P1-IS-38  The Safety and Efficacy of Belotecan in Patients with Recurrent or Refractory Ovarian Cancer

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Objectives: The study was undertaken to determine the safety and efficacy of the Belotecan, a new Camtothecin analog Topoisomerase I inhibitor in combination with or without Cisplatin for women with recurrent or refractory ovarian cancer.

Methods: A retrospective analysis of women who received Belotecan in combination with or without Cisplatin was performed. Response was determined by measurable disease or assessment of serial cancer antigen (CA) 125 measurements.

Results: Twenty-four patients with recurrent or refractory ovarian cancer were treated with Belotecan in combination with or without Cisplatin. 14 patients received the Belotecan single regimen meanwhile 10 patients received the Belotecan and Cisplatin combination therapy. The patients were pretreated with a median of 2 prior regimens. The overall response rate was 29.1%. Stable disease was found in 4 (16.7%) women, whereas progressive disease was observed in 13 (54.2%). The median time to progression was 3 months (range 1–21). No significant difference in the response rate was observed between Belotecan only group and Belotecan with Cisplatin group. The main toxicity was neutropenia. Significant toxicity (GOG Common Toxicity Criteria Grade 3 or 4) included neutropenia in 9 patients (37.5%), poor oral intake in 5 (20.8%) patients, neurosensory hearing loss in 1 (4.2%) patients and liver enzyme elevation in 1 (4.2%).

Conclusions: The Belotecan seems to be effective and tolerable chemotherapy regimen for recurrent or refractory ovarian cancer.

P1-IS-39  Is lymphadenectomy necessary for patients with borderline ovarian tumors?

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Objective: To compare the prognosis of patients with borderline ovarian tumors who underwent lymphadenectomy with those who did not receive lymphadenectomy.

Methods: From 1997 to 2004, a retrospective review was performed of 308 patients who underwent surgery and were diagnosed as borderline ovarian tumors. Two groups were identified: patients who underwent lymphadenectomy (n=64) versus those who did not (n=244). Clinical outcomes were compared between the two groups.

Results: Between the two groups, there were no differences in the mean age at the time of diagnosis (P=0.06), parity (P=0.75), BMI (P=0.64), family history (P=0.25), pretreatment CA 125 levels (P=0.22), and disease recurrence (P=0.98), but there were significant differences in terms of FIGO stage (P<0.01), histologic types (P<0.01), operation time (P<0.01), length of hospital stay (P<0.01), and adjuvant chemotherapy (P<0.01). The lymph node positivity rate was 31.2% (2/636) in patients with lymphadenectomy. All patients with positive lymph nodes were histologically serous borderline tumors. The only significant prognostic factor was FIGO stage after multivariate analysis (P<0.01).

Conclusion: Lymphadenectomy did not affect the disease-free survival in patients with borderline ovarian tumors. It seems that routine pelvic and para-aortic lymphadenectomy is not necessary in the majority of women with borderline ovarian tumors.

Key Words: Borderline ovarian tumors, lymphadenectomy, prognosis