

WAR ON CANCER – ARE WE WINNING OR LOSING?



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There are often widely different views in regard to 'War on Cancer' within population and even general medical profession. The impressions vary from widely pessimistic to unrealistically optimistic. Both are often intermittently portrayed in media, often seeking a sensational story rather than factual report.

So, what is the real score in 2010?

Overall, the cancer mortality has substantially declined in the developed world. The baseline taken was 1970/71 and was compared with statistics in 1990 and again 2006. The precise numbers are known from the USA where

mortality rates increased in men from 249.3 (per 100,000) in 1970, to 279.8 in 1990. Then a decline to 221.1 in 2006 was demonstrated. That is a decline of 21% from 1990. Similarly, in women, the mortality rate was 163 in 1970, 175.3 in 1990 and declined to 153.7 in 2006. This represents a 12% decline. The statistics for Australia are very similar.



These changes are partly due to major shifts in public health policies, especially in relation to tobacco use and elimination strategies of common carcinogens. The other contribution is then by new strategies of treatment, with utilisation of modern agents (e.g. targeted therapies, biologicals etc).

Another trend observed during the last decade is a conversion of some types

of cancers into chronicity with particular treatment, where patients live for a significantly longer time as compared with historically expected average. The accompanying quality of life improvements are mostly due to use of targeted therapies (Herceptin, Mabthera, Avastin, Erbitux, Torisel, Sutent and many other agents), which on average, do not cause major side effects and consequences of standard type of chemotherapy.

We have to acknowledge however, that the progress in winning the battle is too slow. Part of the problem is an enormous complexity and heterogeneity of malignancies. On top of that, there is the bureaucracy of health care delivery (insurers, providers), political agendas and maneuvering by the government and other players. There is an inherent gap between our theoretical knowledge and real treatment delivery.



We are having glimpses into the future, which will hopefully bring individualised oncology with a precise 'profile' of the tumor and suitable best algorithm for each individual affected with cancer. This will be a tailored approach, with first advances made and some unique treatment options available today.

Also, we need to consider further increased workload for medical professionals who will care for long-term cancer survivors. These represent a unique and special group of patients with very different needs. They may not only suffer late consequences of their previous treatment, but may be specifically susceptible to secondary cancers or other diseases as a result of original genetic aberrations as well (e.g. BRCA1 and BRCA 2 genes in breast and ovarian cancer).

In summary then, we are winning, but it is not overwhelming victory. The future in oncology will not be 'a miraculous cure', as some journalists would have us believe, but a painstaking battle and step-by-step advancement. The complexity and cost will dramatically increase and there will inevitably come the rationalization of care, which will further increase our frustration and slow the progress. Nevertheless, there is exciting times ahead for all of us, who care for patients who are affected by cancer.

Reference:

1. *PLoS ONE*. 5(3): e9584
2. *ASCO Policy Statements (American Society of Clinical Oncology): www.asco.org*

RAPID FREEZING IMPROVES IVF RESULTS

This year has seen the arrival of scores of babies conceived using City Fertility Centre's new rapid freezing embryo programme.

City Fertility Centre's Scientific Director, Adnan Catakovic, said the new vitrification or "rapid freezing" process worked 7,000 times faster than slow freezing and had resulted in a dramatic increase in pregnancy rates.

"Since introducing rapid freezing, City Fertility Centre has increased embryo survival rates from 60-70% (slow freezing) to 80-90% (rapid freezing) and pregnancy rates have improved from 30% (slow freezing) to 40-50% (rapid freezing)," Adnan said.



The results are exceptional when compared to internationally published data on rapid frozen blastocyst embryos, he said.

"Rapid freezing, or vitrification, greatly reduces the risk of rupturing or

damage to the embryo as there is no chance for ice to form within the cell," he said.

City Fertility Centre's Gold Coast Clinical Director, Dr Andrew Davidson, said the new technology had the potential to reduce the impact of IVF on patients.

"Freezing embryos helps reduce the discomfort of IVF and offers multiple chances to become pregnant," Dr Davidson said.

"These results show that rapid frozen blastocyst embryos have better survival rates post thawing and, most importantly, are delivering higher pregnancy rates than traditional methods," he said.

QUICK FACTS

- Rapid freezing is producing better outcomes – bringing patients closer to their dream of taking home a baby.
- Vitrification is a new technology in IVF treatment that City Fertility Centre has successfully adapted into a rapid freezing programme. It is now available for embryos and eggs stored at their centres located in Brisbane, the Gold Coast and Melbourne.
- The Gold Coast Centre has been open since 2005 with recent expansions in Robina and Benowa.

For more information please contact CFC Gold Coast on 1300 859 116.

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