92% and 70%. All patients with stage > IA recurred. Ten pregnancies were observed in 9 pts.
Conclusion: Conservative surgery for patients with EOC could be considered in young patient with stage IA grade 1 disease adequately staged. This procedure should be evaluated in patients with stage IA grade 2 disease but should not performed in patients with FIGO stage > IA.

933 POSTER

Immunotherapy in patients with recurrent epithelial ovarian cancer with the anti-idiotypic monoclonal antibody ACA125 (AGO-OVAR, Phase I/II trial)

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Background: Despite first-line chemotherapy with platinum-taxane most patients with advanced ovarian cancer (OC) relapse. Therefore new, promising strategies are needed to prolong survival. An innovative immunotherapy is ACA125, a murine anti-idiotypic antibody of the tumour-associated antigen CA-125, that leads to the generation of anti-anti-idiotypic antibodies (Ab3).
Material and methods: In this multi-centre phase I/II trial 36 pts. with platinum-sensitive recurrent OC were treated after completion of chemotherapy with ACA125 for consolidation. Two vaccination schedules were compared: 9 (group A) vs. 6 injections (group B), 18 pts. in each group. Four s.c. injections at 2.0 mg were administered every two weeks and then monthly for 2 or 5 additional doses. Primary objective of the trial was safety of ACA125, secondary objective was immunological response (induction of Ab3, human-anti-mouse-antibodies (HAMA) and IFN-γ secretion of antigen-specific T-cells after in-vitro stimulation with ACA125/CA125).
Results: Treatment was completed as planned in 44% and 89% of patients in group A and B, respectively. Treatment was stopped premature due to patient's withdrawal or progression. In both groups no treatment limiting toxicities occurred. The most common toxicity related to the vaccine was local injection site reaction (grade 1/ 2). Other toxicities seemed to be related to prior chemotherapy or disease. Induction of Ab3 was found in all pts. except in 2 (group A) and one pts. (group B), who progressed prior to Ab3 evaluation (median titer 6 weeks after last vaccination, group A vs. B: 359.6 μg/ml (range: 98.9–988.7) vs. 209.6 μg/ml (range: 8.6–618.9) ($p = 0.056$). No differences with regard to HAMA-induction (median titer 6 weeks after last vaccination, group A vs. B: 8.1 μg/ml (range: 1.4–184.9) vs. 2.0 μg/ml (range 0.017–13.2) ($p = 0.1$) and IFN-γ secretion was shown for both schedules.
Conclusions: ACA125 vaccination is a safe and well tolerated therapy that induced humoral and cellular immune response. With regard to immunogenicity and toxicity no difference was found in both schedules.

934 POSTER

Phase II study of irinotecan and oral etoposide in patients with platinum/taxane-resistant ovarian carcinoma

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Purpose: To evaluate the efficacy and toxicity of intravenous irinotecan (topoisomerase-I inhibitor) and oral etoposide (topoisomerase-II inhibitor) as combination chemotherapy in patients with platinum/taxane-refractory or -resistant ovarian carcinoma.
Patients and methods: Between October 2002 and September 2004, 28 patients with platinum- and taxane-refractory or resistant ovarian carcinoma were enrolled in this study. The eligible patients had received at least one prior chemotherapy including both platinum and taxane. Irinotecan 70 mg/m^2 was administered intravenously for 90 minutes infusion on days 1 and 15, and etoposide 50 mg/body orally on days 1 to 21 in principle. In consideration of safety of this study, the initial doses were set to CPT-11 60 mg/m^2 and etoposide 50 mg/body for heavy pretreated patients. The treatment courses were repeated every 4 weeks. Subsequent doses were unchanged, reduced, or omitted according to the observed toxicity and protocol guidelines. Patients were evaluated for response using the RECIST or CA-125 criteria and for toxicity using NCI-CTC Version 3.
Results: All of 28 patients were eligible and assessable. There were 10 partial responses (PRs) and one complete response (CR) for an overall response rate of 39.3% (95% confidence interval, 23.6% to 57.6%). The progression-free rate (CR/PR+stable disease rate) was 82.1%. The overall median response and stable disease duration was 7.0+ months and 8.0+ months, respectively. The major toxicity was neutropenia, with 21.4% grade 3 and 39.3% grade 4 reported. Diarrhea was infrequent and mild, and gastrointestinal toxicity was moderate and manageable. Febrile neutropenia of grade 3 or higher occurred in four cases (14.3%). They were improved by the administration of antibiotics. There were no treatment-related deaths.
Conclusions: Irinotecan/oral etoposide showed a favorable response rate to platinum/taxane-resistant ovarian cancer. Furthermore, the progression-free rate exceeded 80% if stable disease was included. It had no increased hematological toxicity when compared to irinotecan single-agent. Or rather, diarrhea was more mitigated than by an irinotecan single-agent. It was shown that irinotecan/oral etoposide was a promising combination therapy as a salvage therapy from the viewpoint of effect and toxicity.

