Mean age was 56 years. Stage IIIA 3pts, IIIB 15pts, IIIC 45 pts, IV 5 pts. There was one toxic death (2%). With a median follow-up of the study of 8.25 years, median overall survival is 75 months and median progression-free survival is 41 months. At 5 years, 60% are alive and 32% didn't relapse. Intensive consolidation IP CT after negative SLL can improve survival in AOC. However, due to late relapses the cure rate remains disappointedly low, even in this most favorable patients category. Long-term follow-up (more than 5 years) is therefore needed to further evaluate strategic treatment options.

1189 POSTER

Cisplatin nephrotoxicity

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Introduction: Cisplatin (CP) is an antineoplastic agent active against ovarian tumours but nephrotoxicity is often dose- limiting.

Objective: To determine the incidence of acute and chronic nephrotoxicity of CP, the risk factors associated with its development and the influence of two different types of prophylactic hydration.

Materials and methods: We have retrospectively studied 132 patients who received CP in the treatment of ovarian cancer in the Portuguese Institute of Oncology Francisco Gentil between 1995 and 2000. They all had a normal plasma creatinine concentration before treatment. They received a dose per course of 75 mg/m2, with a minimum of 6 courses and a maximum of 12 courses of chemotherapy (CT). There were 2 different courses of prophylactic hydration: 'prolonged hydration'; (4000cc of saline in 20 hours) and 'short hydration'(3000cc of saline in 6 hours). Acute Renal Failure (ARF) was defined as a doubling in the plasma creatinine concentration and Isolated Tubulopathy (IT) as the appearance of hypomagnesemia without a concomitant rise in plasma creatinine concentration. Chronic Toxicity(CT) was defined as a doubling in the plasma creatinine concentration, 6 months after chemotherapy.

Results: There was evidence of nephrotoxicity in 78 patients (59%); 53 (40%) had ARF and 25 (19%) IT. Most toxicity developed after the 6th course of CT with an average cumulative dose of 720 mg. Age was significantly associated with nephrotoxicity (58,1 ± 11,8 vs 49,3 ± 14,1; $p<0,0001$), dose of CP per cycle (118± 17 vs 104 ±30; $p<0.005$), and highest cumulative dose (797 ± 254 vs 680 ± 221; $p<0,01$). In 12 patients CT was suspended due to side effects. 20 patients died during treatment. There was no significant statistical difference between the two types of prophylactic hydration. CT was seen in 29 patients (22%) and was significantly associated with age (59,5 ± 13,6 vs 53 ± 13,1; $p<0,05$).

Conclusion: Acute nephrotoxicity of CP has a high incidence. Age, dose of CP per course of CT and cumulative dose of CP, are risk factors for toxicity. There were no differences in the incidence of nephrotoxicity between the two prophylactic courses of hydration. Development of chronic nephrotoxicity is frequently related with the age.

1190 POSTER

The predictive value of computerized tomography (CT) for surgical findings in ovarian cancer patients

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Objective: Pelvic and abdominal computed tomography (CT) is usually performed in patients (pts) with ovarian cancer (OC) to evaluate the diseases extent as well as the response to therapy. The purpose of this retrospective study was to evaluate the role of CT scan in predicting pathologic response to systemic chemotherapy, in pts with OC.

Methods: We retrospectively reviewed the abdominopelvic CT scans performed after the completion of three or more cycles of Platinum based chemotherapy in 29 pts with proven epithelial ovarian cancer and residual lesions after primary surgery. These CT findings were compared with subsequent laparatomic findings.

Results: The correlation between radiologic and laparatomic findings was concordant in 72% (21/29) of pts and discordant in 27% (8/29).

After chemotherapy, 14 CT were negative (Clinical Complete Remission) and 15 were positive (14 Remission Partial and 1 Stable Disease), but between the 14 pts with negative CT there were only six pathological Complete Remissions whereas all 15 pts with positive CT were positive at surgery. Cumulatively laparatomy revealed either microscopic or macroscopic residual lesions in 23 pts, while 6 pts were completely tumour-free.

Conclusions: In our experience a positive CT always corresponded to positive surgical findings whereas a negative CT correlated with pathological Complete Remission only in 42% of the cases.

The positive predictive value was 100% and the negative predictive value of CT was only 38,4%.

1191 POSTER

Recurrent granulosa cell tumor of the ovary: Retrospective analysis

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Purpose: In this study, patients with Granulosa cell tumours (GCT) were evaluated retrospectively and recurrent cases characteristics and treatment outcomes were documented.

Methods: Forty-five patients (4.7%) with GCT were treated among 952 patients with ovarian cancer between 1979-1998. Nine of 45 patients (20%) developed recurrent disease on follow-up. All patients but one (stage Ia) had stage III disease. The specific recurrence sites were intraabdominal (liver, peritonea, spleen), 4; pelvic, 2; pelvic+intraabdominal, 2; lung, 1. Patients with only pelvic recurrence received only pelvic radiotherapy (2 patients) and patients with distant (intraabdominal, lung) ± pelvic recurrence received only chemotherapy of cisplatin, doxorubucine, cyclophosphamide (PAC) or cisplatin, cycphosphamide (PC) (5 patients). The other two patients with intraabdominal recurrence refused to receive treatment.

Results: The median age was 46 (16-54) years. The median recurrence time was 19 (5-29) months. Patients with only pelvic recurrence receiving only radiotherapy were dead of their disease progression 5 and 6 months from the diagnosis of recurrence. The other two patients who had no treatment were also dead of their disease progression 11 and 13 months after the recurrence. Among patients received chemotherapy, three complete and 1 partial responses were observed, for an overall response rate of 80%. One patient had progressive disease under the chemotherapy. Three of 5 patients receieved chemotherapy were dead of their disease progression 26, 41, 52 months while two patients who had complete response were alive without evidence of disease 25 and 33 months from the diagnosis of recurrence. The median survival after recurrence for all patients was 21 (5-52) months.

Conclusion: Despite the small number of patients in our study it can be concluded that chemotherapy may be the treatment of choice for recurrent granulosa cell tumour of the ovary.

1192 POSTER

Suppression of invasion and peritoneal carcinomatosis of ovarian cancer cell line by overexpression of bikunin

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Purpose: Bikunin, a Kunitz-type proteases inhibitor, was isolated from human amniotic fluid and urine. We previously reported that bikunin efficiently inhibits soluble and tumor cell-surface receptor-bound plasmin. Bikunin inhibits not only tumor cell invasion in an in vitro assay but also production of experimental and spontaneous lung metastasis in an in vivo mouse model. Recently, we reported that bikunin markedly supresses the cell motility possibly through negative regulation of PKC- and MEK/ERK/c-Jun dependent uPA expression.

In this study we first transfected an expression vector harboring a cDNA encording for human bikunin to human ovarian carcinoma cell line HRA, highly invasive cells, and investigated the effect of bikunin overexpression on the changes in tumor cell phenotype and invasiveness in the stably transfected clones.

Methods: We made bikunin transfectants and luciferase transfectants as a control vector. The parental cells were used as control. 1) Proliferation,