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Maintenance Chemotherapy [1]

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Maintenance therapy is the ongoing use of chemotherapy (the use of drugs to destroy cancer cells) or another treatment to help lower the risk of recurrence (return of cancer) after it has disappeared following initial therapy. Maintenance therapy also may be used for patients with advanced cancer (cancer that cannot be cured) to help keep it from growing and spreading farther. In either situation, this type of treatment may be given for a long time.

Although the concept of maintenance therapy is not new, it is becoming a more common treatment approach for many different types of cancer. One reason is that new cancer drugs have fewer side effects, and patients may be able to take them longer. Also, new research shows that maintenance therapy can help some patients with cancer delay a recurrence or live longer.

Maintenance therapy during cancer remission

Maintenance therapy has long been a treatment approach for people with acute lymphocytic leukemia (ALL) and acute myeloid leukemia (AML) that is in remission. Remission occurs when cancer cells cannot be detected in the body after induction (initial) chemotherapy, and there are no symptoms. For these patients, lower doses of chemotherapy are given as maintenance therapy for two to three years to keep the cancer from returning.

Maintenance therapy may also be used as part of a treatment plan for breast cancer. For early-stage breast cancers that express hormone receptors (estrogen and/or progesterone receptors), anti-estrogen therapies are often used for five or more years after diagnosis to prevent the cancer from coming back. For women with early stage HER2-positive breast cancers [3], trastuzumab (Herceptin) is given for a year following surgery to reduce the risk of recurrence and improve survival.

Maintenance therapy for advanced cancer

For patients with cancer that has grown and spread to other parts of the body, maintenance therapy may help control the disease, allowing patients to live longer.

One clinical trial [4] (a research study involving people) studied the use of the drug pemetrexed (Alimta) for patients with advanced non-small cell lung cancer (NSCLC) whose tumors had not

grown or spread when treated with initial standard chemotherapy. The patients who received pemetrexed lived three to five months longer than those who did not take the drug. However, maintenance therapy with pemetrexed has not shown benefit for patients with the squamous cell subtype of NSCLC. In addition, despite the improved survival for many patients, it is unclear if this longer treatment reduces cancer symptoms or improves quality of life. Pemetrexed is the first drug approved by the U.S. Food and Drug Administration for maintenance therapy for advanced lung cancer.

Researching maintenance therapy

Doctors are also using or studying maintenance therapy for these cancers:

- Colorectal cancer
- Melanoma
- Multiple myeloma
- Non-Hodgkin lymphoma
- Gynecologic cancers, including ovarian cancer, fallopian tube cancer, and peritoneal cancer (cancer of the tissue that lines the abdominal wall and covers organs)

Future research should help discover the best uses of maintenance therapy, as well as the most effective drugs and treatment schedules for this treatment approach.

What to expect

Often, maintenance therapy involves standard chemotherapy, but it is given at lower doses than induction chemotherapy. In other situations, it may involve therapeutic (treatment) vaccines [5], hormone therapy, or other drugs. As mentioned previously, some women with certain types of breast cancer receive hormone therapy to lower the risk of cancer returning. This may include a drug used in the first treatment plan, another drug, or a combination of drugs. Learn more about hormone therapy options for women with early-stage, hormone-sensitive breast cancer [6].

Depending on the type of cancer and the drugs used, maintenance therapy may last for weeks, months, or years. Factors that help determine the length of therapy include whether the treatment works and how long a patient can tolerate side effects. In addition, the frequency and intensity of treatment varies. It tends to be given less often, at lower doses, or both.

Benefits and risks

Although maintenance therapy may prevent cancer from returning or slow its growth, there are some possible disadvantages:

- Increased side effects
- Higher treatment costs
- More visits to the doctor or clinic
- Limited data on survival benefit
- Drug resistance (when a drug stops working after long use)

If maintenance therapy is an option for you, talk with your doctor about the potential benefits and

risks.

Maintenance therapy as a cancer survivor

The growing use of maintenance therapy may raise new questions about when people begin to consider themselves cancer survivors. For some people, receiving maintenance therapy after the first treatment may provide a sense of reassurance. However, other people may struggle to see themselves as survivors if they are still receiving cancer treatment. No matter how a person views the stages of cancer treatment, starting maintenance therapy is an important part of many people's treatment and recovery plan. Learn more about survivorship [7].

Questions to ask your doctor

Consider asking your doctor the following questions about maintenance therapy:

- Is maintenance therapy an option for me?
- What type of maintenance therapy do you recommend?
- What are the potential benefits and risks of this treatment?
- How often and for how long would I receive treatment?
- Will my insurance cover this treatment?
- When is watchful waiting (also called active surveillance, which involves monitoring for recurrence and only beginning treatment if symptoms develop) a better choice?
- What clinical trials are open to me?

More Information

Understanding Chemotherapy [8]

Types of Treatment [9]

Managing the Cost of Cancer Care [10] [11]

Coping With Fear of Recurrence [12]

Dealing With Cancer Recurrence [13]

Links:
[1] http://www.cancer.net/navigating-cancer-care/how-cancer-treated/chemotherapy/maintenance-chemotherapy
[2] http://www.cancer.net/about-us
[3] http://www.cancer.net/publications-and-resources/what-know-ascos-guidelines/what-know-ascos-guideline-her2-testing-breast-cancer/background
[4] http://www.cancer.net/node/24615
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