

Dr. Thomas J. Vogl
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Q: What is your title / role at the University?

A: Prof. Dr. Thomas Vogl, radiologist in diagnostic radiology and interventional oncology
Head of the Department of Diagnostic and Interventional Radiology

Q: Explain the basic procedure of chemoembolization / locoregional therapy in the treatment of cancer. How does it work? (Theory?)

A: The basic principle of chemoembolization/locoregional therapy is to achieve a transarterial approach to the tumorous lesion. In the treatment of mesothelioma we have to find the direct supply to the cancer. Then the chemoembolization material can be selectively inserted directly to the lesion. A concentration of cytotoxic drugs of up to 20 times higher can be achieved compared to systemic chemotherapy with reduced adverse events. By cutting off the vascular supply, chemotherapy can be retained in the affected region for several weeks.

Q: How did you learn that this treatment is effective for mesothelioma?

A: During treatment of patients with primary and secondary lung cancer we learned that locoregional therapies are effective for the treatment of mesothelioma.

Q: When did this clinical trial begin? (or how long has it been going on?)

A: The clinical trial started three years ago and will be continued for the next two years.

Q: What are the goals of the clinical trial for this treatment?

A: The goals of the clinical trial are to improve local tumor control, to reduce clinical symptoms like breathing problems and pain, and to increase survival.

Q: How many people with mesothelioma are you currently treating in this clinical trial?

A: Currently we treat 300 to 400 patients with primary and secondary lung cancer per year, and we treat about 20 patients with mesotheliomas

Q: What are the general / overall results you are seeing in the trials?

A: Clinical symptoms and clinical status of the patients have improved. Local tumor control has improved as well.

Q: What is involved in evaluating a person to see if they are a good candidate for this type of treatment? (What is a good candidate?)

A: Normally we need the following material from the patient before treatment: histology of the cancer, therapy protocols so far obtained, images showing the extension of the tumor. A patient with a localized pleuromesothelioma in one half of the chest is a good candidate.

Q: Explain the procedure for someone receiving this treatment – what happens during a typical treatment visit? How long does it take?

A: After local anesthesia, the femoral vein, which is located in the inguinal region, is punctured. Then a small femoral sheath is usually inserted in the vein through which different catheters can be inserted. After displaying the caval vein, a catheter is pushed forward into the tumor feeding vessels after trespassing the pulmonary arteries. For preventing pain analgetic drugs are administered. Then the chemoembolization as well as the embolizing material are applied. Towards the end of the procedure, the catheters and the sheath system are removed and a compression bandage is applied in order to prevent complications in the inguinal region such as hematoma. After surveillance of 6 to 24 hours, in which complications might be detected and treated, the patient will be discharged. Up to 24 hours after the procedure a CT scan is performed in order to evaluate response to treatment or complications.

Q: How often / frequently does a person receive treatment?

A: The patient normally receives the treatment three up to four times in a 1-month interval

Q: What are typical side effects of treatment?

A: The typical side effects of the treatment are very low. Normally the patient suffers from fatigue. Nausea and an increasing shortness of breathing are also rarely observed.

Q: How would someone apply to participate in this clinical trial? (Is it still open to receive new patients?)

A: If you send me material (medical reports, MR images, CT scans) I can check it and provide a treatment plan thereafter.