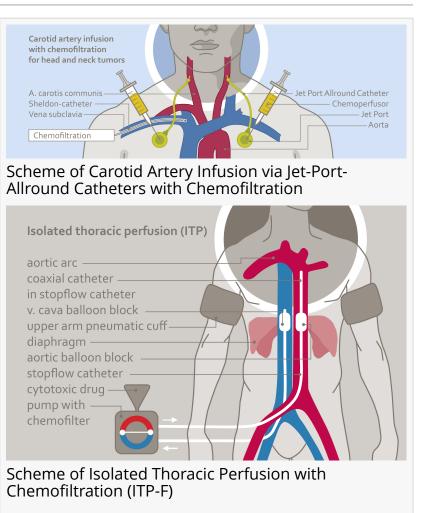


Regional chemotherapy for head and neck cancers prolongs survival and maintains quality of life

Intra-arterial infusion- and isolated perfusion chemotherapy for advanced stage IVA, IVB/C head and neck cancers prolongs survival and maintains quality of life

BURGHAUSEN, GERMANY, April 8, 2020 /EINPresswire.com/ -- The various therapies for the treatment of cancer have significantly improved in recent years through intensive research and modern technologies and immunological research.

Nevertheless, also modern methods such as radiotherapy and chemotherapy are reaching their limits due to their damaging effect on healthy tissue. In these cases, innovative therapies such as the intraarterial infusion- and isolated perfusion chemotherapy are a promising option. The results of a recent study in the Journal of Cancer Research and Clinical Oncology, which examines the regional intra-arterial infusion chemotherapy as a therapeutic option in patients with head-and-neck tumours, show that this method leads to a more efficient



tumour control with prolonged survival at maintained quality of life with significantly fewer side effects compared to standard therapies: In none of the 97 patients a tracheostomy or tube feeding had to be performed and the swallowing function remained unimpaired in all cases. It therefore represents a promising option - especially against the background of current demands for de-intensification of therapies for head and neck cancer: Since especially the serious side effects of radiotherapy such as speech and hearing loss, painful swallowing disorders and permanent inflammation of the mucous membranes are associated with a considerable limitation of the quality of life and lead to suicide rates that are significantly higher than in any other type of cancer, as evidenced by US and Canadian studies.

Good response rates in studies of regional chemotherapy include ovarian, pancreatic and liver tumours.

Reference:

Aigner, K.R., Selak, E. & Aigner, K. J Cancer Res Clin Oncol (2019) 145: 261.

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