

OVARIAN CANCER TREATMENT REGIMENS

The selection, dosing, and administration of anticancer agents and the management of associated toxicities are complex. Drug dose modifications and schedule and initiation of supportive care interventions are often necessary because of expected toxicities and because of individual patient variability, prior treatment, and comorbidities. Thus, the optimal delivery of anticancer agents requires a healthcare delivery team experienced in the use of such agents and the management of associated toxicities in patients with cancer. The cancer treatment regimens below may include both FDA-approved and unapproved uses/regimens and are provided as references only to the latest treatment strategies. Clinicians must choose and verify treatment options based on the individual patient.

NOTE: GREY SHADED BOXES CONTAIN UPDATED REGIMENS.

Principle of therapy: All regimens involving primary chemotherapy/primary adjuvant therapy include intravenous (IV) and intraperitoneal (IP) options, and may be used for epithelial ovarian, primary peritoneal, and Fallopian tube cancers.¹

REGIMEN	DOSING
Intravenous First-Line Primary Chemotherapy/Primary Adjuvant Therapy (Stage II–IV)	
Paclitaxel (Taxol) + carboplatin (Paraplatin) ^{1,2}	Day 1: Paclitaxel 175mg/m ² IV administered over 3 hrs + carboplatin AUC=5–7.5mg/mL/min IV administered over 1 hr. Repeat every 3 weeks for 6 cycles.
Docetaxel (Taxotere) + carboplatin ^{1,3}	Day 1: Docetaxel 60–75mg/m ² IV followed by carboplatin AUC=5–6mg/mL/min IV. Repeat every 3 weeks for 6 cycles.
Dose-dense paclitaxel + carboplatin ^{1,4}	Day 1: Carboplatin AUC=6mg/mL/min IV administered over 1 hr, plus Days 1, 8, and 15: Paclitaxel 80mg/m ² IV administered over 1 hr. Repeat every 3 weeks for 6 cycles.
Intraperitoneal First-Line Therapy for Advanced Disease	
Paclitaxel + cisplatin (Platinol; CDDP) ^{1,5}	Day 1: Paclitaxel 135mg/m ² continuous IV infusion over 24 hrs, followed by Day 2: Cisplatin 75–100mg/m ² IP, followed by Day 8: Paclitaxel 60mg/m ² IP (maximum body surface area 2m ²). Repeat every 3 weeks for 6 cycles.

References

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. NCCN Clinical Practice Guidelines in Oncology™. Ovarian Cancer including Fallopian Tube Cancer and Primary Peritoneal Cancer. v 2.2012. Available at: http://www.nccn.org/professionals/physician_gls/pdf/ovarian.pdf. Accessed May 11, 2012. 2. Ozols RF, Bundy BN, Greer BE, et al; Gynecologic Oncology Group. Phase III trial of carboplatin and paclitaxel compared with cisplatin and paclitaxel in patients with optimally resected stage III ovarian cancer: a Gynecologic Oncology Group study. <i>J Clin Oncol</i>. 2003;21:3194–3200. 3. Vasey PA, Jayson GC, Gordon A, et al; Scottish Gynaecological Cancer Trials Group. Phase III randomized trial of docetaxel- | <p>carboplatin versus paclitaxel-carboplatin as first-line chemotherapy for ovarian carcinoma. <i>J Natl Cancer Inst</i>. 2004;96:1682–1691.</p> <ol style="list-style-type: none"> 4. Katsumata N, Yasuda M, Takahashi F, et al; Japanese Gynecologic Oncology Group. Dose-dense paclitaxel once a week in combination with carboplatin every 3 weeks for advanced ovarian cancer: a phase 3, open-label, randomised controlled trial. <i>Lancet</i>. 2009;374:1331–1338. 5. Armstrong DK, Bundy B, Wenzel L, et al; Gynecologic Oncology Group. Intraperitoneal cisplatin and paclitaxel in ovarian cancer. <i>N Engl J Med</i>. 2006;354:34–43. |
|--|--|

(Revised 05/2012)
© 2012 Haymarket Media, Inc.