

# Two Cases Of Complete Radiologic Response to Single Agent Chemotherapy of Elderly Inoperable Ovarian Cancer.

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## Abstract

Ovarian cancer is the second most common gynecologic tumor in elderly women in Turkey and over 90% of ovarian cancers had epithelial histology. Surgery and adjuvant chemotherapy is the standard approach but in elderly and unfit patients there was no standard chemotherapy option. Here, we presented two cases reports treated with single agent and had been showed complete radiologic and biochemical response without surgery.

**Keywords:** Elderly, ovarian cancer, single agent chemotherapy

## Introduction

Ovarian cancer is the second most common gynecologic tumor in elderly women in Turkey and over 90% of ovarian cancers had epithelial histology<sup>1</sup>. Epithelial ovarian cancer (EOC) is treated with surgery and then adjuvant chemotherapy as need but 75% of patients were diagnosed at stage III and IV so, surgery may not be a first option especially elderly patients. In these patients, neoadjuvant chemotherapy can be a good option but, in elderly and unfit patients there was no standard chemotherapy option. Here, we presented two cases reports treated with single agent and had been showed complete radiologic and biochemical response without surgery.

## Case Reports

**Case 1:** A 78 years old patient presented with abdominal mass, pain and gastrointestinal discomfort. On physical examination, she had severe ascites and with performance status of 2 (ECOG). She was accepted as inoperable by gynecologic surgery. Her pathologic cytology demonstrated EOC on April 2015. Her CA 125 levels was 750 U/mL. On abdominal CT it has been shown multiple peritoneal implants, severe ascites, and ovarian mass with stage IIIB (figure 1A).

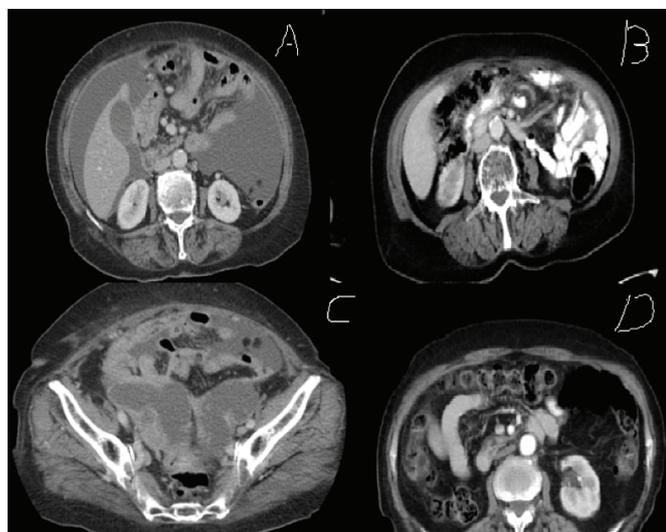


Figure 1: Two patients' abdominal imaging showed complete response of radiologic findings. A: First case of imaging for before therapy, B: after therapy. C: second case of imaging for before therapy, D: after therapy

She had diabetes and hypertension on medical history. Chemotherapy was started as a single agent of carboplatin AUC

5 every 21 days period. After second cycle her performance status was improved and chemotherapy was completed to 6th cycle. First and last control of abdominal CT showed no residual disease (figure 1B) and her CA 125 levels become in normal ranger after 3rd cycle of chemotherapy. She denied surgery following 4th and 6th cycles. She had on still complete response with 18 months of follow up.

**Case 2:** A 81 years old patients admitted to gynecology department with a complaint of abdominal swelling and constipation. On physical examination, moderate pretibial edema and severe ascites were determined. On radiologic evaluation, she had ovarian mass with severe ascites and omental cake and liver metastases (figure 1 C). Her Ca 125 levels higher than 1200 U/mL and pathologic examination showed mucinous epithelial ovarian cancer. Her performance status and comorbidities hindered her surgery. Patients had been treated by weekly paclitaxel 80 mg/m<sup>2</sup> as D1, D8 and D15 every 28 days because of her performance status (ECOG 2). Following the second cycle of D8 she became better performance status with decreased ascites on physical examination. Patient treated with 6 cycles of paclitaxel and follow up for 2 years. On abdominal imaging, she had no finding of cancer (figure 1D) with normal CA 125 levels and she were still alive for 2.5 years.

## Discussion

Epithelial ovarian cancer is most common histologic type of ovarian tumors and standard treatment is cytoreductive surgery as much as and then adjuvant chemotherapy with taxane and platine combination. We know that elderly patients with ovarian cancer had worse prognosis compared to younger patients<sup>3</sup>. Maas et al. reported that only 45% of patients with ovarian cancer who were older than 70 years underwent optimal oncologic management but 83% of younger receive optimal treatment<sup>4</sup>. Another study also defined 50% of older patients can receive optimal treatment<sup>5</sup>. Largest series were presented with Muralikrishnan et al.<sup>6</sup>. The authors treated 78 patients diagnosed with EOC who were older than 65 years of age, 80% of them completed the all cycles of chemotherapy with paclitaxel and carboplatin combination. The median progression free survival was 13 months in patients with stage IV and overall survival was around 3.5 years. In our two cases,

we treated them single agent either paclitaxel or carboplatin, they had also over than 18 months of PFS. We did not start with combination because of comorbidities and performance status of them. In the EWOC2 study, 75 patients over 70 years of age with ovarian cancer could treated with carboplatin and paclitaxel combination, only 68% of these women could complete this combination without any dose reduction<sup>7</sup>. In our cases, we did not have dose reduction, patients were well tolerated all cycles of chemotherapy. In the middle term of treatment and at the end of the treatment we advised surgery but patients refused the any invasive procedure so, they follow up with radiologic examination without any relapse finding.

In conclusion, surgery is the standard treatment of epithelial ovarian cancer a with following adjuvant chemotherapy but, in some situations depend on either patient preference or medical status, surgery cannot be an option. Single agent chemotherapy can prolong overall survival in selected elderly patient diagnosed with EOC.



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