Conclusions: Despite the initial survival advantage observed in irradiated pts, due to late recurrences there was no significant difference in the long-term survival probability of non-irradiated pts. Consolidation whole abdominal irradiation in advanced stages of ovarian cancer may be of value in pts with negative or microscopic disease at SLL.

964 PUBLICATION

Treatment of recurrent ovarian cancer: Intraperitoneal mitoxantrone plus vinorelbine i.v. versus mitoxantrone i.v plus vinorelbine i.v.

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Purpose: To evaluate whether intraperitoneal administration of Mitoxantrone offers any advantage over I.V administration.

Methods: Thirty two (32) women of mean age 65.27 ± 5.13 years with recurrent ovarian cancer were evaluated after treatment (Group A n = 13) with Mitoxantrone (Novantrone, Wyeth-Lederle) intraperitoneally – 36 mg/m" day 1, every 21 days × 6 cycles- plus Vinorelbine i.v. (Navelbine Pierre Fabre) – 37.5 mg/m" day 1 and 8, every 21 days × 6 cycles- or (Group B n = 19) with Mitoxantrone i.v.- 14 mg/m" day 1 every 21 days × 6 cycles – plus Vinorelbine i.v. – 37.5 mg/m" day 1 and 8, every 21 days × 6 cycles.

Results: Response was observed in 6 patients (46.15%) of Group A and in 12 patients (63.15%) of Group B, but this difference was not statistically significant (p = 0.07). There were observed 3/3 pCR in Group A and 6/7 pCR in Group B (p = 0.507). The overall 28 months survival was 76.92% for Group A and 73.68% for Group B (Kaplan-Meier method p = 0.642)

Conclusions: The intraperitoneal administration of Mitoxantrone does not increase the response rate and the overall survival in patients with recurrent ovarian cancer.

965 PUBLICATION

Topotecan (TPT)-based salvage chemotherapy in advanced epithelial ovarian cancer (EOC): A randomized study

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Purpose: In vitro enhanced activity of TPT when combined with Cisplatin (DDP) has been reported. We evaluated the efficacy of TPT vs. TPT + DDP in salvage therapy of EOC after at least 2 lines of chemotherapy contaning DDP and Paclitaxel in a prospective randomized study.

Methods: 18 Pts have been enrolled. 10 Pts received TPT + DDP (TPT 0.5 mg/sqm/day d.1–5 + DDP 50 mg/sqm d.5 q.3 weeks) and 8 had TPT (1.25 mg/sqm/day d.1–5 q.3 weeks). Treatment was repeated when Absolute Neutrophil Count > 1500/mcl and Platelets > 100000/mcl:

Results: In TPT + DDP arm (41 courses) there were 2 grade 3 and 1 grade 4 neutropenia and 2 grade 3 thrombocytopenia; 1 delay of treatment. Out of 10 evaluable pts we had 3 partial responses and 4 stable disease (time to progression 23 weeks, range 9–45).

In TPT arm (27 courses) we observed 8 grade 3 and 4 grade 4 neutropenia, 3 grade 3 and 1 grade 4 thrombocytopenia; 1 delay of treatment. Out of 7 evaluable pts we had 1 partial response and 1 stable disease (time to progression 16 weeks, range 4–28).

Conclusions: DDP + TPT combination seems a very promising schedule worthy of further investigations. Other dose regimens and higher TPT doses may be tested. The study is ongoing.

966 PUBLICATION

Low neurotoxicity of chemotherapy with Carboplatin/Docetaxel for reccurent epithelial ovarian cancer

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The high incidence of peripheral neurotoxicity (PNT) in cisplatin-based chemotherapy for ovarian cancer is often a limiting factor for platinum-reinduction in the case of relapse. Substituting carboplatin for cisplatin in first-line therapy has been shown to decrease the incidence of neurologic and other non-hematologic toxicities without significant difference in tumor response.

