protein, moreover bcl-2 expression does not correlates with tumor sensitivity to anticancer drugs. P-glycoprotein expression strictly correlate with tumor resistance to some anticancer drugs.

The data on p53 protein expression in tumor of ovarian cancer patients could be useful for further studies aimed at elaborating the new biological methods allowing us to overcome the drug resistance and to improve the effectivity of chemotherapy in the treatment of ovarian cancer patients.

959 PUBLICATION

Epirubicin (E) + paclitaxel (T) in pretreated advanced ovarian cancer (AOC) patients

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Purpose: Evaluation of activity and tolerance of the ET combination in heavily pretreated AOC patients (pts).

Methods: 34 pts with relapsed AOC were treated with E (75 mg/m^2) followed by T (175 mg/m^2, 3 h) q 3 wks with response (R) evaluation every 2 cycles.

Results: Pt characteristics were: median age 56 (32–70), serous histology (82%), PS 0–1 (90%), ≥2 previous chemotherapy regimens (71%), previous taxane (67%), chemoresistance (55%). Toxicity of the 164 evaluable courses was primarly hematologic (%): grade 3/4 neutropenia (9/77) with neutropenic fever in 10%, grade 3/4 anemia (7/1) and thrombopenia (3/4). Nonhematologic toxicities include alopecia (87%), neurotoxicity (NCI grade 2: 15%) and nausea/vomiting (grade 3–4: 17%). One pt had a drop of LVEF and stopped E. Overall RR is 38% (95% CI = 21–55%) with 7 partial and 2 complete R out 24 pts with measurable lesions and 4/10 serologic R (Rustin criteria). Efficacy was independent of resistance to previous treatment. The median time to progression and median global survival were respectively 27 and 51 weeks.

Conclusion: the epirubicin-paclitaxel combination has a high activity in heavily pretreated AOC patients and merits testing in first line therapy.

960 PUBLICATION

Cisplatin-docetaxel (Taxotere®) in first line treatment of advanced ovarian cancer (AOC)

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Purpose: Evaluation of tolerance and efficacy of Taxotere® (T) with cisplatin (C) in first line treatment of advanced AOC.

Method: From 03 to 11/97, 45 patients (pts) with FIGO stage III/IV OC, a median age of 56 (range = 39–69) and macroscopic residual disease (<1 cm = 14 pts, ≥1 cm = 31 pts) were treated by 6 courses (co) q 3 weeks of T 75 mg/m^2, I.V., followed by C, 75 mg/m^2, I.V. Oral premedication combined a 5-day regimen of prednisolone 50 mg bid and continuous diosmine 1 g bid. Efficacy evaluation was based on results of second look laparotomy (SLL) and time to progression (TTP)

Results: The 6 co were completed by 40/44 evaluable pts (91%). Co delay (≥7 d) was observed in 15/259 (5%). Dose-intensity was 98% respectively for T and C. Main toxicity was neutropenia: NCI grade 3/4 in 110 co (45%) and 36 pts, with febrile neutropenia (2 pts), but no use of G-CSF. Grade 3/4 anemia and thrombopenia were observed in respectively 2 and 0 co. Nonhematologic toxicities were alopecia (gr 2: 75%), nausea/vomiting (gr 3/4: 16%), edema (gr 2: 7%, 3: 4%), cutaneous (gr 2: 7%), neurologic (any gr: 26%, gr 2: 4%). At SLL (43 pts), pathologic CR and microscopic residual lesions were found in respectively 21% and 29%. Median TTP was 16 months.

Conclusion: the low rate of neurologic toxicity and severe thrombopenia make cisplatin-taxotere a valuable platin-taxane combination in AOC therapy.

