Abstracts

Combined high-dose platinum (carbo- and cis-platin) and ifosfamide in ovarian carcinoma

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The activity of combined high-dose platinum (carbo- (C) and cis-platin (P)) and ifosfamide (I) has been tested in a phase II trial in untreated patients (pts) with epithelial ovarian carcinoma (OC). 32 pts with residual disease of OC were treated with C 200 mg/m² day 1, P 50 mg/m² day 2 and 3, and I 1,500 mg/m² days 1–3 q. 4 weeks. Dose modifications were performed according to myelosuppression, nephro- and neurotoxicity. Clinical response was evaluated after 3 and 6 cycles. Second-look laparotomy was performed after 6 cycles unless progressive disease (PD) had developed.

Patient characteristics. Median age 54 years, FIGO stage: IIB: 3 pts; IIIA: 2; IIIB: 2; IIIC: 19; IV: 6.

Results. Preliminary clinical response rate: CR+PR: 13/16=81% (CR: 63%). Pathological response rate: PCR+PPR: 12/20=60% (PCR: 45%). Six pts have died, 5 due to PD, and 1 due to early death.

Toxicity. Hematological toxicity WHO grade 3–4 was as follows: WBC: 90%; platelets: 97%; hemoglobin: 71%. Eight pts had neutropenic fever and 15 hemorrhage grade 1–2. Gastrointestinal toxicity grade 2–3: 97%; neurotoxicity grade 1: 13%; ototoxicity: 52%. Dose limiting nephrotoxicity occurred in 1 pt. In median 67% of C, 71% of P and 71% of I was given from the 3rd cycle and onwards.

Conclusion. Combined C, P and I are highly active in OC. The toxicity is however substantial but manageable.

Ifosfamide, methotrexate and 5-fluorouracil (IMF) for pretreated advanced breast cancer (BC)

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Fifty-two patients (pts) – median age 52 years, range 28–68, median Karnofsky status 80%, range 40–100% – were treated with IMF for metastatic BC. Ifosfamide (1.5 g/m² plus mesna), methotrexate (40 mg/m²), and 5-fluorouracil (600 mg/m²) were given i.v. day 1 and 8 at 4 weekly intervalls. All pts had previous chemotherapy including anthracyclines in 42 pts. Thirty pts received IMF as third line therapy. So far, 215 courses have been administered, 1–14 courses per patient, median 3. Forty-nine pts are evaluable for response. Partial remissions (PR) were induced in 9 pts (18%). In 16 pts (33%) a no change (NC) status and in 24 pts (49%) progressive disease (PD) were observed. Median time to progression was 8 mos (3–15 mos) for PR and 4 mos (3–12 mos) for NC. Median survival of all pts was 8 mos, 12 mos for PR, 15 mos for NC, and 4 mos for PD.

Toxicity (50 pts):

Frequency	0	1	2	3	4	(%)
Alopecia	8	4	6	82	0	
Emesis	42	40	8	10	0	
Neurologic	98	0	2	0	0	grade
Urotoxicity	86	4	8	2	0	
Leukocytes	32	44	20	4	0	WHO
Platelets	62	24	8	6	0	
Hemoglobin	32	44	14	10	0	

In conclusion, IMF is effective in advanced pretreated metastatic BC with moderate toxicity.

Ifosfamide (I) and ifosfamide + cisplatin (P) chemotherapy for advanced cervical carcinoma*

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The effects of ifosfamide (IF) with and without cisplatin (P) in the treatment of 71 patients with advanced cervical carcinoma were studied. Bone marrow suppression and leucopenia occurred in 4 who received IF alone and 10 who received IF plus P, respectively. All patients developed alopecia, nausea and vomiting. 40% of patients who received IF alone responded and 39% of those who received IF plus P responded. The authors conclude that the addition of P does not appear to add to the response frequency but it increases toxicity (congress abstract).
The use of chemotherapy is increasing in cervix cancer for both palliation of advanced or relapsed carcinoma of the cervix and as part of primary treatment in poor risk patients. The optimum drug or combination of drugs is not defined. However, like others, authors have found IF to be an active drug and report their experience with IF based first-line chemotherapy in 2 consecutive series of patients.
71 patients received IF (1.5 g/sqm daily x 5) with mesna every 3 wk. 39 patients received in addition P 50 mg/sqm on day 1. 62 patients had been previously irradiated. Of 30 evaluable patients receiving IF alone 12 (40%) responded (6 CR and 6 PR), median duration 21 mth (range 3–48 + mth); and of 31 receiving I + P (39%) responded (2 CR + 10 PR), median duration 7 mth, (range 5–12 mth)). In both series similar response rates were seen in both irradiated and non-irradiated sites.
The major toxicity was bone marrow suppression with 4 (12%) receiving I alone and 10 (26%) IF + P developing WHO grade IV leucopenia. All patients developed alopecia and nausea and vomiting was severe (WHO grade III or IV) in 10 (30%) receiving I and 16 (41%) IF + P.
IF is a useful agent in this disease and a few durable remissions were seen with IF alone. The addition of P does not appear to add to the response frequency but increases toxicity. Furthermore, durable remissions have not been seen following IF + P.
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