

June
2005The
Pressure PointVolume 6
Issue 6

UK Newsfront

Mar 20, 2005, 07:01

Hyperbaric Oxygen Therapy for Carcinoma Breast Patients to Relieve Painful Lymphoedema - Under Trial

"Current therapies for lymphoedema aim to control the symptoms rather than treating the cause. There are encouraging signs that hyperbaric oxygen therapy might be an effective treatment and this trial will provide stronger evidence."

By Cancer Research UK, Decompression chambers, used to treat deep-sea divers with the bends, may hold the key to relieving painful side effects of breast cancer treatment.



Breathing pure oxygen in a decompression chamber could help women who have been left with lymphoedema—a painful and irreversible condition characterized by a severely swollen arm following radiotherapy.

Scientists funded by Cancer Research UK are now launching a trial to test this new treatment after a pilot study, led by the Royal Marsden Hospital and The Institute of Cancer Research, found it could reduce swelling permanently in many cases.

The treatment, called hyperbaric oxygen therapy (HBO), will be available in Hull, Plymouth, Gosport and Leytonstone.

Leading the trial is Professor Yarnold, Professor of Clinical Oncology at the Institute of Cancer Research and Consultant at the Royal Marsden.

Prof. Yarnold says: "Radiotherapy following breast cancer surgery can damage the lymphatic system, meaning that fluid fails to drain properly and builds up in the arm causing swelling."

"Some women might have slight swelling that doesn't cause much of a problem. Others can suffer serious swelling, pain and discomfort. We hope to show that HBO treatment can succeed in reducing this swelling."

"The hyperbaric oxygen therapy was a life-changing experience. My 'swollen' arm is now about a third the size it was..."

Two thirds of volunteers recruited to the trial will receive 90 minutes of HBO therapy, five days a week for six weeks. They will wear a large transparent dome over the head that supplies pure oxygen through tubes. They can read or talk normally at all times. The remaining third of volunteers will receive standard care for lymphoedema including bandaging, exercise and massage.

Barbara Pearce, age 62 from London, took part in the pilot study and says it changed her life.

"I had breast cancer 25 years ago and had surgery and radiotherapy. I felt so angry when later I developed lymphoedema—one arm

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Hyperbaric Oxygen Therapy for Carcinoma Breast Patients—Pilot Study

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"The hyperbaric oxygen therapy was a life-changing experience. My 'swollen' arm is now about a third the size it was"

weighed a stone more than the other one. It was both distressing and disabling.

"The hyperbaric oxygen therapy was a life-changing experience. My 'swollen' arm is now about a third the size it was. I can wear fitted jackets and sleeveless dresses for the first time in 20 years. It has raised my self-esteem and I have entered my 60s feeling more confident than I have felt for a long time. The treatment took nearly two hours a day for six weeks but it was worth every minute. I could chat and read and didn't feel at all claustrophobic."

Professor Robert Souhami, Director of Policy and Communication at Cancer Research UK, which is

"Current Therapies for lymphoedema aim to control the symptoms rather than treating the cause."

funding the study says, "Current therapies for lymphoedema aim to control the symptoms rather than treating the cause. There

are encouraging signs that hyperbaric oxygen therapy might be an effective treatment and this trial will provide stronger evidence."

Note: This study is looking to recruit 63 volunteers to take part from April 2005

Volunteers should live within easy reach of one of the 5 participating centers

Royal Marsden Hospital, Sutton, Surrey
Hyperbaric Unit, BUPA hospital Hull & East
Riding, Anlaby, Hull
Diving Diseases Research Centre, Plymouth
Hyperbaric Medicine Unit, Royal Hospital Haslar,
Gosport
London Hyperbaric, Whipps Cross University
Hospital, Leytonstone

Women may be eligible if they have had surgery for breast cancer had radiotherapy to the breast and arm pit at least 2 years ago have no signs of cancer now



The trial is funded jointly by Cancer Research UK and the Department of Health

For enquiries about the trial, please contact Lucy Twitchin or Susan Massey at the Royal Marsden Hospital on 020 7808 2383/2605

Late radiation sequelae in women after breast-conserving cancer therapy:

effects of hyperbaric oxygen therapy

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Breast Cancer Res 2001, 3 (Suppl 1): A30
doi:10.1186/bcr356



Background

Persisting symptomatology after breast-conserving surgery and radiation is frequently reported. In most cases symptoms in the breast resolve without further treatment. In some instances, however, pain, erythema and edema can persist for years and can impact on the patient's quality of life. Hyperbaric oxygen therapy was shown to be effective as treatment for late radiation sequelae. The objective of this study was to assess the efficacy of hyperbaric oxygen therapy in symptomatic patients after breast cancer treatment.