In a pilot study, we sought to evaluate the toxicities of a combination of carboplatin and docetaxel in 16 women with relapse of ovarian carcinoma >6 months after completion of first-line platinum-based chemotherapy.

Pts. received carboplatin (AUC5) and docetaxel (75 mg/m^2), i.v., q21. A total of 86 courses was applied. Apart from alopecia, predominant toxicity was hematologic, with WHO grade 2/3 leukopenia in 13/16 and thrombocytopenia in 3/16 pts. Grade 3 PNT was not observed, grade 2 PNT occurred in 1/16 and grade 1 PNT in 12/16 women. 12/16 pts. suffered from mild nausea and vomiting (WHO 1/2), 4/16 from light to moderate fluid retention. Almost all pts. complained of painful, often infectious, changes of finger- and toenails. Ototoxicity and nephrotoxicity were not observed.

9/16 pts. achieved remission with therapy, 2 pts. had NED, 3 pts. stable disease. Five women relapsed within 2 to 9 months after therapy, 2 women progressed under treatment. More complete follow-up data will be available 9/99.

In summary, combination chemotherapy with carboplatin/docetaxel seems an effective treatment for relapse of ovarian carcinoma. Toxicities, especially PNT, tend to be less severe than with cisplatin/paclitaxel. These results warrant larger studies to assess the feasibility of platinum/taxane reinduction for epithelial ovarin cancer with this regime.

967 PUBLICATION

Prognostic significance of heat shock protein (HSP72) immunostaining in epithelial ovarian carcinomas

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Purpose: To evaluate the prognostic value of Heat Shock Protein (HSP) expression in ovarian carcinomas. The correlation between the expression of this protein and the disease parameters: FIGO stage, histological type, tumour differentiation and steroid hormone receptor status (ER, PR) was investigated.

Patients and Methods: One hundred imprint smears from ovarian carcinomas specimens were studied using immunocytochemical techniques. Twenty nine patients were with stage I, 24 with stage II, 40 with stage III kai 7 with stage IV disease according to the FIGO classification.

Results: The sensitivity and specificity of HSP for malignancy was 37% and 90% respectively. HSP was statistically significantly associated with malignant tumours (x^2 = 4.3, p < 0.05) and undifferentiated carcinomas. The relationship of HSP with malignant tumours is confined to the premenopausal group of patients (x^2 = 13.2, p < 0.001).

Conclusion: It can be stated that there is a positive association between HSP positivity in premenopausal patients with malignant ovarian tumours and especially with histologically undifferentiated ovarian carcinomas.

968 PUBLICATION

TNF profiles in ovarian cancer and their response to anticancer therapy

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Purpose: The increased TNF level in biological fluids in ovarian cancer patients has been described earlier. However the contribution by different host and tumor cell populations in general serum and ascite fluid TNF level is not clear, as well as their changes during anticancer chemotherapy.

The TNF levels in ascite fluids, serums, supernatants of 24 h primary ovarian cancer cultures, supernatants of ascite associated peritoneal macrophages (Mp) and peripheral blood lymphocytes (PBL) in 32 cancer patients were determined before any treatment with bioassay using sensitive transformed fibroblasts L-929 cell line. The same parameters were analyzed in 17 ovarian cancer patients after 3–4 cycles (cis-pla-tinum –75 mg/m^2 and cyclophosphomide 750 mg/m^2) preoperative chemotherapy (CT)

Results: TNF serum level was significantly higher in the group with preoperative CT – 0.54 ± 0.08 ng/ml than in serum samples in nontreated patients (0.23 ± 0.03 ng/ml, p ± 0.05). There was the trend to enhance of TNF production by peritoneal Mp after CT (0.32 ± 0.07 ng/ml in treated group and 0.28 ± 0.09 ng/ml in nontreated patients). At the same time common TNF level in ascite fluid was higher in nontreated patients (0.37 ± 0.08 ng/ml) than in group after CT (0.22 ± 0.03 ng/ml). CT decreased the