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Real-life experience using trabectedin plus pegylated liposomal doxorubicin combination to treat patients with relapsed ovarian cancer

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ABSTRACT

The goal of recurrent ovarian cancer (ROC) treatment is no longer just palliation, but prolonging survival. This is usually through administering a new line of chemotherapy at each relapse. A novel treatment sequencing strategy to achieve this is through the intercalation of an effective non-platinum alternative, in between platinum-based therapies. Trabectedin in combination with pegylated liposomal doxorubicin (PLD) has been fully available privately in the UK since 2009 for treating patients with ROC. A single institution's experience with the trabectedin + PLD combination, as a non-platinum/non-taxane alternative, to intercalate between platinum-based therapies is reported here. To date 6 patients have been successfully treated with trabectedin + PLD at Broomfield Hospital, Chelmsford, Essex. Here we describe a new, practice-changing treatment approach in a real-life case study of a heavily-treated patient with advanced ROC treated with trabectedin + PLD at fourth-line and then subsequently rechallenged at seventh-line; with treatment continuing until disease progression.

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Real-life patient experience: UK case presentation

A 49-year old woman presented in October 2007 with abdominal bloating, pain, and obvious ascites. After imaging data was obtained, in December 2007 the patient underwent total abdominal hysterectomy (TAH)/bilateral salpingo-oophorectomy (BSO) and debulking surgery to remove as much of the tumour as possible. After surgery the patient was diagnosed with serous ovarian adenocarcinoma, stage III C.

First-line chemotherapy was the recommended taxol/carboplatin combination standard-of-care for 3 cycles, which finished in March 2008. In June 2010 the patient relapsed and there was recurrence of disease, presenting as rapidly accumulating ascites.

The patient was rechallenged with platinum second-line; treatment was taxol/carboplatin for 6 cycles, which was completed in October 2010. The patient responded well to treatment with the ascites disappearing. The patient then agreed to participate in a phase II study investigating the CA-125 doubling time in patients with advanced disease treated with tamoxifen citrate [1].

In April 2011 there was recurrence of disease, and in August 2011 the patient received trabectedin + PLD combination for 5 cycles as fourth-line therapy. The patient achieved a good clinical response according to CA-125 measurement, and the chemotherapy was stopped given the good clinical status of the patient.

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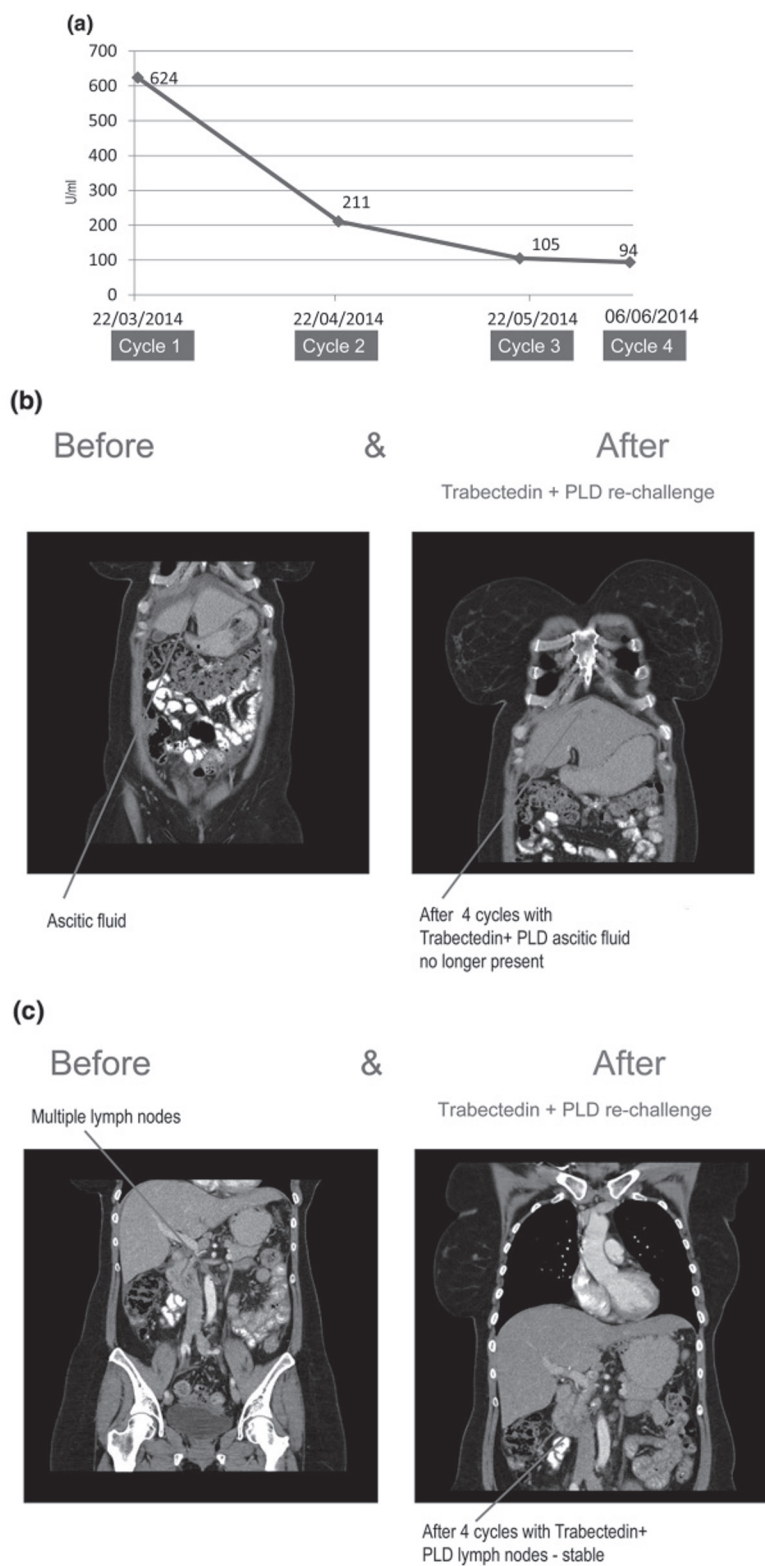


Fig. 1 – (a) CA-125 measurement following treatment with trabectedin + PLD. (b) CT images of the patient after 4 cycles of trabectedin + PLD showing improvement in symptoms (ascitic fluid). (c) CT images of the patient after 4 cycles of trabectedin + PLD showing changes in lymph nodes.

In January 2012 the patient experienced disease progression and received subsequent treatment with gemcitabine/carboplatin/bevacizumab combination therapy for 6 cycles, plus bevacizumab 15 mg/kg every 3 weeks as maintenance therapy.

In June 2013 the patient experienced further disease progression and received taxol/carboplatin as weekly treatment for 6 cycles until January 2014, after which the patient's disease was stable.

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