Roshan Prajapati et al., Gynecol Obstet 2018, Volume 8
DOI: 10.4172/2161-0932-C2-027

Nano particle formulation Paclitaxel (Nanoxel) – Alternative to conventional Paclitaxel in the treatment of advanced epithelial ovarian cancer as neo adjuvant chemotherapy

Roshan Prajapati, Dangi A and **Boyaju B**
Bhaktapur Cancer Hospital, Nepal

Background: Epithelial ovarian cancer (EOC) is the leading cause of death in women with gynecological malignancy. Approximately 70% of women with EOC are diagnosed with advanced stage of disease, which is associated with high morbidity and mortality. Currently, standard primary therapy for patients with advanced EOC is primary debulking surgery (PDS) aiming to remove all visible tumor tissue, followed by adjuvant chemotherapy (ACT) with paclitaxel and carboplatin. EOC is one of the most sensitive of all solid tumors to cytotoxic drugs, with over 80% of women showing a response to standard chemotherapy combining taxane and platinum. Due to inadequate screening tools and a lack of early clinical symptoms, approximately 70% of women with EOC are diagnosed with advanced stage of disease, which is associated with high morbidity and mortality. Recently, interval debulking surgery (IDS) after a short course of neoadjuvant chemotherapy (NACT), usually three cycles of chemotherapy, has become a possible alternative treatment option to standard treatment in patients unable to undergo complete resection during PDS.

Objectives: To evaluate the benefits and toxicity of nano particle formulation paclitaxel (nanoxel) in advanced ovarian cancer as neo adjuvant chemotherapeutic agent instead of conventional paclitaxel.

Design: Retrospective descriptive study.

Methods: The case records of patient presenting with advanced ovarian cancer stage IIIc to IV who received neo adjuvant chemotherapy prior interval cytoreductive surgery between 2016 Jan to 2017 Jan at Bhaktapur Cancer Hospital were analyzed. Demographic and clinical data were reviewed.

Result: Total of 32 patients, received NACT, and all patients received nano paclitaxel and carboplatin based regimen weekly day 1, day 8 and day 15 every 4 weeks. Out of 32 patients, 15 (46.87%) patients were of high grade serous adenocarcinoma, 5(15.62%) were of mucinous cystadenocarcinoma, and rest of 12 (37.5%) were of other histology. 26 patients were presented with stage IIIC, 6 patients with stage IV. On the basis of CT scan report and clinical examination, the clinical efficacy and toxicities were evaluated, 6(18.75%) obtained complete response to NACT, 24(74%) obtained partial response, and 2(6.25%) were non-responder to NACT. All the patients who received neo adjuvant nano paclitaxel based chemotherapy were observed for its toxicity and no any significant results were found.

Conclusion: Nano particle formulation paclitaxel (nanoxel) based neo adjuvant chemotherapy is as effective as conventional paclitaxel with good tolerance and less toxicity.

Biography

Roshan Prajapati has pursued his MBBS from Chuvash State University Medical Academy, Russia. He completed her MD in Medical Oncology from Zhengzhou University. Presently he is working as a Physician and Surgeon in Bhaktapur Cancer Hospital, Nepal. He received IMA Fellowship (Gynae Oncology) from Rajiv Gandhi Cancer Institute.

prajapatiroshan@hotmail.com