Background

Pegylated liposomal doxorubicin (PLD) can be used in combination with carboplatine as a first-line for the treatment of advanced ovarian cancer or in monotherapy for the treatment of advanced ovarian cancer in women who have failed a first-line platinum-based chemotherapy regimen.

Objectives

The aim was to compare the effectiveness of PLD in terms of Biochemical Progression-Free Survival (BPFS) when it is used in monotherapy or in a combinatorial drug therapy for first or second-line chemotherapy in women with recurrent ovarian cancer (ROC) who may or may not have undergone primary cytoreductive surgery. BPFS may be defined on the basis of an increase in a tumor marker (such as CA-125 for ovarian cancer).

Methods

Retrospective observational study of all patients treated with PLD for ROC over a period of 3 years (2012-2015). Data were collected from medical records which also stored patient characteristics, their disease, treatment received and CA-125 levels. Effectiveness was mainly evaluated with the BPFS. Descriptive statistical analysis and cohort comparison was done. Demographic and clinical parameters were collected from the clinical history.

Results

16 patients were included, with a mean age of 64 years (95% Confidence Interval: 45-79). Stage III or higher was present in 15 (94%) of patients at diagnosis. The PLD-carboplatine combination was used in 69% (11) and 31% (5) received PLD monotherapy. In more than 90.0% of cases PLD was used as second-line treatment. The median BPFS in PLD monotherapy group was 2.6 months (13 weeks) versus 9.2 months (46 weeks) in PLD-carboplatine combination (p=0.031).

Conclusions

The addition of PLD when treating ROC was associated with increases in BPFS. The benefit obtained was greater in the subgroup of patients with platine combination than that with PLD monotherapy.

References