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Multi-institutional retrospective study of 64 patients with primary fallopian tube carcinoma treated with carboplatin and paclitaxel

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Background: The aim was to present the clinical outcomes of patients (pts) with primary fallopian tube carcinoma (PFTC) treated with carboplatin and paclitaxel.
Pts and Methods: The tumor registries of 3 Medical Oncology Departments from 1995 to 2007 yielded a total of 64 eligible pts with histologically documended PFTC and no prior chemotherapy.

Table 1

Number of pts	64
Age, Median, Range	61 (42−84)
ECOG performance status	
0	42 (66%)
1	13 (20%)
2	7 (11%)
3	2 (3%)
Histology	
Serous	33 (52%)
Poorly differentiated carcinoma	12 (19%)
Endometrioid	2 (3%)
Papillary	1 (1%)
Unspecified adenocarcinoma	16 (25%)
Histological grade	
1	3 (5%)
2	18 (28%)
3	40 (62%)
Unknown	3 (5%)
FIGO stage	
I	13 (20%)
II	16 (25%)
III	32 (50%)
IV	3 (5%)
Debulking surgery	
Optimal	40 (62.5%)
Suboptimal	24 (37.5%)
Measurable disease	
Yes	28 (44%)
No	36 (56%)
Type of surgery	
TAH+BSO+omentectomy	40 (63%)
TAH+BSO	13 (20%)
TAH+BSO+omentectomy+LNS	6 (9%)
TAH+USO+omentectomy	2 (3%)
Biopsies only	3 (5%)
Chemotherapy	
	11 (17%)
Cyclophosphamide+doxorubicin+cisplatin	
Cyclophosphamide+carboplatin	4 (6%)
Paclitaxel+carboplatin	48 (75%)
Carboplatin	1 (2%)

TAH: total abdominal hysterectomy, BSO: bilateral oophorectomy, USO: unilateral oophorectomy

Results: Pts and treatment characteristics are shown in table 1. There were 19 (68%) complete clinical and 7 (25%) partial responses (overall response rate = 93%). At the time of analysis 21 (33%) pts had relapsed and 16 (25%) had died. After a median follow-up of 40 months (m) (3±134+), the median overall survival (mOS) was not reached (5-years survival was 70%) and the median time to tumor progression (mTTP) was 81 m. The mTTP was not reached for pts with ST I/II and was 38 m for pts with ST III/IV ($p = 0.004$). The mOS for pts with ST I/II was not reached and was 62 m for pts with ST III/IV ($p = 0.057$). The mTTP was 86m vs 23m for pts with RD <2 cm and >2 cm respectively ($p < 0.001$). The mOS was not reached for pts with RD <2 cm and was 36m for pts withn RD >2 cm ($p < 0.001$).
Conclusion: Carboplatin/paclitaxel therapy is highly active in chemonaive pts with PFTC. These encouraging results lead us to suggest it as the standard chemotherapy.

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Platinum sensitivity in patients with brain metastases from ovarian cancer: results of a German multicenter study

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Background: Ovarian cancer is one of the leading causes of mortality in women with gynaecological malignancies, but brain metastases are considered an uncommon metastatic site. Only few data exist on prognostic factors for this patient collective. Platinum sensitivity is a key factor in the management of ovarian cancer. But it is considered a secondary factor in the treatment of patients with brain metastases from ovarian cancer, due to the poor prognosis of this condition. The objective of this study is to evaluate the impact of different clinical variables on survival, focusing on platinum sensitivity.
Material and Methods: A multicenter, retrospective chart review was performed including patients with histologically confirmed ovarian cancer from six different German hospitals within the period between 1981 and 2008. Overall, 4277 cases of patients with ovarian cancer were analyzed. Cox regression analysis, Kaplan–Meier test, and log rank test were used to calculate survival and compare the impacts of clinical variables and treatment modalities.
Results: A total of 74 women with brain metastases were identified, resulting in an incidence of 1.73%. The median age at the diagnosis of central nervous system (CNS) metastases was 56.8 years (range, 33−83). The median interval between the time of the primary diagnosis and the occurrence of brain lesions was 28.8 months (range, 3.6−133.1). The median overall survival time from diagnosis of brain metastases was 6.2 months (range, 0.2−41.5). Multiple lesions were observed in 58 women (78.4%). Headache (36.5%), vomiting and nausea (17.1%) were the most frequent clinical symptoms. According to multivariate analysis following clinical parameters had a significant impact on overall survival: multiple lesions (hazard ratio [HR]: 4.1, 95% confidence interval [CI]: 1.9 to 8.9) and Grading I und II (HR: 2.8, 95% CI: 1.6 to 5.0) were associated with a negative impact. Platinum sensitivity (HR: 0.28, 95% CI: 0.15 to 0.52) was significantly associated with a positive impact on survival. A multimodal therapeutic management (surgery, radiotherapy and chemotherapy) (HR: 0.51, 95% CI: 0.28 to 0.92) and a good performance (HR: 0.52; 95% CI: 0.25 to 1.08) also showed a positive impact on overall survival. Tumor histology, ascites and age at the CNS diagnosis were not significant for the survival.
Conclusions: The most important finding of this study is the fact, that the sensitivity to platinum based chemotherapy was associated with a significant positive impact on overall survival. This novel finding should be considered in the conduction of multimodal therapy strategies for brain metastases from ovarian cancer.

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High risk for ovarian carcinoma associated with polymorphisms of glutathione s-transferase GSTM1, GSTT1 and GSTP1 genes

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Background: Steroid hormones, such as estrogens, appear to be associated with ovarian carcinogenesis, although the exactly mechanism remains unclear. The 2- and 4-OH estrogens can be further oxidized to quinones that may cause DNA damage. The quinones can be deactivated by conjugation with glutathione by gluthathione S-transferases (GSTs), but it's not clear which of the GSTs are involved. Apart from that, *GSTP1* gene