

Folks on the carcinoid e-groups were very responsive in the fall of 2002 when my husband Larry first learned that he had bone metastases – sharing their experiences re pain and re treatments - So we both would like to update you on what treatments Larry chose to have in the summer of 1993.

- By mid-April 2003 Larry had begun having a weeklong flare of bone pain almost every other week. Plus we learned from scans (including one report that was delayed by 6 weeks - we won't be using that radiology group any more) that the bone metastases were growing much faster than his liver carcinoid tumors - they had doubled in 4 to 6 months. And the pain meds were not doing a complete job of controlling the pain plus making Larry both groggy and constipated (just try being constipated when you also have spine pain - not much fun at all).
- So we explored options with the local oncologist, a radiology group, a nuclear medicine doc, and an orthopedic oncologist (and managed to have a great vacation for 10 days along the way) - and made one of our options charts of choices and pros and cons.
- First conclusion by 3 docs was that a preventive measure was needed to prevent a hip or leg bone fracture since the bone metastasis in his left hip and leg were getting more extensive. So the Tx (treatment) was external beam radiation to just those areas, which was started in late June and scheduled for 2 weeks (10 treatments). The side effects are generally minimal for that area, unlike when the digestive tract or head is involved.
- Second conclusion was that we could NOT do more external beam radiation because the bone metastases were too extensive and doing so would "cook" too much of Larry's bone marrow.
- Third step was then to plan on a nuclear medicine treatment with a radioactive nuclide (using an element that is an analog of calcium and attracted to bone). At first strontium-89 seemed logical - it had been mentioned by other noids. But our nuclear medicine consultant suggested samarium-153 instead (see reasons below).
- Fourth - meanwhile we had discovered a reference that said that in a small clinical trial, the Sr-89 worked better if accompanied by a low-dose chemotherapy treatment instead of just by itself. So Larry's docs decided to do this but with the Sam-153.

Here are some more details and the reference for anyone interested (this is given as a sort of story that I was telling someone else today and it's easier to just copy/paste so here it is....

- I had been researching radionuclide therapy for tumors after his local oncologist George Sotos had mentioned this as a possibility (+ some of the folks on the e-groups have mentioned having strontium-89 treatments) – and

in my search using google.com first came up with an article on Sr-89 at a site called www.auntminnie.com - article was by a Dr. Scott Williams.

- On the second page of this Sr-89 summary it had a paragraph referring to the combined use of Sr89 and certain platinum-mediated radiosensitizing chemotherapeutic agents. Here's that paragraph: "Combined use of Sr89 and certain platinum-mediated radiosensitizing chemotherapeutic agents appears promising . The addition of low dose Cisplatin (total of 35 mg/m squared in two divided doses) enhances the effect of Sr-89 therapy without significantly increasing myelotoxic side effects. The combination of the two agents produces a significant improvement in pain palliation (seen in up to 91% of patients) and prolonging pain free survival. The combination of the two agents may also produce a cytostatic effect on the Metastatic bone disease."
- Tracing down the references in this article, I found that the newest one is in the J Nucl Med 2002 Jan; 43(1):87-8. Effects of low-dose cisplatin on 89Sr therapy for painful bone metastases from prostate cancer: a randomized clinical trial. Sciuto R, Festa A, Rea S, Pasqualoni R, Bergomi S, Petrilli G, Maini CL (from the Nuclear Medicine Dept., Regina Elana Cancer Institute, Rome, Italy. sciuto@ifo.it)
- The clinical trial referred to compares treatment with Sr-89 alone vs. Sr-89 plus cisplatin.
- Larry's nuclear medicine doc, Dr. Varma (retired from about 30 years at George Washington University and now associated with Shady Grove Radiology in Rockville MD) has a preference for samarium-153 rather than Sr-89 because of the shorter half life and a little less in the way of toxic side effects so he and Dr. Sotos made the decision to use the Sam-153 instead - which Larry had on Thursday, July 10, followed on Friday by the first low-dose cisplatin - which will be followed by one or more Cisplatin infusions when and if he is recovered enough to handle them.
- Dr. Varma had predicted that it might take a couple weeks before Larry began to feel relief from the pain of the bone metastases (shoulders, breast bone, ribs, up and down the spine), but he began to feel better within 24 hours after getting the sam-153 and in 48 hours was basically pain-free.
- Will this last for an extended time? We will have to wait and see. It can be used repeatedly - every several months. Plus please note that cisplatin is heavy stuff and even at a low dose has made Larry quite fatigued and also irritated his liver tumors (which may be a good sign). The cisplatin's side effects started about 36 hours after getting it and he is just beginning to get a little energy back 8 days later. But if it has helped ease the bone pain and slow the bone metastases, it will be well worth it.

Linda