ISP-5-1  Long term results of a phase II study of paclitaxel and carboplatin with a biweekly schedule in patients with epithelial ovarian cancer

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[Objective] The objectives of this multicenter phase II study were evaluated effects of biweekly paclitaxel and carboplatin combination chemotherapy on response rate and toxicities in patients with epithelial ovarian cancer. [Methods] Patients with FIGO stage II–IV ovarian cancer received paclitaxel 120 mg/m2 and carboplatin AUC 3 every two weeks for up to eight cycles. Patients had to have an performance status of ECOG 0–2 and to have received no prior chemotherapy. Informed consent was obtained. [Results] Between March 2003 and July 2008, 42 patients were enrolled in 5 institutes, and evaluated for response and toxicity. The median age was 60.5yrs (34–81 yrs). FIGO stage was II: 3 patients, III: 31 patients, IV: 8 patients, respectively. Response rate was 66.7% (95% CI: 50.5–80.4%). Seventy one percent (30 of 42 pts) received up to 8 cycles or more. Median progression-free survival and overall survival was 18.5 and 59.1 months, respectively. The major hematological toxicity of Grade 3 or 4 were neutropenia (61.0%). The predominant grade 3 nonhematological toxicities were neuropathy (4.9%) and nausea (2.4%). [Conclusion] Biweekly paclitaxel combined with carboplatin demonstrated anti-tumor activity in ovarian cancer, with response and survival rate similar to those of paclitaxel combined with carboplatin administered every 3 weeks but with a more favorable toxicity profile.

ISP-5-2  Preoperative Levels of Plasma Fibrinogen to Predicting Advanced-stage, Optimal Debulking and Platinum Resistance in Patients with Epithelial Ovarian Carcinoma: Comparison with CA-125 and Neutrophil to Lymphocyte Ratio

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Objectives: This study was conducted to evaluate whether preoperative levels of fibrinogen, CA-125 and neutrophil to lymphocyte ratio (NLR) are predictive for FIGO stage, optimal debulking surgery and platinum resistance in epithelial ovarian cancer (EOC) patients. Methods: Preoperative plasma levels of fibrinogen, CA-125 and neutrophil to lymphocyte ratio were retrospectively analyzed in patients with EOC who underwent primary cytoreductive surgery between January 2000 to December 2009. Clinico-pathologic characteristics including operative finding, FIGO stage, progression free interval after primary adjuvant chemotherapy and overall survival were evaluated. Response was evaluated with image using the RECIST criteria and serum CA-125 levels. Results: Mean values of fibrinogen, CA-125 levels and NLR were significantly higher in patients with advanced FIGO stage and suboptimal debulking surgery. In advanced stage, suboptimal debulking surgery and high plasma fibrinogen levels correlated with platinum resistance while CA-125 and NLR were statistically insignificant. Receiver operating characteristic curve showed the best cutoff values of fibrinogen levels for the prediction for platinum resistance (504.5 mg/dl, sensitivity: 64.4%, specificity: 69.6%, positive predictive value = 0.71, negative predictive value = 0.61). In a log rank test, the high plasma fibrinogen levels and suboptimal debulking surgery showed poor prognosis for progression free interval and overall survival. Conclusions: The preoperative fibrinogen levels are more useful to predict optimal debulking surgery and platinum resistance than CA-125 and NLR. The preoperative fibrinogen levels may be helpful to predict further prognosis.

ISP-5-3  Impact of Intraoperative Rupture of Tumor on Survival in Patients With Early-stage Epithelial Ovarian Cancer: A Meta-analysis

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Background: We performed a meta-analysis to determine the impact of intraoperative rupture of tumor on survival during surgery in patients with early-stage epithelial ovarian cancer (EOC). Methods: After we searched Pubmed, Embase, and the Cochrane Library till May 2011, we included 10 observational studies involving 2502 patients among 518 potentially relevant studies. All patients were divided into three groups as follows: no rupture; intraoperative rupture; preoperative involvement including preoperative rupture, surface invasion of the tumor and positive washing cytology. This meta-analysis was performed using fixed-effect model due to heterogeneity (Higgins I2=50%). Results: Intraoperative rupture and preoperative involvement showed shorter progression-free survival (PFS) than no rupture (HRs: 2.46 and 2.29; 95% CI: 1.76 to 3.10 and 1.54 to 3.14), whereas there was no difference in PFS between preoperative involvement and intraoperative rupture (HR: 1.34; 95% CI: 0.99 to 1.80). Furthermore, intraoperative rupture and preoperative involvement were associated with shorter overall survival (OS) than no rupture, and no rupture or intraoperative rupture (HRs: 3.79 and 2.25; 95% CI: 1.50 to 6.93 and 1.89 to 4.26). Although a meta-analysis for comparing OS between preoperative involvement and intraoperative rupture was not performed because of a lack of relevant studies, one study showed no difference in OS between preoperative involvement and intraoperative rupture (HR: 1.34; 95% CI: 0.61 to 3.33). Conclusions: These findings suggest that intraoperative rupture may decrease PFS and OS when compared with no rupture, and its impact may be similar to that of preoperative involvement in patients with early-stage EOC.