961 PUBLICATION

Maturation of dendritic cells (D.C.) from ovarian cancer patients

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Dendritic cells are the most potent antigen-presenting cells of the immune system. We have shown that D.C. from ascites of patients with peritoneal carcinoma have low maturity (Clin Cancer Res 4:799–809, 1998). Here we examined the effects of the *in vitro* treatment of D.C. with cytokines or proteolytic enzymes papain, trypsin and chymotrypsin (polyenzyme preparation Wobe-Mugos®, Geretsried, Germany) on the phenotype and function of D.C. This preparation has been used successfully in a additive therapy of some cancer patients. D.C. from ascitic fluid of 16 untreated ovarian cancer patients were cultured either with RPMI medium alone or with medium containing granulocyte-macrophage colony-stimulating factor (GM-CSF), tumor necrosis factor alpha (TNF-α) and interleukin-4 or with medium containing Wobe-Mugos) for 5–7 days. After washing, phenotypic analysis of cells on culture day 7 showed that D.C. cells expressed higher proportions of CD83$^+$, CD40$^+$ and CD80$^+$ cells when incubated with cytokines or enzymes than D.C. incubated only with medium alone. Mixed lymphocyte reactions resulted in stimulation of allogeneic T-cells. This investigation shows that D.C. from peritoneal cavity of patients with untreated ovarian cancer can be maturated. This may be of relevance for the modulation of D.C. functions in cancer patients by therapeutic measures. (Supported in part by MUCOS Pharma).

962 PUBLICATION

Docetaxel (D) and carboplatin with Auc-7 as first-line chemotherapy in advanced epithelial ovarian cancer

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To determine the response rate and toxicity of Docetaxel/Carboplatin regimen as first line treatment in advanced epithelial ovarian cancer, an open, non- randomized and prospective clinical trial was designed.

Materials and Methods: from Feb. 1996 to Dec. 1997. 28 Patients were included. Docetaxel 75 mg/m^2 i.v as a one hour infusion followed by Carboplatin at Auc 7 was given every 21 days for a total of 6- cycls. Mean age was 50 years. Stage 3:18 pts (64%), stage 4:10 pts (35%). After 6 cycles of chemotherapy clinical response was evaluated and 2nd. look laparatomy was performed in all 10 patients who achieved C.R. The clinical response was assessed by radiological methods and serum CA- 125 levels.

Results: CR: 10/28 (35%), PR: 16/28 (57%), SD: 2/28 (7%). The overall RR was 26/28 (92%). After 2nd-look laparatomy in 10 pts the following results obtained. Pathologic CR was observed in 4/10 (40%) and Pathologic PR in 5/10 (50%). One patient was found to have unresectable disease at 2nd look laparatomy.

Toxicity: Neutropenia G-3: 2 (7%), thrombocytopenia G-3: 2 (7%), G-4 hematologic toxicity was not observed. Mucositis G-3: 1 (3.5%), neurotoxicity G-2 10 (35%) and neurotoxicity G-3: 2 (7&). No grade 4 non-hematologic toxicity observed.

Conclusion: this combination is very active in epithelial ovarian cancer with acceptable toxicity profile.

963 PUBLICATION

Consolidation radiotherapy following cytoreductive surgery, chemotherapy and second-look laparotomy for epithelial ovarian carcinoma: Long-term follow-up

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Introduction: From 1979–1987, 139 Stages IC-IV ovarian cancer patients (pts) who had undergone cytoreductive surgery received 6–11 cycles of cisplatin + adriamycin. Eighty-four clinical complete responders underwent second-look laparotomy (SLL), 60 of whom received consolidation abdominal irradiation.

Results: After a median follow-up of 39 months (m), the ten-year actuarial survival figures were: all pts – 24%: no residuum at primary surgery – 35%: residual tumor <2 cm – 35%: residual tumor >2 cm – 4%. Mean survival of irradiated Stages III–IV pts with negative SLL: 31.9 ± 2.8 m, compared to 25.9 ± 4.5 m in non-irradiated pts and 35.6 ± 2.7 m in irradiated pts with microscopic disease at SLL (p = 0.04).