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Tumor Cryoablation Can Help Reduce Cancer Pain

Cancer tumors in bone or soft tissue areas can be painful and difficult to treat. However, new research has found that freezing tumors in these cases can help to reduce patients' pain and need for narcotics.

Patients with severe tumor pain usually are prescribed high levels of narcotics, which reduce the pain but interfere with daily activities such as driving and reading. Doctors using tumor cryoablation, however, say that the treatment has reduced their patients' need for narcotics.

Cryoablation is performed by inserting a probe with as many as eight ultracold applicators that freeze the tumor. It can be done under general anesthesia or conscious sedation. The procedure is relatively pain free because the freezing numbs the surrounding tissue.

The physicians used cryoablation in four patients with tumor masses in bone or soft tissues. The first patient had improvements in pain immediately and continued to be pain free for 12 months. The second patient also reported less pain, but she died a month later. The third patient remained pain free 13 months after her treatment, but the procedure caused a loss of sensation and movement in her left arm; she had been warned of this risk and said that she was satisfied with the results. The fourth patient also reported experiencing less pain.

The researchers said that the treatment could have been more effective if patients had received it earlier, but they had to exhaust all drug therapies before trying the new procedure. They also said that they believe that tumor cryoablation could be used as a curative treatment in the future.

The study was reported in the March issue of the *American Journal of Roentgenology* (Vol. 184, pp. 926–930).

Birth Weight May Predict Cancer Risk

According to a British study, birth weight may have an impact on a person's risk for certain cancers as an adult.

The study assessed 11,166 babies born from 1915–1929 in Sweden; it looked at a number of birth factors, including birth weight compared to gestational age. A total of 2,685 people (24%) in the group were diagnosed with cancer from 1960–2001.

Those with higher than average birth weights for their gestational age had a 13% increase in digestive cancers and 17% increase in lymphatic or hematopoietic cancers. Higher weight also caused an increase in nonreproductive cancers.

The researchers did not find an association between birth weight and increased risk of reproductive cancers in men. In women, though, higher birth weight raised the rate of breast cancer in those younger than 50. However, when birth weight was compared to endometrial cancer rates, lower birth weight was associated with a higher rate of disease.

Men's rate of cancer increased by 8% at all ages with each standard deviation increase in birth weight. Such increases in women caused a 24% increase in cancer rate, but only in women younger than 50.

The authors also noted that previous studies have found that other health factors are associated with low birth weight, such as diabetes and heart disease.

The study will be published in the July 1 issue of the *International Journal of Cancer* (Vol. 115, pp. 611–617).

Lenalidomide May Be Effective in Patients Who Do Not Respond to Erythropoietin

Lenalidomide may help patients with anemia from low-risk myelodysplastic syndromes who have had no response to erythropoietin. The drug, an analog of thalidomide, has received fast-track status from the U.S. Food and Drug Administration and could be available as soon as later this year.

A study looked at 43 patients with transfusion-dependent or symptomatic anemia who did not respond to erythropoietin. The patients were given 25 or 10 mg of lenalidomide per day for 28 days or 10 mg for 21 days of every 28-day cycle.

Twenty-five patients developed neutropenia or thrombocytopenia and had to interrupt treatment or reduce doses. These were the most common adverse effects with frequencies of 65% and 74%, respectively. Twenty-four patients (56%) responded to the lenalidomide treatment: 20 did not need transfusions, 1 had an increase of more than 2 g/dl in hemoglobin, and 3 reduced their need for transfusions by more than 50%.

Patients with lower prognostic risk or a clonal interstitial deletion involving chromosome 5q31.1 responded the most to treatment. Twenty patients had karyotypic abnormalities; of these, 11 reduced abnormal cells by 50% or more in metaphase and 10 achieved complete cytogenetic remission.

The study followed patients for a median of 81 weeks; by that time, the duration of transfusion independence had not been reached and the median hemoglobin level was 13.2 g/dl (range = 11.5–15.8 g/dl).

The study was reported in the February 10 issue of the *New England Journal of Medicine* (Vol. 352, pp. 549–557).

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