

# SOG: Intraperitoneal chemo ups ovarian cancer survival

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Image courtesy of Blausen Medical

Intraperitoneal chemotherapy is associated with improved survival in advanced ovarian cancer compared with standard intravenous therapy, according to a study presented at the Society of Gynecologic Oncology's Annual Meeting on Women's Cancer, held from March 9 to 12 in Los Angeles.

(HealthDay)—Intraperitoneal (IP) chemotherapy is associated with improved survival in advanced ovarian cancer compared with standard intravenous (IV) therapy, according to a study presented at the Society of Gynecologic Oncology's Annual Meeting on Women's Cancer, held from March 9 to 12 in Los Angeles.

To assess long-term survival after IP chemotherapy, Devansu Tewari, M.D., from Southern California Permanente Medical Group in Los Angeles, and colleagues analyzed data from [Gynecologic Oncology Group](#) clinical trials 114 and 172, involving 876 women with advanced ovarian cancer.

After more than 10 years of follow-up, the researchers found that the median survival was 61.8 months for IP therapy compared with 51.4 months for IV therapy (P = 0.048). There was a significantly decreased risk of death associated with IP therapy (adjusted hazard ratio, 0.83). Significant predictors of improved survival after IP therapy included: younger age, better performance status, non-clear cell/mucinous histology, low-grade histology, and microscopic residual disease. Patients with microscopic and gross [residual disease](#) exhibited a [survival advantage](#) with IP therapy. Five-year overall survival was improved in those who completed five or six cycles of IP (59 percent) compared with those who completed one or two cycles (18 percent) or three or four cycles (33 percent).

"There is no question IP therapy should be much more widely offered, and advanced ovarian cancer patients should consult with gynecologic oncologists or medical oncologists with experience in this cancer who have the expertise to determine the best therapy," Tewari said in a statement.

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