5027 POSTER

Physician-assessed toxicity rating versus patient self-reporting in cervical cancer survivors treated with radiotherapy at Rikshospitalet-Radiumhospitalet Medical Center (RRMC)

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Background: Late morbidity after radiotherapy (RT) to locally advanced cervical cancer is usually based on observations made solely by physicians, rarely by the patients themselves. We compared the incidence and grade of physician-assessed toxicity (PAT) with patient self-reported complications more than five years after treatment.
Materials and Methods: 91 cervical cancer survivors (CCSs) treated at the RRMC between 1994 and 1999 were included in a cross-sectional study approx. 8 years after RT. The CCSs completed a self-rating questionnaire (LENT SOMA) where questions representing bladder and intestine complications were selected. Each patient was allocated as having none, mild or severe complications based on their answers.
During the first 5−10 years after RT, physicians regularly recorded grade of bladder and intestine toxicity (RTOG) as no; grade1−2 and grade3−4. For each patient, time to her worst ever grade was calculated using Kaplan-Meier method. Patients were categorised according to their 5-year prevalence of PAT into three groups (none, grade 1−2; grade 3−4). The distribution of self-rated complications was depicted with descriptive statistics for each of these groups.
Results: At 5 years, the cumulative incidence of CCSs worst ever physician assessed bladder and intestine toxicity was 70% and 80%, respectively. The median time (months) to the worst toxicity was 25 for bladder, 14 for intestine. Toxicity rates increased sharply during the first two years after treatment and then flattened out. The risk of developing complications in the interval between the last physician assessment and CCSs' self-rating was regarded as small. Hence, a comparison between the physicians' and the CCSs' assessments could be made. Half of the CCSs in the "no toxicity-group" reported complications from the bladder and/or intestine at the time of the questionnaire (bladder: 38% mild/17% severe; intestines: 20% mild/36% severe). Moreover, half of the patients with mild grade of intestine toxicity reported self of having a severe one.

Physician-rated toxicity	Self-rated complications							
	Bladder				Intestine			
	Total	None	Mild	Severe	Total	None	Mild	Severe
None	60	27 (45%)	23 (38%)	10 (17%)	45	20 (44%)	9 (20%)	16 (36%)
Grade 1−2	29	8	12	9	31	8	11	22
Grade 3−4	3	0	0	2	5	0	2	3

Conclusions: The results indicate a general trend of underestimation of the patients' symptoms severity by physicians and show the importance of incorporating patient-reported outcomes in the evaluation of treatment related morbidity.

5028 POSTER

Update of phase II study of DMXAA (AS1404) combined with carboplatin and paclitaxel in recurrent ovarian cancer

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Background: The vascular disrupting agent DMXAA (AS1404) has synergistic effects in combination with chemotherapy in various solid tumour models. In a phase II trial in non-small cell lung cancer, combination of DMXAA with carboplatin and paclitaxel increased response rates and substantially extended survival. This phase II study evaluated DMXAA combined with carboplatin and paclitaxel in ovarian cancer.
Methods: Patients had recurrent epithelial ovarian cancer confirmed by imaging with an original diagnosis of FIGO stage Ic-IV. All had responded to platinum-based chemotherapy, with a subsequent progression-free interval of $\geqslant$6 months. Patients were randomised to receive up to 6 cycles carboplatin (AUC 6 mg/ml $\times$ min) and paclitaxel (175 mg/m^2) with/without DMXAA (1200 mg/m^2). Safety assessments included ECG, adverse events, laboratory screens and ophthalmic exam. Efficacy endpoints were objective response rates, time to tumour progression, duration of response and stable disease, and median and 1-year survival.
Results: 77 patients were enrolled. Patients in both groups received a median of 6 cycles of treatment. Addition of DMXAA to standard doses of carboplatin and paclitaxel was generally well tolerated. Investigator-determined response rates are available from 74 patients, evaluable by RECIST. Of 36 patients in the DMXAA group, 27 had a complete or partial response (75%), 7 had stable disease (SD) and 2 had progressive disease (PD). Of 38 patients who received chemotherapy alone, there were 24 responses (63%), 11 had SD and 3 had PD. Time to tumour progression and 1-year survival data will be presented.
Conclusions: In patients with platinum-sensitive, recurrent ovarian cancer, a triplet regimen comprising DMXAA plus carboplatin and paclitaxel is associated with a higher response rate without additional toxicity, when compared with the doublet of carboplatin and paclitaxel. Assessment of time to tumour progression and survival will provide additional insight into the value of adding DMXAA to chemotherapy in this setting.

5029 POSTER

Early termination of a phase II study of the Austrian AGO: Weekly docetaxel and irinotecan in platinum-refractory and resistant ovarian cancer

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Background and Aim: Platinum-resistance is a significant problem in ovarian cancer. The Austrian AGO conducted a phase II trial combining docetaxel (DOCET) and irinotecan (IRINO).
Material and Methods: Between 2004 and 2006, 15 patients (median age 55 years) of a total of 45 planned patients have been included in this trial: DOCET 25 mg/m^2 and IRINO 55 mg/m^2 were given on days 1, 8, 15 every 4 weeks for 6 cycles. All patients had previously received platinum and taxane and all had platinum-resistant or refractory disease. The mean number of previous therapies was 1.9. 53%, 20%, 13% and 13% had received 1, 2, 3 and 4 previous chemotherapy regimens, respectively. 27% and 7% had received 1 or 2 previous non-platinum-based regimens.
Results: After 6 cycles, 2/15 patients achieved a remission (13%; 1 complete; 7%) and 2 patients had disease stabilization (13%). The median progression-free survival was 2.8 months. The mean overall survival time was 10.0 months. Grade 3−4 toxicities: diarrhea, 5 patients; neutropenia: 3 patients; grade 3: pain, weight gain and fatigue in 1 patient each. Grade 2: Alopecia in 60%; pain 47%; infections, fatigue and nausea in 27%; anemia, vomiting, diarrhea, constipation in 20%; leukopenia, fatigue, edema in 13%; neutropenia, stomatitis, arthralgias, vertigo, vision disorders, pulmonary toxicity in 7%. No hypersensitivity reactions or significant hepatotoxicity occurred. 2 patients developed deep pelvic vein thrombosis. 10 patients stopped therapy due to progression or toxicity. The number of patients with treatment completion and quality of life evaluations was too low for a meaningful analysis. The combination of DOCET-IRINO at the dosages used has only modest activity in platinum-resistant and refractory ovarian cancer.

5030 POSTER

Dose impact of inter-fraction motion on whole pelvis IMRT in cervix cancer

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Background: Planning margins currently used for pelvic IMRT in cervix cancer are generous compared to those of other tumour sites. This is in order to compensate for inter and intra fraction organ motion. While there have been documented gains in both GI & haematological toxicity, the question remains as to whether smaller margins may be safely used without compromising target coverage. The purpose of this study is to model the dose impact of inter-fraction motion on target coverage and OARs with three different IMRT plans.
Methods: Twenty-five women with stage IB-IVA cervix cancer, had MR scans done, at baseline and weekly during treatment with chemo-irradiation, prior to intracavitary brachytherapy. The clinical target volume