Sen. John McCain At Walter Reed Medical Center For 'Side Effects' Of Cancer Therapy

By Jamie Wells, M.D. — December 13, 2017

Senator John McCain's (R-AZ) office just released the following statement with regard to his current clinical status while battling an aggressive form of brain cancer known as Glioblastoma (aka GBM). In part, it acknowledges he is "receiving treatment at Walter Reed Medical Center for normal side effects of his ongoing cancer therapy."
Dec 13 2017

STATEMENT FROM THE
OFFICE OF SENATOR JOHN
McCAIN

Washington, D.C. – The office of Senator John McCain (R-AZ) released the following statement today:

“Senator McCain is currently receiving treatment at Walter Reed Medical Center for normal side effects of his ongoing cancer therapy. As ever, he remains grateful to his physicians for their excellent care, and his friends and supporters for their encouragement and good wishes. Senator McCain looks forward to returning to work as soon as possible.”

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"On Monday, July 31," his office had revealed his new diagnosis of brain cancer and that "he will begin a standard post-surgical regimen of targeted radiation and chemotherapy." At that time when his diagnosis was made public, it had been disclosed he was recovering from a surgical excision of a blood clot performed on Friday, July 14, 2017 that was discovered at a routine annual
physical.

To learn more about this type of brain tumor, review Understanding Sen. McCain’s Glioblastoma Diagnosis [3].

To learn more about brain tumors, treatment options and Glioblastomas especially, review my two-part series where I interview Dr. Gregory Riggins [4], Professor of Neurosurgery and Oncology and Director of the Brain Cancer Biology and Therapy Research Laboratory at Johns Hopkins: Brain Tumors: Fact Vs. Fiction - Part I [5], Brain Tumors: Fact Vs. Fiction - Part II [6]

What are "normal side effects of cancer therapy?"

Depending on the types of therapy a cancer patient gets and his/her underlying disease and state of health, there can be more predictable patterns of side effects. Chemotherapy, in general, has varying degrees of tolerability based on which type is used. Because blood counts are routinely affected, for example, close monitoring is essential to making sure a person isn’t at risk of bleeding from low platelets or too impaired immunologically to maintain a reserve to fight infection. Fortunately, cancer specialists know the side effect profile of the specific drugs used and, accordingly, implement prevention measures, closely observe the entire patient and especially follow the more likely systems involved.

Chemotherapy options tend to be one-size-fits-all which means individuals are impacted to different extents. The therapeutics don’t just kill the bad cancer cells, often they take some good cells down in their noble battle. That’s why gastrointestinal symptoms are common which can lead to issues maintaining weight and adequate hydration. It can become a delicate dance between balancing effective treatment with keeping the side effects to a minimum.

It is not uncommon to delay cycles of chemotherapy or radiation for recovery from more worrisome side effects.

Treatment-level radiation can cause fatigue and the inflammation it brings to the target site can prompt secondary damage and problems. As in life, it comes down to real estate. Location. Location. Location. If performed on an extremity, then underlying bone can weaken and be at risk for fracture. Because there are advances in therapies, patients are closely watched and doses are adjusted as needed to avoid these issues whenever possible. There are limits in a self-contained area within the skull of how much radiation a person can tolerate because of the vital nature of the brain’s structures themselves and the consequent swelling such a therapy can induce. One issue of concern can be seizures due to the inflammatory reaction from treatment (or from cancer regrowth).

With an aggressive tumor like GBM that has a high recurrence rate, experimental treatments are often routine. Newer immunotherapy protocols are being tried as adjunctive efforts to combat the often poor prognosis. In July, a study was published in Science Translational Medicine [7] on the first-in-human use of CAR (Chimeric antigen receptor) T cells—which have demonstrated success in leukemia, for instance-- in GBM. (The paper is entitled A single dose of peripherally infused EGFRvIII-directed CAR T cells mediates antigen loss and induces adaptive resistance in patients with recurrent glioblastoma [7]). Immunotherapy is in its infancy when it comes to solid tumors
especially, but even the near future looks promising as treatments get refined and side effects hopefully lessen as a result.

With recurrent tumors like GBM, it is also quite common for a person to require multiple surgeries. So, dealing with the challenges they cause can be a part of one's clinical course.

**In summary...**

Though GBM can be a steep hill to climb for most, there is much work underway that should encourage hope. Breakthroughs could be just-around-the-corner.