

# Embargoed for Release, November 28, 2005

# Week-Long Symposium on Minimally Invasive Cancer Treatments for Liver, Kidney, Bone and Lung, and Emerging Research

## Society of Interventional Radiology Foundation and RSNA Convene Multi-Disciplinary Oncology Meeting in the Clinical and Basic Science of Interventional Oncology

Chicago, IL (November 28, 2005) – Clinicians and basic scientists from academia, private practice, government and industry come together today for a week-long multi-disciplinary symposium in interventional oncology, a rapidly growing area of medicine involving minimally invasive interventional radiology treatments for cancer. The first two days of the meeting focus on treatments for liver, kidney, bone and lung tumors. The second half of the meeting provides an opportunity for cross-fertilization between researchers in interventional radiology, functional imaging, oncology, nanotechnology, angiogenesis, basic science, clinical science, and related disciplines to share information about potential applications of imaging and image-guided therapies for cancer.

"Continued research in interventional radiology and collaboration across disciplines is the key to new advances and better patient care," says Michael Soulen, M.D., symposium co-chair. "The need for better cancer treatments is great, and interventional radiologists provide targeted cancer treatments directly to the tumor without significant damage to the nearby normal tissue."

Interventional radiology offers many non-surgical advances, such as delivering chemotherapy directly to the affected organ (chemoembolization), killing the tumor with heat (radiofrequency ablation) or freezing the tumor (cryoablation) to treat cancer locally, without harming the healthy cells in the body. Targeted delivery of gene- and immuno-therapies are new frontiers in cancer treatment under investigation by interventional radiologists in collaboration with other specialists. Interventional radiologists are uniquely skilled in using imaging guidance to deliver targeted cancer treatments throughout the body non-surgically, through the blood vessels or other pathways.

## Highlights of the Symposium Include:

## Treatments for Liver Cancer (Monday, November 28)

Although surgery provides the best chance for a cure, liver tumors are often inoperable because they may be too large, or have grown into major blood vessels or other vital structures. Sometimes, many small tumors are spread throughout the liver, making surgery too risky or impractical. Surgical removal is not possible for more than two-thirds of primary liver cancer patients and 90 percent of patients with metastatic (secondary) liver cancer. Studies of note:

- Radiofrequency ablation (RFA) is as effective as surgery to treat single small cell hepatocellular carcinoma (liver cancer) in a study of 162 patients, in terms of overall survival and rate of tumor recurrences. (Author, Lencioni)
- A study assessing survival in patients with small solitary colorectal liver metastasis treated with RFA shows that their survival was extremely good, with 3 and 5 year survival after ablation of 65% and 43% respectively. (Author, Gillams)

#### Non-Surgical Pain Treatments for Bone Tumors (Tuesday, November 29)

Cancer often metastasizes to bone, and can cause terrible pain that is unrelieved by narcotics and other standard pain treatments. These treatments could benefit many of the 100,000 people who develop bone metastasis in the United States each year. Heating (RFA) or freezing (cryoplasty) the tumor kills the tumor and nerve endings in the vicinity of the metastasis that were causing pain. Studies of note:

- Interim results of a cryoplasty trial show the treatment provides effective and durable pain relief and is safe; there were no complications. (Author, Callstrom)
- A study of 75 patients assessing the combination of radiofrequency ablation and cementoplasty (reinforcing load-bearing bone with injectable medical-grade cement) shows that 92% of patients had a reduction in pain and improved mobility. (Author, Gangi)

#### Minimally Invasive Treatments for Renal Tumors (Tuesday, November 29)

Kidney cancer is the eighth most common cancer in men and the tenth in women. The most common type of kidney cancer is renal cell carcinoma. Interventional radiology treatments provide minimally invasive options for patients who are not good surgical candidates. Study of note:

• A prospective study of MRI-guided cryoablation of 44 renal tumors shows that 96% were successfully ablated and 93% required only one treatment session. MRI monitoring allows for most tumors to be ablated in one session. When the iceball completely covers the tumors, there were no reoccurrences. (Author, Silverman)

#### Non-Surgical Lung Cancer Treatments (Wednesday, November 30)

By the time lung cancer becomes symptomatic, 85 percent of patients are incurable, often due to serious coexisting health conditions or poor respiratory function. Most patients who are diagnosed with non-small cell lung cancer are not surgical candidates at the time of diagnosis. For these patients, minimally invasive interventional radiology procedures can improve survival, reduce pain and improve quality of life. RFA is a safe, minimally invasive tool for local pulmonary tumor control with negligible mortality. Study of note:

• A prospective trial in 106 patients receiving RFA to heat and kill their lung tumor, shows 91% cancer-specific survival at 2 years. The RFA technique successfully killed the tumor inside the lung without surgery in 93% of the cases. (Author, Lencioni)

## About the SIR Foundation

SIR Foundation is a scientific foundation dedicated to fostering research and education in interventional radiology for the purposes of advancing scientific knowledge, increasing the number of skilled investigators in interventional radiology, and developing innovative therapies that lead to improved patient care and quality of life. Additional information on SIR Foundation can be found at www.SIRFoundation.org.

Note to reporters: The meeting is taking place at the Radiological Society of North America's annual meeting at McCormick Place in Chicago. Abstracts are available at www.RSNA.org. Reporters who wish to register for the meeting should contact the RSNA press office at (630) 590-7754.