

International Conference on

# GASTROINTESTINAL CANCER AND THERAPEUTICS

4<sup>th</sup> World Congress on

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# DIGESTIVE & METABOLIC DISEASES

26<sup>th</sup> Annual Congress on

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# CANCER SCIENCE AND TARGETED THERAPIES

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### **Perioperative use of NSAID ketorolac might prevent early relapses in breast and other cancers including colon**

A bimodal pattern of hazard of relapse among early stage breast cancer patients has been identified in multiple databases from US, Europe and Asia. We are 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 3 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 5 years after surgery. The expected prominent early relapse events in months 9-18 are reduced 5-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 (perhaps in part released from bone marrow) 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 such as lung, prostate, osteosarcoma, head and neck, nasopharyngeal, esophageal, and pancreatic suggesting a somewhat general effect. Regarding colon cancer, it seems that this effect is active after partial hepatectomy for treatment of hepatic malignancies but less clear what is happening after primary colon cancer resection.

### **Biography**

Michael Retsky (PhD in Physics from University of Chicago) made a career change to cancer research thirty years ago. He is Research Associate at Harvard TH Chan School of Public Health and Honorary Reader at University College London. He was on Judah Folkman's staff at Harvard Medical School for 12 years. He is the Editor of a Springer-Nature book on the breast cancer project published in July 2017. After the diagnosis of stage IIIc colon cancer in 1994, he was the first person to use what is now called metronomic adjuvant chemotherapy. He is a founder and for 10 years was on the Board of Directors of the Colon Cancer Alliance. He has published more than 60 papers in physics and cancer.

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