

Adjuvant chemotherapy with paclitaxel and carboplatin in patients with advanced carcinoma of the upper urinary tract: a study by the Hellenic Cooperative Oncology Group.

[Bamias A](#), [Deliveliotis Ch](#), [Fountzilias G](#), [Gika D](#), [Anagnostopoulos A](#), [Zorzou MP](#), [Kastritis E](#), [Constantinides C](#), [Kosmidis P](#), [Dimopoulos MA](#).

Source

Department of Clinical Therapeutics University of Athens, School of Medicine, Athens, Greece.
abamias@med.uoa.gr

Abstract

PURPOSE:

Radical surgery represents the treatment of choice for carcinoma of the upper urinary tract. Nevertheless, approximately 50% of patients with stage T \geq 3 or lymph node involvement die from their disease, mainly as a result of the development of distant metastases. Therefore, there is a need for effective adjuvant systemic treatment. We prospectively studied a cohort of patients who underwent surgery for high-risk carcinoma of the upper urinary tract to assess the feasibility of the combination of paclitaxel and carboplatin as adjuvant treatment.

PATIENTS AND METHODS:

Thirty-six patients with tumor stage \geq 3 or lymph node involvement were treated with four cycles of paclitaxel at 175 mg/m² and carboplatin (area under the curve 5, Calvert Formula) every 3 weeks following surgery.

RESULTS:

Median follow-up was 40.6 months. Chemotherapy was well tolerated with 32 patients (89%) receiving full carboplatin and paclitaxel doses without delays. The most frequent grade 3/4 toxicity was neutropenia (39%), which was complicated with fever in only one case (3%). Nonhematologic grade 3 or 4 toxicities were reported in only one case. Five-year survival was 52% (95% CI, 35% to 69%), while 5-year disease-free survival was 40.2% (95% CI, 15.8% to 64.6%). Local failure rate was 30%, as opposed to 17% of patients who developed distant metastases. No patients with grade 2 tumors relapsed during follow-up, as opposed to 60% of patients with grade 3 tumors.

CONCLUSION:

Adjuvant chemotherapy with paclitaxel and carboplatin is feasible and may reduce the risk of distant metastases in high-risk upper urinary tract carcinoma.

Comment in

- [Adjuvant chemotherapy with Paclitaxel and Carboplatin in patients with advanced carcinoma of the upper urinary tract: a study by the hellenic cooperative oncology group.](#) [J Urol. 2005]