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[Make an Appointment](#)  
[Back](#)

[Press Releases](#)  
[Learn About Cancer & Treatment](#)

## ABOUT US

[Our mission, vision & core values](#)

[Leadership](#)

[History](#)

[Inclusion & belonging](#)

[Annual report](#)

[Give to MSK](#)

Intra-abdominal chemotherapy, also known as intraperitoneal (IP) chemotherapy, involves the delivery of anticancer drugs directly into the abdomen. This type of chemotherapy administration is underutilized, but significant evidence from this new study confirms the survival benefit of IP chemotherapy for most women with advanced ovarian cancer.

The study, conducted by Deborah K. Armstrong, MD, an assistant professor at the Johns Hopkins Kimmel Cancer Center in Baltimore, Maryland, and her colleagues, builds upon evidence from eight other clinical trials — including those conducted at Memorial Sloan Kettering Cancer Center (MSKCC) — showing an overall survival period of approximately one year for women treated with IP chemotherapy after “optimal debulking” — surgery to remove most, if not all, of the cancer in the abdomen.

Based on this overwhelming evidence, the [National Cancer Institute](#) (NCI) will issue a clinical announcement on January 5 encouraging the administration of a combination of IV and IP chemotherapy to treat women with advanced ovarian cancer, who have undergone optimal surgical debulking.

After pioneering the first clinical trials of IP chemotherapy in the late 1980s, MSKCC is one of the most experienced centers with the largest volume of patients who have undergone the procedure. The Center has been using IP chemotherapy as a standard of care based on Dr. Armstrong’s presentation at the [American Society of Clinical Oncology’s](#) annual meeting in May 2005 and research conducted at MSKCC.

Patients who have undergone the procedure and gynecological oncologists experienced in performing it are available for interview.

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