC, a new technology that has most recently been used for pancreatic and colon cancers, is a procedure done immediately following surgery in the operating room that delivers heated chemotherapy directly into the abdominal cavity, where it can penetrate diseased tissue directly. "After I removed as much visible cancer as possible during surgery, I circulated heated chemotherapy throughout my patient's abdomen to kill the remaining cancer cells that were too small to be seen," he continued. The heated chemotherapy is circulated for 90-120 minutes, removed, and then the patient's abdomen is flushed with a sterile solution.

Considered a combination therapy, surgery and HIPEC are effective at slowing or preventing recurrence of disease and can add quality months or years to a patient's life. "The way HIPEC works is that heat kills cancer cells at temperatures where normal cells remain unharmed," said Dr. Benigno. And circulating the heated chemotherapy throughout the peritoneal or abdominal cavity allows the drugs to be distributed thoroughly and penetrate directly without subjecting the patient to side effects of these drugs if given intravenously.

One reason HIPEC could be critical to ovarian cancer surgery is because of the position of the ovary in the abdominal cavity. "The ovary is the only organ facing inward, adjacent to the abdomen, and even when it's removed, invisible cancer cells can 'jump off' and implant themselves within the abdominal cavity. That's what makes the HIPEC procedure so revolutionary in the treatment of ovarian cancer," explained Dr. Benigno.

He anticipates using the HIPEC procedure to treat many more ovarian cancer patients. Performing more than 300 ovarian cancer surgeries per year, Dr. Benigno is also able to provide consistent research material for John McDonald, PhD, Chief Research Scientist at the Ovarian Cancer Institute. And in addition to HIPEC, alternative uses of traditional chemotherapy are being administered by Dr. Benigno, including the combination of Avastin and Abraxane, which have helped prolong the lives of some of his patients.

Dr. Benigno is hopeful about HIPEC and other solutions he sees on the horizon, and he envisions that by genetic engineering, the exact antidote to the nuclear protein in a patient's cancer will be manufactured in a lab to kill every cancer cell in her body. In his words, "It'll be designer cancer therapy."

To learn more about HIPEC, please visit <u>www.HIPECtreatment.org</u>. To learn more about Dr. Benigno, Dr. McDonald and the Ovarian Cancer Institute, or to make an online donation, go to <u>www.ovariancancerinstitute.org</u>.