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THE INFLUENCE OF SURGICAL-CHEMOTHERAPY INTERVAL ON THE CLINICAL OUTCOME OF PATIENTS WITH OVARIAN CARCINOMA: THE SHORT-TERM MORBIDITY AND CA 125 LEVEL

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Background:

We hypothesized that longer interval between primary debulking surgery and adjuvant chemotherapy has less adverse effects on short term morbidity in ovarian carcinoma. The primary objective of this randomized controlled trial is to assess the impact of interval between times of debulking surgery to the adjuvant chemotherapy, on the short term morbidity.

Materials and Methods:

We randomized 43 patients of operable epithelial ovarian cancer (stage IB to IIIC) from Jan 2008 to Jan 2010, who underwent primary debulking surgery into two groups. The first group commenced adjuvant chemotherapy with a combination of carboplatin and paclitaxel within two weeks following primary surgery, and the second group had the same regime of adjuvant chemotherapy six weeks after the primary surgery.

Results:

Patients who received adjuvant chemotherapy two weeks after primary surgery (n=22) has better response in terms of CA125 reduction after completing six cycles of chemotherapy (P=0.002) compared to patients commenced on chemotherapy six weeks after primary surgery (n=21); however, there was more incidence of anaemia after completing three cycles of chemotherapy (P<0.001) There was no significant difference in terms of incidence of wound breakdown, neutropaenia and thrombocytopenia as well as clinical response during chemotherapy between these two groups.

Conclusion:

This study indicates that the time interval between primary surgery to the commencement of adjuvant chemotherapy has no major impact on the short term morbidity, but better CA125 response.

Keywords:

CA125, chemotherapy, ovarian carcinoma