

[Ann Oncol](#). 2005 Jul;16(7):1116-22. Epub 2005 May 31.

Paclitaxel plus carboplatin versus paclitaxel plus alternating carboplatin and cisplatin for initial treatment of advanced ovarian cancer: long-term efficacy results: a Hellenic Cooperative Oncology Group (HeCOG) study.

[Aravantinos G](#), [Fountzilas G](#), [Kosmidis P](#), [Dimopoulos MA](#), [Stathopoulos GP](#), [Pavlidis N](#), [Bafaloukos D](#), [Papadimitriou C](#), [Karpathios S](#), [Georgoulas V](#), [Papakostas P](#), [Kalofonos HP](#), [Grimani E](#), [Skarlos DV](#); [Hellenic Cooperative Oncology Group](#).

Source

Agii Anargiri Cancer Hospital, Athens, Greece. hecogaga@otenet.gr

Abstract

BACKGROUND:

We compared the combination plus Carboplatin plus paclitaxel, which is considered the treatment of choice for initial chemotherapy of advanced ovarian cancer (AOC) with a regimen combining alternating carboplatin and cisplatin plus paclitaxel. The two platinum derivatives have been previously combined as they are not totally cross-resistant and as they share no overlapping toxicities.

PATIENTS AND METHODS:

Patients with AOC, after the initial cytoreductive surgery were randomized to either 6 courses of paclitaxel at 175 mg/m² as 3 h infusion plus Carboplatin at 7 AUC (Arm A) or Paclitaxel at the same dose plus Carboplatin again at 7 AUC for cycles 1,3,5, while for cycles 2,4,6 Cisplatin at 75 mg/m² substituted for Carboplatin (Arm B).

RESULTS:

247 patients are analyzed. Significant differences were not found, both in terms of PFS (38 vs 39 months, p=0.95) and overall survival (40.6 vs 38.6 months, p=0.79). There was not also difference in 5-year survival rate (35% vs 39%) or 5-year PFS rate (23% vs 28%). Age >60, PS 2, stage IV disease and presence of residual disease were adversely related to the overall survival.

CONCLUSION:

Both regimens are well tolerated and effective. Alternating cisplatin with carboplatin does not improve the results compared with the standard combination.