IS-90  Weekly carboplatin and paclitaxel (WTJ) regimen has better compliance than a monthly TJ (MTJ) in gynecologic cancer chemotherapy.

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[Objective] To evaluate efficacy and safety of WTJ both in neo-adjuvant and adjuvant treatment settings in gynecologic malignancies. [Methods] 104 cases of gynecologic malignancies were enrolled in the study. 45 cases were treated with MTJ(T=180mg/m2, J=AUC 5/6) and 59 with WTJ(T=80mg/m2, J=AUC 2). All patients were monitored for blood chemistries, neurotoxicity and myalgia according to the NCI criteria. [Results] WTJ was administered for the average of 9.7 times. MTJ was administered for the average of 4.6 times. In patients who completed more than 1 month of treatment, the average doses of T was significantly higher in WTJ cohort whereas J dose did not differ significantly (WT = 1245.5+99.0, WJ = 2140.7+177.8, vs. MT = 960.4+88.6, MJ = 2618.9+251.7, mg, mean + SEM, WTJs WJ ; p<0.0001, WJ vs. MT; p=0.199). Toxicity profile, however, was much better in WTJ than MTJ; neutrophil and platelets(mean rank = 79.5vs. 30.7 and 58.4vs. 45.7, p<0.01), neurotoxicity and myalgia(mean rank = 71.6vs. 36.4 and 61.8vs. 43.9, p<0.001). Overall response rate was 83.0%(WTJ) and 86.6%(MTJ), giving therapeutic index of 1.0(WTJ) and 1.3(MTJ). [Conclusion] WTJ has an excellent dose intensity and compliance over MTJ. Although the long-term survival benefits should be clarified, essentially free of neurotoxicity and myalgia along with the high response rate and therapeutic index indicate MTJ may be replaced by the WTJ regimen.

IS-91  Weekly carboplatin and paclitaxel (WTJ) is highly active in recurrent ovarian cancer previously treated with cisplatin containing multi-drug chemotherapy.

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[Objective] To test effectiveness of WTJ in recurrent ovarian cancers previously heavily treated with cisplatin containing multi-drug chemotherapy. [Methods] Patients who achieved CR with surgery and adjuvant platinum based chemotherapy and whose disease recurred after PFP of at least 6 month were included in the case control study after obtaining IC. 27 cases received WTJ(cohort 1: T = 80mg/m2, J = AUC 2, median course = 13, range = 3—26) and 41 received other regimens(cohort 2: CAP = 28, MTJ = 4, CPT-11 + MMC = 2, others = 7). Toxicity profile, ORR, TI(therapeutic index) and survival analysis were performed. [Results] Neutropenia, thrombocytopenia, peripheral neuropathy (grade 3,4) in the cohort 1 and 2 were 1.7% vs. 90%, 51%vs. 14.3% and 0%vs. 4.8%, respectively. ORR were 77.8%(CR = 7, PR = 14, SD = 2, PD = 4) vs. 58.5%(CR = 10, PR = 14, SD = 10, PD = 7), thus TI of the two cohorts were 3.9 vs. 1.9, respectively. The median survival of the cohort 1 was 49.2 months, 95CI(17.2—81.2) whereas that of the cohort 2 was 25.8 months, 95CI(19.3—32.2, p<0.005, Log-Rank test). [Conclusion] WTJ has better toxicity profile and TI than monthly platinum based multi-drug regimens for recurrent ovarian cancers. Since second line treatment should primarily provide high TI, WTJ regimen appears better candidate but long-term survival benefit should be tested against MTJ regimen in a large-scale prospective study.

IS-92  The production of vascular endothelial growth factor and hepatocyte growth factor in human follicular fluid

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[Objective] The aim of this study was to investigate the role of vascular endothelial growth factor (VEGF) and hepatocyte growth factor (HGF) in folliculogenesis, and to evaluate the effect of these substances concerning oocyte maturation. [Methods] Follicular fluids (FFs) were aspirated from the women undergoing in IVF-ET. Serum were collected from women in IVF-ET and normal menstrual cycles with informed consents. VEGF and HGF in FFs and serum were measured by ELISA. VEGF and HGF mRNA expression in the follicles were analyzed by reverse transcription and polymerase chain reaction (RT-PCR). [Results] The concentrations of VEGF in FFs were higher than those in serum [VEGF: 1.909 pg/ml, 516 pg/ml (p<0.001), HGF: 74.6 ng/ml, 0.83 ng/ml (p<0.0001)]. The levels of HGF in FF were increased correlated with oocyte maturation [immature: 629.9 ng/ml, mature: 80.3 ng/ml (p<0.005)]. The levels of VEGF in FF including mature oocytes under 39 years old women were significantly decreased compared with these more than 40 years old women [less than 39 yrs: 1386.3 pg/ml, more than 40 yrs: 2682.7 pg/ml (p<0.005)]. [Conclusion] Our data suggest that VEGF and HGF as angiogenic factors may play an important role of follicular growth and development in human preovulatory processes. It is suggested that VEGF and HGF production might be available biochemical markers for oocyte maturation.