this oncoprotein which in turn affect the regular cell-cycle process and its components. Consistent with this we found a reciprocal association between these proteins in early cervical neoplastic tissues.
Conclusions: These data unraveled the involvement of new oncoprotein FTS in cervical cancer which plays a central role in carcinogenesis. Targeted inhibition of FTS lead to the shutdown of key elemental characteristics of cervical cancer and could lead to an effective therapeutic strategy for cervical cancer.

8046 POSTER

Clinical Characteristics of Patients With Sporadic or BRCA Mutated Ovarian Cancer

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*BRCA*ness is a new clinical concept attempting to identify groups of patients with constitutional *BRCA1/2* deficiency. A recent Scottish study among 19 patients with *BRCA1/2* mutation, showed a high incidence of metastasis evolution whereas it was uncommon among a group of 38 sporadic ovarian cancers. The aim of this study was to confirm in another population these results.
Clinical and histological characteristics were retrospectively collected for *BRCA1/2* mutated ovarian cancer patients diagnosed between 2003 and 2007 in West France. A control group of sporadic cancer patients without familial or personal history of breast or ovarian cancer was identified in the same period with a 2:1 ratio.
Ninety-two patients were analysed (30 patients in the *BRCA1/2* group and 62 patients in the sporadic group). The mean age was 52 [36−64] and 62 [20−82] years respectively. At diagnosis, 63% and 84% were treated for an advanced stage in the *BRCA* group (stage III: 14 patients, stage IV: 4) and sporadic group (stage III: 34 patients, stage IV: 18). The histological subtype was serous for 60% and 71% of *BRCA* and sporadic group. At baseline, no visceral metastasis was found in the *BRCA* group, in contrast with 13% in the sporadic group (liver, lung, splenic). During the follow-up, 43% of *BRCA* and 34% of sporadic cancer patients developed metastasis (liver, lung, brain, bone). Platinum sensitivity mean time was 52 months [7–192] in the *BRCA* group and 30 months [3−53] in the sporadic group (43 and 25 months among advanced stage respectively). The overall survival was 66 months and 37 months for *BRCA* and sporadic group (50 and 34 months among advanced stage respectively).
This study confirms that ovarian cancer patients with constitutional *BRCA* mutations are younger, have a longer sensitivity to platinum and a better overall survival than sporadic ovarian cancer patients. However, we didn't confirm that visceral metastasis as a specific *BRCA*ness profile.

8047 POSTER

Safety and Immunogenicity Profile of Human Papilloma Virus 16/18-AS04 Adjuvant Cervical Cancer Vaccine in Healthy Adolescent Girls of Bangladesh

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Aim: Bangladesh has a highest level of incidence and mortality rates due to cervical cancer among the women. Prevalence of cervical cancer in Bangladeshi woman is 25−30/100,000. Human Papilloma Virus (HPV) is a necessary cause of cervical cancer. The study was conducted to assess the immunogenicity and safety profile of human papillomavirus (HPV)-16/18 AS04-adjuvanted cervical cancer vaccines in healthy Bangladeshi girls aged 9−13 years old.
Procedure: This was a randomized (3:1) controlled trial with two parallel groups, the vaccine and control groups, included 67 participants in Bangladesh. Subjects were given Glaxo-SmithKline HPV-16/18 AS04-adjuvanted cervical cancer vaccine and control with out vaccine at first day of vaccination (Day 0), at 1 month and 6-month schedule and followed up until month 7. Blood samples taken for HPV antibody at enrollment and one month post-dose at month 7 both from subjects and from controls. Safety data were gathered throughout the study.
Results: 50 subjects were received vaccine at day 0, at month 1 and at month 6. All initially, sero-negative subjects in the vaccine group had sero-convertion for HPV-16 and HPV-18 antibodies except one at month 7.17 Control did not receive vaccine. They were followed up for serious adverse events and blood samples taken for HPV antibody detection at day 0 and at month 7. No sero-conversion was found among the controls. Bivalent HPV vaccine was generally well tolerated, with no vaccine related serious adverse experiences.
Conclusions: The HPV-16/18 AS04-adjuvanted vaccine was generally well tolerated and highly immunogenic when administered to young adolescent females and would be a promising tool for prevention and control of cervical cancer in Bangladesh.

8048 POSTER

Dose Finding Study of Carboplatin in First Line Chemotherapy in Advanced Ovarian Cancer

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Background: The combination of carboplatin (CBDCA) and paclitaxel (PCL) is the standard treatment of ovarian cancer (OC). The recommended dose of CBDCA is 5−6 area under the curve (AUC). We have observed that many patients (pts) do not tolerate doses of AUC 6, mainly due to hematological toxicity. The aim of this study was to determine the maximum tolerated dose (MTD) of CBDCA in combination with PCL in this group of pts. We consider the MTD as the dose that provokes grade 3 hematologic toxicity and grade 2 non-hematologic toxicity, except N/V and alopecia.
Materials and Methods: All pts with stage III-IV OC, with a Karnofsky performance status (K) of 40–100%, and younger than 80 years old seeking care at the SOM of the HUCA in 2009, were included. CBDCA dose in the first cycle was AUC 5 or 5.5, depending on K and age. In order to reach the MTD of CBDCA, doses were increased or decreased by 0.5 AUC, up to 6 AUC. A blood count was performed on day 14 of each cycle. If neutrophils count at 3 weeks was <1500/μL, the cycle was delayed a week and if not recovered, CBDCA was reduced by 0.5 AUC.
Results: From Jan to Dec 2009, 34 pts were registered (7 not evaluable: 1 >80 years, 6 protocol deviations). Pts characteristics were: median age 59 (45−77), median K 80% (40−90), stage III 70.4% and IV 29.6%, previous surgery 66.7%, interval surgery 25.9%, and inoperable 7.4%. We analyzed the first 6 cycles of treatment. Only 37% of pts were able to achieve and maintain AUC 6 in the 6th cycle. The percentages of cycles with AUC 5, 5.5 and 6 are shown in the table. A dose of AUC 6 was only possible in 35.4% of cycles. A nadir of 500–999 neutrophils was reached by 70.37% of pts and 40.74% presented aplasia, at some point during treatment. There were no toxic deaths.
Conclusions: In an unselected group of pts with stage III and IV OC, only 37% were able to achieve and maintain AUC 6 of CBDCA. Given the interest of these results, the study will be extended to 2010. Scientific limitation: 11% of pts had a K <60%.

AUC	% of cycles[a]	% of pat. In 6th cycle[b]	Delay in treatment[c]	
			Yes	No
<5	6.83	7.41	7.41	0
5	29.81	44.44	33.33	11.11
5.5	27.95	11.11	7.41	3.70
6	35.40	37.04	14.81	22.22

a. Percentage of cycles received with the AUC indicated in the left column. b. Percentage of patients able to achieve in the 6th cycle the AUC indicated in the left column. c. Percentage of delays that were needed to reach in the 6th cycle the AUC indicated in the left column.