A Case of Relapse Ovarian Cancer Treated with Weekly Cisplatin and Daily Oral Etoposide

Paudel BD
*Medical Oncologist, NAMS, Bir Hospital.

ABSTRACT

Relapse in ovarian cancer is common even though platinium based chemotherapy is effective as adjuvant treatment. If progression free survival is more than one year platinium based chemotherapy can be repeated, which is usually given as three weekly regime. Studies has shown that weekly cisplatin with oral etoposide has shown better response rate. A lady of 60 year who presented with relapse ovarian cancer, after two years of primary treatment, responded dramatically to weekly cisplatin and daily oral etoposide regime.

Key Words: Chemotherapy, Ovarian cancer.

INTRODUCTION

Epithelial carcinoma of the ovary is one of the most common gynecologic malignancies in adult women. Staging laparatomy followed by platinium based chemotherapy is standard of treatment. Unfortunately the majorities of patients eventually will relapse, especially those who are in advanced stage. Cure is not possible in this situation and treatment strategy is quality of life and prolongation of survival.

Platinium based chemotherapy is still effective if relapse is after one year even though long term survival is rare. About 50% patients will benefit in this situation. Oral etoposide as a single agent has been found effective as second line chemotherapy. The combination of platinium with oral etoposide has dramatically improved the response rate in relapse ovarian cancer. Other drugs like topotecan, pegylated-liposomal doxorubicin, gemcitabine, docetaxel, bevacizumab are also effective as a single agent as well as with platinium. But some of them are toxic and others are expensive.

CASE REPORT

The patient was diagnosed with stage III A ovarian carcinoma in May 2006. Following primary cytoreductive surgery she received six cycles of adjuvant chemotherapy consisting of carboplatin and paclitaxel as three weekly regime.

After two years she presented with discomfort and distension of abdomen. On examination she was on distress due abdominal distension. Clinical examination confirmed huge ascities. Ultrasonography of abdomen did not show anything besides ascities. Routine blood examination, renal function and liver function test were normal. Four liters of ascitic fluid was removed under aseptic technique and sent for malignant cells which was positive for metastatic adenocarcinoma. Her serum CA-125 antigen level was 163 u/ml.

She was treated with weekly cisplatin and daily oral etoposide regime. The treatment regimen consisted of 6 weekly i.v. cisplatin infusions on day 1, 8, 15 and day 29, 36, 43, combined with daily oral etoposide 50 mg on days 1 – 15 and days 29 – 43. The cisplatin dose was 50 mg m2. Cisplatin was dissolved in 500 ml Normal Saline and administered over 3 hours. The cisplatin
infusion started after prehydration with 1000 ml normal saline with 20 mmol KCl and 1 g MgSO4. After the cisplatin infusion the patients received posthydration consisting of 1 liters normal saline with 20 mmol KCl and 1g MgSO4 given over 4 hours. All patients received ondansetron 16 mg and dexamethasone 16 mg i.v. 30 min before the start of cisplatin.

After the sixth cisplatin administration, treatment with oral etoposide 50 mg per day for 21 days, every 4 weeks, for 6 cycles was given. At present patient on regular follow up without any symptoms.

DISCUSSION

An increasing number of therapeutic options are available to women with epithelial ovarian cancer who experience relapse. Chemotherapy for relapse ovarian cancer depends upon the time interval between completion of primary platinum based adjuvant chemotherapy and recurrence. If recurrence is after one year of completion of primary chemotherapy then it is considered platinum sensitive and again platinum based chemotherapy can be repeated. Chemotherapy delivered in this setting has been documented to extend survival, improve cancer related symptoms and delay the further progression of disease.

The key reference to substantiate that effective reinduction therapy with platinum is restricted to patients with Progression Free Intervals of more than 12 months is the study reported by Markman et al1. In that study the response rate to salvage platinum chemotherapy was 50% in patients with an interval of 12 months following completion of prior therapy. Response rate in this study as well as those reported in other studies were obtained with conventional platinum-based therapy with either cisplatin or carboplatin administered every 3 or 4 weeks.

MEL van der Burg and his friends reported a phase II study in BJC that Weekly cisplatin plus daily oral etoposide is highly effective in relapse ovarian cancer. In this study out of 38 cisplatin-sensitive relapse patients 92% responded, with 63% complete responses, a response duration and PFS exceeding 1 year and OS exceeding 2 years [3].

On the basis above mentioned studies it was decided to treat this lady who relapsed after two years with combination of weekly cisplatin and oral etoposide. This regime resulted good response in our patient without any side effect. We had to tap four liters ascitic fluid on Day 1, two liters on Day 8 but no tapping on Day 15 of first cycle. Patient was asymptomatic and comfortable when she came for second cycle.

CONCLUSION

Weekly cisplatin and daily oral etoposide is effective chemotherapy regime for relapse ovarian cancer especially if progression free survival is more than one year unless toxicity from previous therapy prohibits the use of cisplatin. This chemotherapy regime is economical and less toxic also.

REFERENCES