Patients and method

Forty-four patients with persisting symptomatology after breast-conservation therapy were prospectively observed. Thirty-two women received hyperbaric oxygen therapy in a multiplace chamber for a median of 25 sessions (7-60). One hundred per cent oxygen was delivered at 240 kPa for 90-min sessions, five times per week. Twelve control patients received no further treatment. Changes throughout the irradiated breast tissue were scored before and after hyperbaric oxygen therapy, using modified LENT-SOMA criteria.

Results

Hyperbaric oxygen therapy patients showed a significant reduction in pain, edema and erythema scores as compared with untreated controls ($P < 0.001$). Fibrosis and teleangiectasia, however, were not significantly affected by hyperbaric oxygen therapy. Seven out of 32 women were free of symptoms after hyperbaric oxygen therapy, whereas all 12 patients in the control group had persisting complaints.

Conclusion

Hyperbaric oxygen therapy should be considered as a treatment option for patients with persisting symptomatology following breast-conserving therapy.

Hyperbaric Feedback



from the Townsend Letter for doctors and patients June 2005

Hyperbaric Oxygen for Stroke

Editor:

This is my personal story about my 53-year old daughter, Pamela.

First, she had surgery for the removal of two benign tumors in the peritoneum in May of 2003. She had a seizure two days following surgery that acted like a paralytic stroke. She was completely blind and she could not walk or use her hands to feed herself. She was in a hospital for five months.

The day following the seizure in May of 2003, I called my friend, David Steenblock, DO of Mission Viejo, California, by phone. He has been treating stroke patients with paralysis with hyperbaric oxygen therapy. Dr. Steenblock said that she needed hyperbaric oxygen treatment at once. I had no idea of the objection that the orthodox medical establishment had to its use on a patient like my daughter. According to orthodox medical thinking, hyperbaric oxygen is used in the treatment of burns and for nothing else. When my

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son-in-law made contact with a hospital with a hyperbaric oxygen chamber, he was told that the treatment would be of no help to my daughter.

And so it was for over a year. Then, in August of 2004, my friend, Glen Wilcoxson, MD, here in Spanish Fort, Alabama, bought a chamber for hyperbaric oxygen, and he at once, had some success in its use. My son-in-law talked to him and developed a liking for the treatment. So I bought a chamber for hyperbaric oxygen at the cost of \$18,000 and had it shipped to his home in September 2004. I felt that as I was fostering a treatment that the orthodox medical establishment was against, I should pay for the chamber.

As it turned out, it was the best money I have ever spent, and I take great satisfaction in the results.

If my son-in-law could have found a doctor doing hyperbaric treatment, it would have cost \$150 per treatment and nothing covered by insurance.

I think that many stroke patients could be helped by hyperbaric oxygen, but with the medical establishment so against this treatment, it is often up left up to consumers to seek out

information.

The following is my daughter's husband, Tom's report.

In May 2003, my wife was diagnosed with two benign 5 cm tumors. One was an adrenal tumor and one was an ovarian tumor. Two doctors were engaged to operate. One was to remove the ovarian tumor and the other was to remove the adrenal tumor. The surgery went poorly and she went into renal failure almost immediately. Many complications set in during the next few days and she developed Posterior Reversible Encephalopathy Syndrome as a result. This caused a total lack of muscular coordination and control, as well as total blindness. She developed breathing problems and had a tracheotomy as well.

She remained hospitalized for five months in a series of three hospitals. Once she was home, she could not walk, feed herself, dress herself or even go to the bathroom by herself. The following six months were spent with multiple therapists working with her several times each week. She was then able to walk a little with the use of a cane and could see shadows and tell the difference between light and dark, but still could not feed herself and lacked coordination between her right side and her left. At the recommendation of Wayne Martin, her father, we started Hyperbaric Oxygen Therapy on a daily basis for about 2-2.5 hours every day.

Within the first week, she was able to clap her hands and interlace her fingers. At five weeks she was far more stable with her cane and her vision was beginning to improve. She was beginning to see colors better and more detail.

After ten weeks of Hyperbaric Therapy, she was able to get around the house on her own, feed herself, recognize some detail on a television screen, do some of her own dressing and was able to go to the bathroom on her own.

Her improvement was vastly accelerated after starting the Hyperbaric Therapy, and I thank my father-in-law, Wayne Martin, profusely for recommending it.

Thomas L. Hammons

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newsletters are
available online

The International Hyperbarics Association is a coalition of doctors, parents, patients, corporate chamber-industry professionals, hyperbaric center owners, and above all members who are committed to the cause of medical hyperbarics.

Our members come to us from all geographical areas with one common goal— to share their knowledge and information regarding the latest hyperbaric news.

Our driving force is our members, who are committed to do all we can “to give life to the world.”

— “Mundo vitam dare”



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