CA 125 Predicts Survival in Ovarian Ca Patients

VITALS

Major Finding: The recurrence-free survival rate was 81% in patients who had normalization of CA 125 after one cycle of chemotherapy, vs. 65% in patients who had CA 125 normalization after two cycles.

Data Source: A Gynecologic Oncology Group study of 350 women with early-stage epithelial ovarian cancer.

Disclosures: Dr. Chan has served on the speakers bureau for Ortho Biotech Inc. and GlaxoSmithKline. Dr. Rustin said he had no financial conflicts to disclose.

BY HEIDI SPLETE

SAN FRANCISCO — Normalization of CA 125 levels after one cycle of chemotherapy is a significant predictor of recurrence-free and overall survival in women with high-risk, early-stage epithelial ovarian cancer, based on data from 350 patients.

"Identifying subsets of early-stage, high-risk patients with good prognosis may improve the individualization of care," said Dr. John Chan in a presentation of the Gynecologic Oncology Group (GOG) study results at the Society of Gynecologic Oncologists annual meeting.

Previous research has shown that prechemotherapy levels of CA 125 are predictive of 5-year overall survival, but there is a lack of data on patterns of normalization in CA 125, said Dr. Chan of the cancer center at the University of California, San Francisco.

Reviewing data from GOG study 157, a multicenter, randomized, phase III trial, Dr. Chan and colleagues assessed the clinical impact of CA 125 normalization patterns. CA 125 levels of 35 IU/mL or less were considered normal.

All patients had one of the following types of epithelial ovarian cancer: stage IA/IB grade 3, stage IC, or stage II.

The patients had previously undergone primary surgery, and all received either three or six cycles of carboplatin/paclitaxel chemotherapy every 21 days.

Overall, 74% of the patients achieved normal CA 125 levels after one chemotherapy cycle, and 88% reached that threshold after two cycles.

The recurrence-free survival rate was 81% in patients who had normalization of CA 125 after one cycle of chemotherapy, vs. 65% in patients who had CA 125 normalization after two cycles.

At 84 months, the recurrence-free survival rate in women whose CA 125 remained normal after one cycle of chemotherapy was 87%, vs. 80% in women whose level changed from elevated to normal, and 68% in women whose level remained elevated.

The overall survival rates at 84 months in these three groups were 92% vs. 88% vs. 77%, respectively ($P = .009$)

"There was no difference with respect to stage and cell type in elevated CA 125 vs. normal CA 125," Dr. Chan noted.

In a discussion of the study, Dr. Gordon Rustin noted that its strengths included a large patient population and a clear indication of improved rates of recurrence-free survival with CA 125 normalization.

"But there is no accounting for the impact of surgery on CA 125," said Dr. Rustin of the Mount Vernon Cancer Centre in Northwood, England.

"What is the value [of CA 125]? Is it going to make any difference in our management?" he asked.

Dr. Chan responded that more research is needed to identify subgroups of high-risk patients who may not require additional chemotherapy. ■

QOL a Factor in Combo vs. Sequential Tx for Ovarian Ca

BY HEIDI SPLETE

SAN FRANCISCO — Combination docetaxel and carboplatin therapy significantly improved progression-free survival among women with recurrent platinum-sensitive ovarian cancer, compared with sequential therapy, in a randomized trial of 150 patients.

The improvement was associated with higher neurotoxicity, however, and quality of life studies are ongoing, Dr. Angeles Alvarez-Secord of Duke University in Durham, N.C., said at the annual meeting of the Society of Gynecologic Oncologists.

Combination therapy with docetaxel and carboplatin has been shown to improve survival in platinum-sensitive ovarian cancer patients, but it had not been compared with sequential therapy regarding efficacy and adverse events, Dr. Alvarez-Secord said.

VITALS

Major Finding: Median progression-free survival reached 13.7 months for women treated with combination docetaxel and carboplatin therapy, vs. 8.4 months for those treated with sequential therapy.

Data Source: A randomized trial of 150 women with recurrent platinum-sensitive ovarian cancer.

Disclosures: Dr. Alvarez-Secord has received grants and research support from or served as a consultant to several pharmaceutical companies and device manufacturers, including GlaxoSmithKline, Eli Lilly & Co., Sanofi-Aventis, Precision Therapeutics Inc., and Intuitive Surgical Inc.

In this multicenter, phase II study, median progression-free survival (the primary end point) reached 13.7 months for women who were treated with combination therapy, vs. 8.4 months for those who received the same drugs in sequence.

Median overall survival was similar at 33 months and 30 months.

After clinical variables were controlled for, women who were treated with sequential therapy had a 62% increased risk of disease progression, compared with those who received combination therapy.

The study population included women with platinum-sensitive peritoneal, ovarian, or tubal cancer who were enrolled between January 2004 and March 2009.

Their average age was 64 years; demographic characteristics were similar between the two groups.

One group of 75 women received 30 mg/m^2 of docetaxel (Taxotere) intravenously for 1 hour on days 1 and 8, combined with carboplatin (AUC = 6) IV on day 1, and repeated every 3 weeks for six cycles. The second group of 75 women received docetaxel 30 mg/m^2 intravenously for 1 hour on days 1 and 8 until disease progression or six cycles, followed by sequential carboplatin (AUC = 6) IV on day 1, repeated every 3 weeks for six cycles.

The overall response rates for the combination and sequential therapies were 55% and 43%.

The incidence of grade 2 or 3 neurotoxicity was higher in the combination therapy group (11.7% vs. 8.5%), as was the incidence of grade 3 or 4 neutropenia (36.8% vs. 11.3%).

"I was very surprised to see that the quality of life was superior for those patients that were treated with sequential monotherapy, compared with combination therapy," Dr. Alvarez-Secord said in an interview.

The clinical implication of the study is that combination therapy, although yielding a survival benefit, was associated with a worse quality of life, she said.

"It becomes a counseling issue," she continued.

The results contribute to the larger goal of being able to customize cancer care to a patient's preferences and priorities, rather than taking a one-size-fits-all approach, Dr. Alvarez-Secord said. ■