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Icy therapy spot treats cancer in the lung

Cryoablation: Interventional radiologists present results of research on a new minimally invasive treatment option for advanced cancers that have spread to lung tissue

NEW ORLEANS (April 14, 2013)—Frozen balls of ice can safely kill cancerous tumors that have spread to the lungs, according to the first prospective multicenter trial of cryoablation. The results are being presented at the Society of Interventional Radiology's 38th Annual Scientific Meeting in New Orleans.

"Cryoablation has potential as a treatment for cancer that has spread to the lungs from other parts of the body and could prolong the lives of patients who are running out of options," said David A. Woodrum, M.D., Ph.D., an author of the study and interventional radiologist at the Mayo Clinic in Rochester, Minn. "We may not be able to cure the cancer, but with cryoablation we can at least slow it down significantly and allow patients to enjoy greater quality of life longer," he added. Metastatic lung disease is difficult to treat and often signals a poor prognosis for patients.

Highlights

- Minimally invasive cryoablation freezes and kills cancerous tumors that have spread to the lung, suggests first results of the ECLIPSE trial.
- Cryoablation was 100 percent effective after three months, researchers found.
- While not a cure, cryoablation appears to extend patient survival.
- Interventional radiologists are doctors who specialize in minimally invasive targeted treatments. They use X-rays, MRI or other imaging to guide a catheter inside the body, usually in an artery, to treat at the source of disease.

In the initial results of the study, called the ECLIPSE trial (Evaluating Cryoablation of Metastatic Lung/Pleura Tumors in Patients—Safety and Efficacy), 22 subjects with a total of 36 tumors were treated with 27 cryoablation sessions. Cryoablation was 100 percent effective in killing those tumors at three-month follow-up. Follow-up at six months on 5 of the 22 patients (23 percent) showed the treated tumors to still be dead. Cryoablation is performed by an interventional radiologist using a small needle-like probe guided through a nick in the skin to cancerous tumors inside the lung under medical imaging guidance. These tumors have spread—or metastasized—to the lung from primary cancers in other areas of the body. Once in position, the tip of the instrument is cooled with gas to as low as minus 100 degrees Celsius. The resulting halo of ice crystals can destroy cancer by interrupting its cellular function, protecting nearby healthy, delicate lung tissue. Lung cryoablation has been promising in part due to the low periprocedural morbidity.

"Most of these patients can go home the day after their cryoablation treatment and resume their normal activities," Woodrum said, noting that researchers plan to continue to follow patients for up to five years. While cryoablation is being developed for the treatment of metastatic lung cancer, the future looks brighter for individuals who once had nowhere else to turn, said Woodrum, who was assisted in research by Frank Nichols, M.D. and Matthew R. Callstrom, M.D.

More information about the Society of Interventional Radiology, interventional radiologists and minimally invasive treatments can be found online at www.SIRweb.org.

Abstract 33: "Evaluating Cryoablation of Metastatic Lung/Pleura Tumors in Patients—Safety and Efficacy (ECLIPSE)," T. de Baere, G. Farouil, Institut de Cancerologie Gustave Roussy, Villejuif Cedex, France; D.A. Woodrum, Mayo Clinic, Rochester, Minn.; F. Abtin, University of California–Los Angeles, Los Angeles, Calif.; P. Littrup, Karmanos Cancer Institute, Detroit, Mich., SIR 38th Annual Scientific Meeting, April 13–18, 2013. This abstract can be found at www.SIRmeeting.org.

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About the Society of Interventional Radiology

Interventional radiologists are physicians who specialize in minimally invasive, targeted treatments. They offer the most in-depth knowledge of the least invasive treatments available coupled with diagnostic and clinical experience across all specialties. They use X-ray, MRI and other imaging to advance a catheter in the body, such as in an artery, to treat at the source of the disease internally. As the inventors of angioplasty and the catheter-delivered stent, which were first used in the legs to treat peripheral arterial disease, interventional radiologists pioneered minimally invasive modern medicine. Today, interventional oncology is a growing specialty area of interventional radiology. Interventional radiologists can deliver treatments for cancer directly to the tumor without significant side effects or damage to nearby normal tissue.

Many conditions that once required surgery can be treated less invasively by interventional radiologists. Interventional radiology treatments offer less risk, less pain and less recovery time compared to open surgery. This year, SIR celebrates 40 years of innovation and advances in interventional radiology. Visit www.SIRweb.org.

The Society of Interventional Radiology is holding its 38th Annual Scientific Meeting April 13-18 at the Ernest N. Morial Convention Center, New Orleans. The theme of the meeting is 'IR Reaching Out,' adopted to illustrate the many ways the Annual Scientific Meeting provides valuable education to attendees with a broad range of diverse clinical interests and practice settings.

Local interviews and medical illustrations are available by contacting SIR's communications department staff: Ellen Acconcia, SIR communications manager/practice areas, eacconcia@SIRweb.org, (703) 460-5582, or Maryann Verrillo, SIR director of communications and public relations, mverrillo@SIRweb.org, (703) 460-5572.