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Efficacy of palonosetron for prevention of chemotherapy induced nausea and vomiting in patients with stomach cancer receiving FOLFOX4 regimen

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Background: Palonosetron, a unique second generation 5-HT3RA, has demonstrated superiority in preventing both acute and delayed emesis when compared with the first-generation 5-HT3RAs. The aim of this trial was to assess the efficacy and the safety of a single dose of palonosetron in patients with stomach cancer receiving moderately emetogenic chemotherapy, FOLFOX4 regimen. Methods: Patients received a single intravenous bolus of palonosetron (0.25 mg) before administration of oxaliplatin. Nausea and vomiting were evaluated over 7-day period. Also the adverse effects were reported. Complete response (CR) was defined as no vomiting without use of rescue medication during overall phase (0-168h) and complete control (CC) was defined as CR and only mild nausea. The primary endpoint was CR during overall study period. Efficacy and toxicity was compared to our immediate historical cohort 108 patients treated with ondansetron. Results: Between March and September 2010, we enrolled 48 patients with histologically confirmed stomach cancer scheduled to receive FOLFOX4 regimen. More than half of the patients had not received any previous chemotherapy (66.7%) and all of patients had stage IV disease. Complete response rate during overall phase was 54.2% (palonosetron, ITT cohort) and 38.9% (ondansetron, histologic cohort). The proportion of patient with a CC during the acute phase (0-24h) was significantly higher in the ITT cohort [44 of 48 patients (91.6%)] than in the histologic cohorts [81 of 108 patients (75.0%)]. All adverse events induced by palonosetron were mild, especially patients had no gastrointestinal adverse events like diarrhea, constipation. Conclusion: Palonosetron is a very effective antiemetic drug for the prevention of nausea and vomiting in patients with stomach cancer receiving FOLFOX4 chemotherapy. It is meaningful result because study population consist of very homogenous stomach cancer patients group and there's few side effect of gastrointestinal system.

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Subsequent platinum based re-treatment of platinum-resistant ovarian cancer: 7 cases review

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Patients who relapse within 6 months after completion of therapy are thought to be "platinum‐resistant"(Pt-R) and felt to have a worse prognosis. Currently, Single agent such as topotecan, liposomal doxorubicin, vinorelbine, docetaxel and gemcitabine is used as second line setting for patients with Pt-R ovarian cancer. But, some articles have been reported that patients who have Pt-R ovarian cancer may still benefit from re-treatment with platinum compounds after an interval of treatment with nonplatinum agents. The purpose of our study was to review our experience with subsequent platinum based re-treatment in women with Pt-R ovarian cancer. We studied seven patients who had relapsed within six months of their recent exposure to platinum. They were treated with platinum based combination with topotecan, irinotecan, or docetaxel. The median age was 52 years, six patients was received paclitaxel and carboplatin combination chemotherapy prior to re-treatment with platinum compounds. They received a median number of six cycles as first line chemotherapy. Two patients achieved complete response(CR) and 5 had stable disease(SD). The median time to progression(TTP) of 1st line treatment was 8.5 months (95% CI 7.8-9.3) and the median platinum free interval was 4.6 months. All of them had good performance status(ECOG 0) before 2nd line treatment. Four patients received docetaxel-carboplatin and 3 had topotecan/irinotecan-cisplatin combination regimen. A median number of 6 cycles as re-treatment with platinum compounds was received. One patient achieved CR, one patient achieved partial response, while 5 patients achieved SD. The median TTP for these seven patients after re-treatment with platinum compounds was 7.3 months (95% CI 5.1-9.4). Four patients had progressive disease and received further salvage therapy with another regimen. The median overall survival from the time deemed to be Pt-R is 22.8 months (95% CI 18.8-26.8). Our small retrospective series suggest that the Pt-R category is still less clear. Patients who have been deemed Pt-R may still benefit from subsequent platinum based re-treatment.