

Antioxidants in food may help prevent macular degeneration

Age-related macular degeneration (AMD), the most common cause of vision loss in the United States, is a progressive disease that affects the macula, the area of the eye that's responsible for central vision. In 2001, a large clinical trial—the Age-Related Eye Disease Study—reported that a supplement containing high doses of zinc and the antioxidants beta carotene, vitamin C, and vitamin E slowed the progression of AMD by 25% in people who had advanced disease. A new study suggests that eating a diet chock-full of these same nutrients might actually help prevent it.

Dutch investigators tracked the dietary intake, supplement use, and eye health of 4,170 people age 55 or over for an average of eight years. At the start of the study, none of the subjects had AMD. By the end, 560 had developed the disease.

The researchers found that an above-average food intake

of beta carotene, vitamin C, vitamin E, and zinc was associated with a 35% reduced risk of AMD. Subjects with lower-than-average intakes had a 20% higher risk. Antioxidants in supplements showed little effect (*Journal of the American Medical Association*, Dec. 28, 2005).

What to do. Eat a wide variety of foods rather than trying to hunt down especially antioxidant-rich ones. We don't know enough yet about how antioxidants work to justify eating large amounts of particular foods. It may be that the interactions of foods in the overall diet are more important. Also, if your diet emphasizes fruits, vegetables, and whole grains, you'll be getting plenty of beta carotene, vitamin C, vitamin E, and zinc—as well as lutein and zeaxanthin, which are thought to help protect the eye. Zinc is also found in oysters, meats, and dairy products. ♥

Abdominal chemotherapy improves ovarian cancer survival

A new treatment that pumps anticancer drugs directly into the abdomen—called intraperitoneal (IP) therapy—stands poised to change medical treatment for women with advanced ovarian cancer. Each year, 25,000 women are diagnosed with ovarian cancer, mostly at an advanced stage.

Based on the results of eight trials in the past two decades comparing intravenous (by vein) chemotherapy with a combination of intravenous and IP therapies, the National Cancer Institute issued an alert in January 2006 encouraging clinicians to use IP therapy after surgery for ovarian cancer.

The announcement coincided with the publication of a study in the Jan. 5, 2006, *New England Journal of Medicine*, reporting that women with newly diagnosed ovarian cancer who received chemotherapy drugs directly into the abdomen (see graphic) lived 16 months longer than women who got standard intravenous chemotherapy—the longest increase in survival time reported in any randomized trial for ovarian cancer.

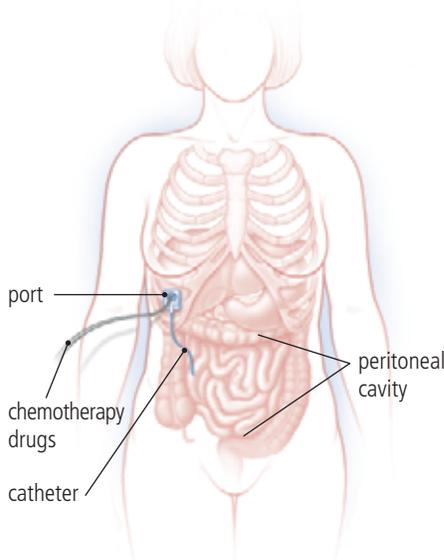
The study, conducted by researchers with the Gynecologic Oncology Group, included 415 women with ovarian cancer that had spread beyond the ovary to the abdominal (peritoneal) cavity. All had undergone surgery to remove the cancer. The women were assigned at random to receive paclitaxel (Taxol)

by vein followed by either intravenous cisplatin (Platinol) or intraperitoneal cisplatin at a higher dose plus intraperitoneal paclitaxel a few days later. Both groups received six treatments, one every three weeks.

Although the women who received part of their chemotherapy by abdomen survived longer, many found the treatment extremely difficult. IP therapy improves outcomes in part because higher doses of the drugs can be used. But side effects include severe fatigue, pain, infections, and gastrointestinal and neurological problems. Catheter-related complications were also a problem. Nearly 6 in 10 of the women in the IP group switched partway through the trial to standard intravenous chemotherapy. Yet those women survived longer than the intravenous-only group. This suggests that even some IP therapy is better than none at all—and that greater benefits may be likely if it can be made more tolerable. In the meantime, the National Cancer Institute is advising physicians to discuss IP therapy with newly diagnosed women who are candidates for the treatment and to refer patients to centers that offer it if their own institutions do not.

More information about IP therapy and the medical centers that offer it is available at ctep.cancer.gov/highlights/ovarian.html, or call the National Cancer Institute at 800-422-6237. ♥

Intraperitoneal (IP) therapy



In IP therapy, chemotherapy drugs are injected into a port under the skin and enter the abdomen via a surgically implanted catheter.

Source: from Harvard Women's Health Watch, Harvard Health Publications, Copyright 2006 by President and Fellows of Harvard College. All rights reserved.

Harvard authorizes you to view or download a single copy of the Harvard Content on EBSCOhost solely for your personal, noncommercial use if you include the following copyright notice: "Copyright, President and Fellows of Harvard College. All rights reserved" and other copyright and proprietary rights notices which were contained in the Harvard Content. Reproduction and/or redistribution of the Harvard Content is expressly prohibited. Any special rules for the use of other items provided on EBSCOhost may be included elsewhere within the site and are incorporated into these Terms and Conditions.

The Harvard Content is protected by copyright under both United States and foreign laws. Title to the Harvard Content remains with President and Fellows, Harvard College. Any use of the Harvard Content not expressly permitted by these Terms and Conditions is a breach of these Terms and Conditions and may violate copyright, trademark, and other laws. Harvard Content and features are subject to change or termination without notice in the editorial discretion of Harvard. All rights not expressly granted herein are reserved to President and Fellows, Harvard College.

If you violate any of these Terms and Conditions, your permission to use the Harvard Content automatically terminates and you must immediately destroy any copies you have made of any portion of the Harvard Content.

MEDICAL DISCLAIMER

The information contained in this online site is intended to provide accurate and helpful health information for the general public. It is made available with the understanding that the author and publisher are not engaged in rendering medical, health, psychological, or any other kind of personal professional services on this site. The information should not be considered complete and does not cover all diseases, ailments, physical conditions or their treatment. It should not be used in place of a call or visit to a medical, health or other competent professional, who should be consulted before adopting any of the suggestions in this site or drawing inferences from it.

The information about drugs contained on this site is general in nature. It does not cover all possible uses, actions, precautions, side effects, or interactions of the medicines mentioned, nor is the information intended as medical advice for individual problems or for making an evaluation as to the risks and benefits of taking a particular drug.

The operator(s) of this site and the publisher specifically disclaim all responsibility for any liability, loss or risk, personal or otherwise, which is incurred as a consequence, directly or indirectly, of the use and application of any of the material on this site.