935 POSTER

Prognosis of isolated lymph node relapse (ILNR) of ovarian epithelial carcinoma (OEC). About 27 cases at a single centre.

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Background: Relapses of OEC have a poor prognosis, which depends on initial tumor staging, progression-free survival (PFS) after initial treatment, possibility of complete surgical resection, response to second-line chemotherapy and location of the relapse. ILNR are considered as chemo-resistant and of relatively good prognosis with intensive therapy.
Material and methods: We conducted a retrospective study concerning all patients treated at our centre for OEC between 1986 and 2001. 27 patients experienced an ILNR during this 15-year period.
Results: Isolated lymph node relapses occurred in 4.2% of the cases (27 among 640 OEC patients). At diagnosis, average age was 59 years, tumor stage included stage I (n = 4), II (n = 5), III (n = 15) and IV (n = 3). Most patients were initially treated with optimal surgery and chemotherapy. Half of the patients received consolidation intra-peritoneal chemotherapy. 85% of the cases (23 out of 27) had an elevated CA125 at the time of ILNR. Sites of relapse were retroperitoneum (n = 17), left supraclavicular (4), iliac (4) and inguinal (3). Nodes were at a unique location in 63% of the patients (n = 17) and at multiple locations in 37% (10). Treatment of the relapse was chemotherapy alone (n = 7), chemotherapy combined with radical surgery (n = 5) or with radiotherapy (n = 2), radiotherapy alone (n = 2), surgery alone (n = 2) or surgery followed by radiotherapy (n = 1). Seven patients were not treated due to asymptomatic relapse. Two patients were lost to follow up after 58 and 12 months respectively. The median PFS before nodal relapse was 26 months, and the median overall survival (OS) was 68 months. Median survival after nodalrelapse was 26 months. 13 patients relapsed more than 2 years after the initial diagnosis. 30% of patients had a very long survival (>110 months), independent of their initial staging or time of relapse. There was no difference in 2-year survival after ILNR between the groups of early relapse (before 24 months) and late relapse (after 24 months), 59% and 47% respectively. In the seven non-treated patients, median OS was 107 months and three patients had a spontaneous partial remission or >50% decline in CA125 level.
Conclusions: Our study showed that ILNR is a rare event in OEC and that the time to relapse may not have the same significance than in the other sites of relapse. We were surprised by the documented spontaneous partial remission or slow growing tumors in a significant number of these patients. Based on these results, we therefore recommend that in case of isolated asymptomatic nodal relapse, treatment should not be always initiated at diagnosis of relapse. Genetic and molecular studies are warranted in case of slow growing tumor or spontaneous remission.

936 POSTER

Prognostic impact of the pretherapeutic hemoglobin level for patients with primary ovarian cancer receiving a carboplatin-based chemotherapy

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Background: The standard chemotherapy of primary ovarian cancer is carboplatin-based. Anemia is a frequent side-effect of platinum-containing chemotherapy regimen. Furthermore ovarian cancer is known to be often associated with tumor anemia. It was the aim of this study to evaluate the prognostic relevance of the hemoglobin levels before and during carboplatin-based chemotherapy.
Material and methods: We studied retrospectively n = 64 patients with primary ovarian cancer receiving a carboplatin-based chemotherapy. The majority of the patients (n = 46) was treated with a combined chemotherapy