in the disease-free survival time (23.7 vs. 24.6 months). There was no trend of association with grading or tumour stage detectable. In conclusion we propose that testing of HER2 overexpression should be performed not only in breast but also in ovarian cancer. These patients should be considered for an additional treatment with Herceptin, but further investigation to confirm our results is needed.

913 POSTER DISCUSSION 1

Prognostic impact of tumor anemia in early-stage epithelial ovarian cancer

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Purpose: Tumor anemia is common in malignant tumors and adversely influences outcome of patients with various neoplasms. Pretreatment serum hemoglobin (Hb) was assessed to determine its effect on the survival of patients with epithelial ovarian cancer.

Methods: We conducted a retrospective, multicentric analysis based on the data of 553 patients with histologically proven epithelial ovarian cancer. Serum Hb levels were determined 24 to 48 hours before surgery and patients with serum Hb values below 12 g/dl were considered anemic. Data analysis included univariate and multiple Cox models.

Results: Tumor anemia was present in 143 (25.9%) patients before surgery. The overall survival probability was 33.6 and 47.0% in patients with pretreatment Hb levels <12 g/dl and >12 g/dl, respectively (Log rank p = 0.001). In a multivariate Cox model, pretreatment Hb values proved to be an independent prognostic factor for patients with FIGO state I–II epithelial ovarian cancer (n = 203), with survival probabilities of 61.2 and 73.7% in anemic and non-anemic patients, respectively. In contrast, pretreatment anemia failed to attain significance in patients with stage III–IV disease (n = 350).

Conclusion: Tumor anemia defined as pretreatment Hb values below 12 g/dl may indicate patients with early stage epithelial ovarian cancer, who are at increased risk of relapse.

914 POSTER DISCUSSION 1

'Reverse-schedule' topotecan and carboplatin in relapsed ovarian cancer: A phase I/II dose-ranging study

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Topotecan (TPT) is a topoisomerase 1 inhibitor which is active in relapsed ovarian cancer. There is a pharmacokinetic and pharmacodynamic interaction between TPT and both carboplatin [C] and cisplatin. When TPT is combined with platinum, the timing of platinum dosing with respect to TPT determines the maximum dose of TPT which can be administered. When C was given on day 1 with TPT on days 1 to 5, myelosuppression at the first dose level precluded further escalation (Simpson et al, 1998). In this reversed-schedule trial, patients (pts) with relapsed ovarian cancer received TPT on days 1–5 with C on day 5 after TPT, repeated every 21 days. C dose was calculated by the Calvert formula using EDTA clearance, and blood counts were monitored weekly. Doses of C and then TPT were escalated in successive cohorts; the first two dose levels are evaluable for toxicity. Four pts received 20 cycles of TPT 0.5 mg/m^2/day with C at AUC4, then C was escalated to AUC5 in the second cohort of 4 pts (16 cycles to date). There was no Grade 4 myelosuppression, and non-haematological toxicity was modest. Only 2 cycles were delayed, and no dose modifications were required. Formal assessment of response by CT scan is awaited, but the combination appears to be active with a significant fall in Ca125 in 5/8 patients. Accrual continues at the third dose level, TPT 0.75 mg/m^2/day with C at AUC5.

915 POSTER DISCUSSION 1

A phase II trial of concomitant brachytherapy and chemotherapy with docetaxel and cisplatinum combined with surgery and external radiotherapy for locally advanced uterine carcinoma

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Purpose: This study evaluated the feasibility, efficacy and toxicity of concurrent radio chemotherapy for locally advanced carcinoma of the cervix.

Material & Methods: 29 patients with various stages of cervical carcinoma of the uterus (7 St. IIA, 17 St. IIB, 5 St. IIIA) were treated from July 1996 untill December 1998. All patients received two Cs-137 Selectron MDR applications, 1 week apart. The dose calculated to point A for each implant was 25 Gy. Chemotherapy consisting of continuous docetaxel (50 mg m^{-2}) and cisplatin (50 mg m^{-2}) infusion, was given simultaneously with intracavitary, pelvic lymphadenectomy and pelvic radiotherapy.

Results: 24/29 patients were treated by wertheim hysterectomy of whom, 9 had negative lymph nodes and resection margins. Full dose external radiotherapy was given in the remaining 5 patients who were deemed ineligible for surgery, because of poor response. Overall, 25/29 (86%) were disease free at 19 months mean follow-up time. The most frequent acute side effects were nausea and vomiting. Leucopenia was seen in 3 patients and was responsible for delayed surgery in 2 cases. Concerning late effects, 3 patients developed grade 2 intestinal sequelae and one hemorrhagic cyctitis appeared in a patient suffering from sclerodermia.

Conclusion: Synchronous brachytherapy and chemotherapy with taxoids and platinum compounds is well tolerated and effective. It can cause downstaging of the tumour before definitive local treatment (surgery or external radiotherapy), in patients with locally advanced carcinoma of the cervix.

916 POSTER DISCUSSION 2*

Mortality from cervical cancer and endometrial cancer in East and West Germany from 1991 to 1997

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Purpose: Since 1991 the coding procedures for the death certificates according to ICD-9 are unified in East and West Germany (EG, WG). In order to monitor the trends of the mortality rates (MR) for cervical cancer (ICD9-180) (CxCa) and for malignancies of the uterus (ICD9-179 + 182) the development in both parts of Germany after the reunification was compared.

Methods: The raw data were provided by the Statistisches Bundesamt. Differences mortality between EG and WG were analysed, of the age-standardized rates (aMR) calculated in 5-year age groups (MR) and compared.

Results: From 1991 to 1997 a constant decrease of the aMR of CxCa can be observed in EG and WG. The aMR EnCa are decreasing until 1995 and remain stable until 1997. The aMR are higher in EG than in WG for the whole period; the trends are similar in WG and in EG. For CxCa no significant differences of the MR can be seen in different age groups between 1991 and 1997; for EnCa a decrease of the MR in the over 75 years old in 1991 cannot be found in 1997. The median age of death compared between 1991 and 1996 has been nearly unchanged (CxCa: 1991: 64.6 y; 1996: 65.3 y; EnCa: 1991: 73.5 y; 1996: 73.3 y).

Conclusion: The aMR of CxCa is decreasing from 1991 to 1997 while the decrease of the aMR of EnCa ends in 1995. Mortality of EnCa and CxCa is consistently higher in EG. No 5-year age group can be identified, that shows significant differences in the MR in 1997 compared to 1991. The underlying reasons for the differences of MR will be analysed in future studies.

917 POSTER DISCUSSION 2*

Combined chemo-radiotherapy for locally advanced cancer of the cervix: A review of randomized clinical trials

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Purposes: To investigate the role of chemotherapy added to radiotherapy for locally advanced cancer of the cervix.

* Poster Discussion 2 will be held on Thursday 16 September 1999