

Global Summit on

BIOPHARMA & BIOTHERAPEUTICS

May 14-15, 2018 | Montreal, Canada



Michael W Retsky

University College London, UK

Perioperative use of NSAID might prevent early relapses in breast and other cancers

bimodal pattern of hazard of relapse among early stage Abreast cancer patients has been identified in multiple databases from US, Europe and Asia. My colleagues and I have been studying these data to determine if this can lead to new ideas on how to prevent relapse in breast cancer. Using computer simulation and access to a very high-quality database from Milan for patients treated with mastectomy only, we proposed that relapses within three years of surgery are stimulated somehow by the surgical procedure. Most relapses in breast cancer are in this early category. Retrospective data from a Brussels anesthesiology group suggests a plausible mechanism. Use of ketorolac, a common NSAID analgesic used in surgery was associated with far superior disease-free survival in the first five years after surgery. The expected prominent early relapse events in months 9-18 are reduced five-fold. Transient systemic inflammation accompanying surgery (identified by IL-6 in serum) could facilitate angiogenesis of dormant micrometastases, proliferation of dormant single cells, and seeding of circulating cancer stem cells resulting in early relapse and could have been effectively blocked by the perioperative anti-inflammatory

agent. If this observation holds up to further scrutiny, it could mean that the simple use of this safe, inexpensive and effective anti-inflammatory agent at surgery might eliminate early relapses. We suggest this would be most effective for triple negative breast cancer and be especially valuable in low and middle income countries. Similar bimodal patterns have been identified in other cancers suggesting a general effect. Even if this project works as well as possible, it will not solve the breast cancer problem. We think it will reduce relapse and mortality by 25 to 50% at low cost and toxicity but there will still be a need for treatments to prevent death from metastatic disease. We encourage the excellent work underway to use immunotherapy to curtail tumor growth after relapse..

Speaker Biography

Michael W Retsky has completed his PhD in Physics from University of Chicago and made a career change to cancer research 30 years ago. He was on Judah Folkman's Staff at Harvard Medical School for 12 years. He is Editor and Romano Demicheli is Co-Editor of a Springer/Nature book on breast cancer published in July 2017. He is the Founder and on the Board of Directors of the Colon Cancer Alliance and has published more than 60 papers in physics and Cancer.

e: michael.retsky@gmail.com

Notes: