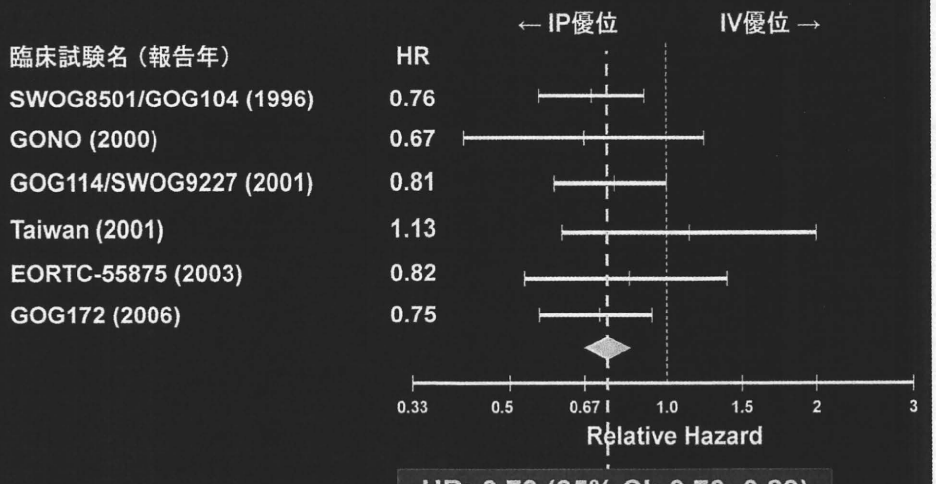
Meta-analysis
IP or IP/IV vs. IV Therapy



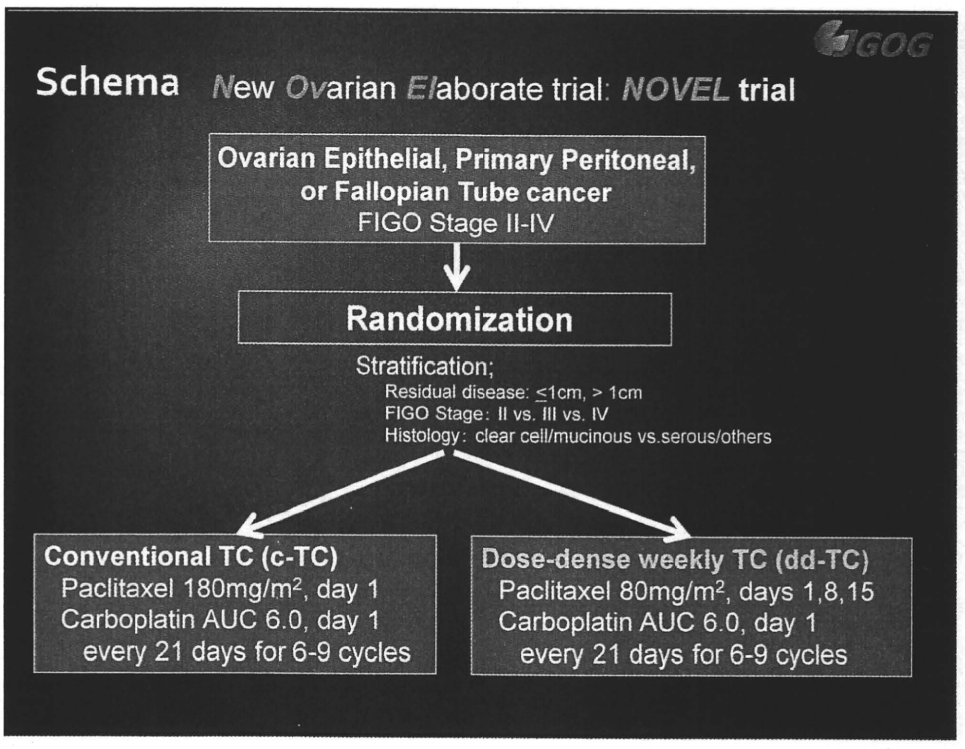
NCI Clinical Announcement 12/29/2005

Background -1-

- Three large randomized phase III trials conducted by US GOG have shown significant improvement of OS and/or PFS on ovarian cancer by applying the IP cisplatin-based chemotherapy.
- Metaanalysis of IP chemotherapy showed reduction of Hazard Ratio to 22%, and NCI US has published a clinical announcement recommending IP chemotherapy for optimally debulked stage III ovarian cancer patients.
- Despite these facts, IP chemtherapy has not been applied as standard chemotherapy for this patient population.
- One of the reason for this is the use of cisplatin as IP chemotherapy agents, although current standard agent is carboplatin, when given IV route.

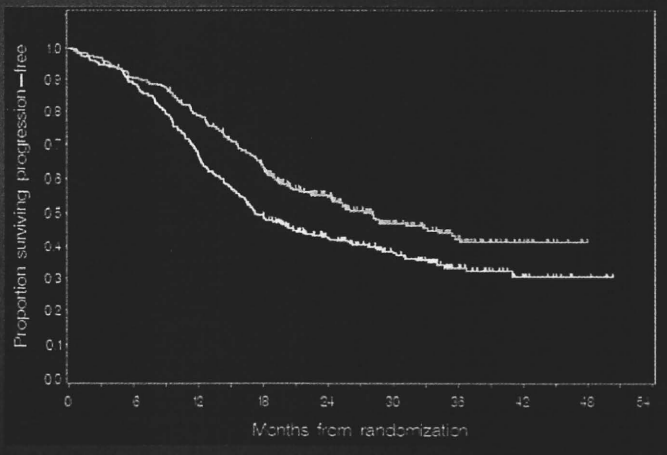
Background -2-

- JGOG3016 Trial showed a significant improvement of PFS and OS by using dose-dense weekly administration of paclitaxel compared with conventional tri-weekly administration of paclitaxel in combination with tri-weekly administration of IV carboplatin.



GOG - NOVEL

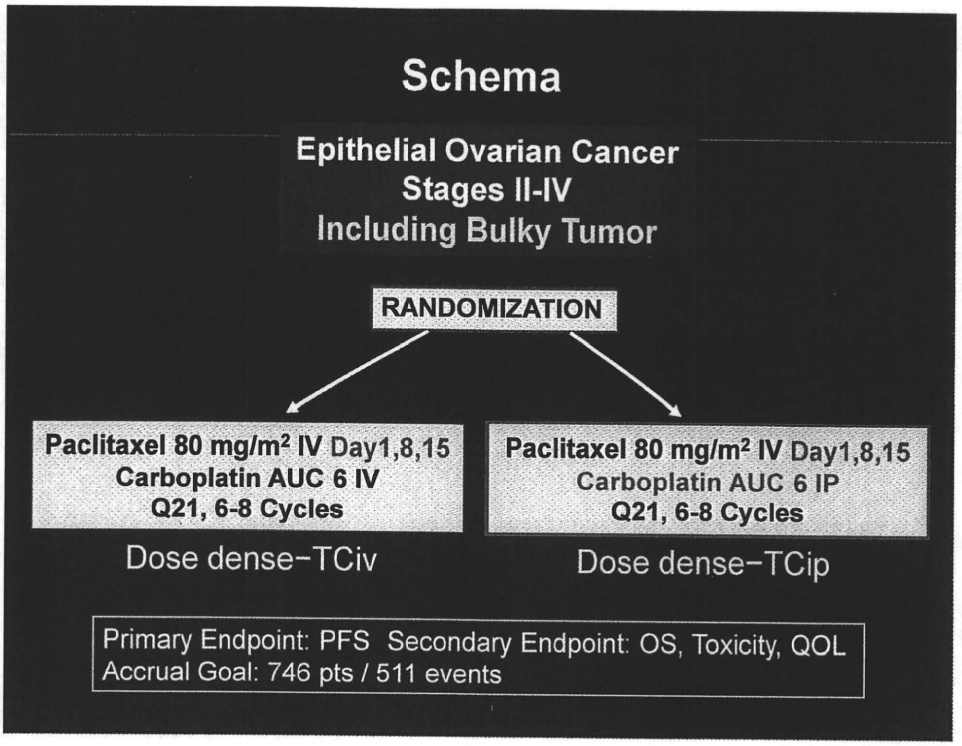
Progression-Free Survival

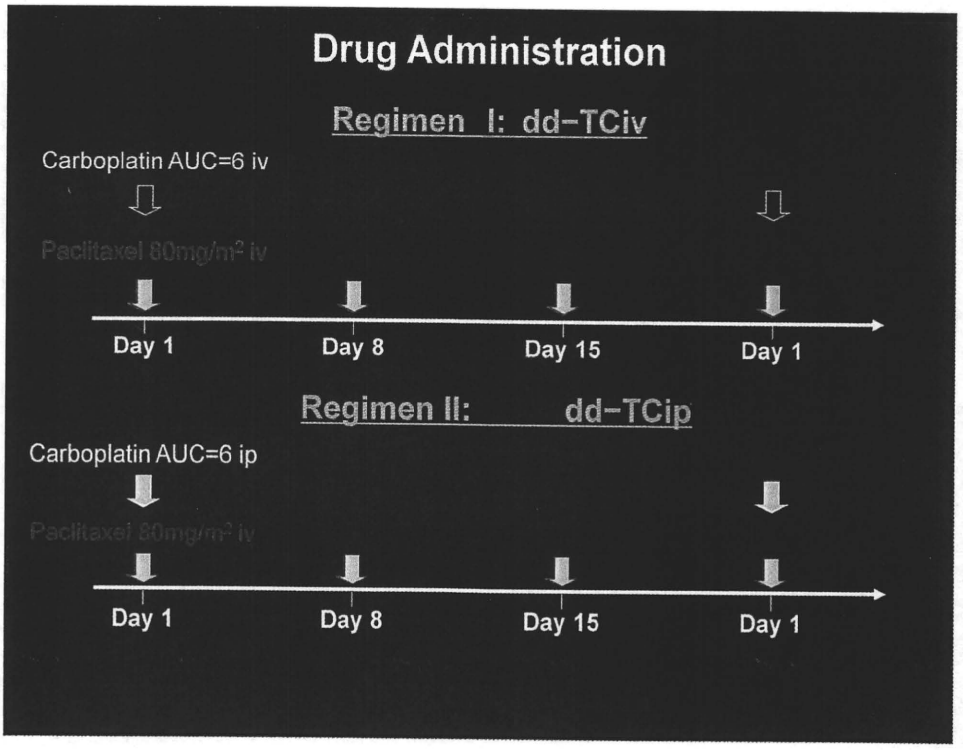


Treatment	n	Event	Median PFS	P value	HR	95%CI
c-TC	319	200	17.2 mos.			
dd-TC	312	160	28.0 mos.	0.0015	0.714	0.581-0.879

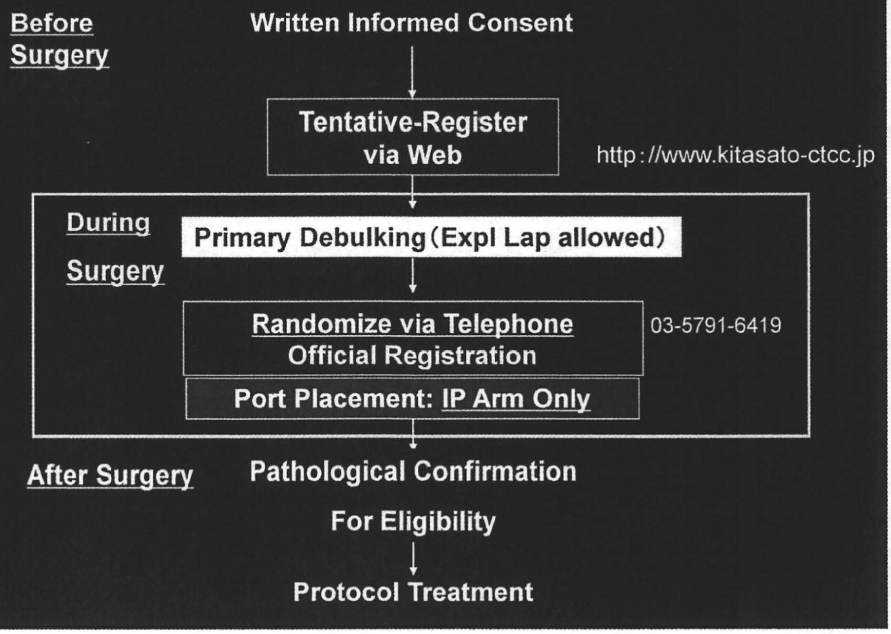
Purpose

- To compare the efficacy and safety of IP carboplatin with current standard IV route in combination with dose-dense weekly schedule of IV paclitaxel administration.


Schema
Epithelial Ovarian Cancer
Stages II-IV
Including Bulky Tumor
RANDOMIZATION
Paclitaxel 80 mg/m² IV Day1,8,15
Carboplatin AUC 6 IV
Q21, 6-8 Cycles
Paclitaxel 80 mg/m² IV Day1,8,15
Carboplatin AUC 6 IP
Q21, 6-8 Cycles
Dose dense-TCiv
Dose dense-TCip
Primary Endpoint: PFS Secondary Endpoint: OS, Toxicity, QOL
Accrual Goal: 746 pts / 511 events


Drug Administration
Regimen I: dd-TCiv
Carboplatin AUC=6 iv
Paclitaxel 80mg/m² iv
Day 1
Day 8
Day 15
Day 1
Regimen II: dd-TCip
Carboplatin AUC=6 ip
Paclitaxel 80mg/m² iv
Day 1
Day 8
Day 15
Day 1

Registration Procedure



Key Eligibility

1) The patient must be planned to undergo laparotomy surgery. Since this trial includes patents with both optimal and suboptimal residual disease, the patients anticipating with exploratory laparotomy are also eligible.
2) Patient who is preoperatively anticipated to be FIGO II to IV epithelial ovarian, fallopian tube or primary peritoneal cancer is eligible for Pre-Registration. And the patient must be clinically stage II-IV at the time of Formal Registration.
3) Patient who singed the consent for the placemat of IP port system when she is assigned to the IP Arm.

Eligibility Continued

4) The patients who are planned to receive chemotherapy within 8 weeks after initial surgery.

5) ECOG Performance Status must be 0 - 2

6) Patient must have adequate organ functions.

7) Survival can be expected 3 month or more.

8) Age 20 or older

9) Written Informed Consent.

Exclusion

1) Patients with Borderline Malignancies.
2) Patients who have received chemotherapy or radiation therapy for the current disease before enrolment.
3) Patients with any of active concurrent malignancies or past history of malignancies of which the follow up is within 5 years.
4) Patients with severe complications: Patients with severe heart disease or cerebro vascular disease, or uncontrolled diabetes or hypertension, pulmonary fibrosis, interstitial pneumonitis, active bleeding, active gastrointestinal ulcer, or sever neuropathy.
5) Patients with history of hypersensitivity polyoxyethylene castor oil.
6) Patients with pleural effusion that need continuous drainage.
7) Patients with active infectious disease.
8) Patients with possibility of pregnancy, or under breast-feeding.
9) Patients with symptomatic brain metastasis.
10) Patients whose circumstances at the time of entry onto the study would not permit completion of study or required follow-up.

Protocol Treatments

Control Arm

- **Regimen I: dd-TCiv**

Paclitaxel	**: 80mg/m²**	**1 hr iv**	**Day 1, 8, 15**
Carboplatin	**: AUC=6.0**	**1 hr iv**	**Day 1**

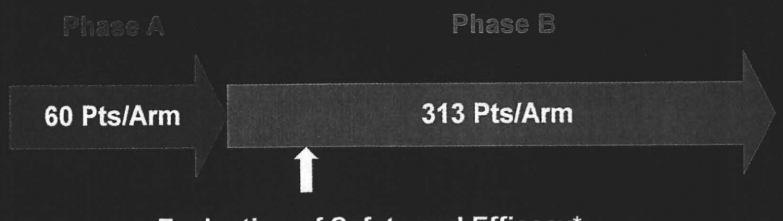
Experimental Arm

- **Regimen II: dd-TCip**

Paclitaxel	**: 80mg/m²**	**1 hr iv**	**Day 1, 8, 15**
Carboplatin	**: AUC=6.0**	**one shot ip**	**Day 1**

- **Q** 21 days/1 Cycle Repeat 6 to 8 cycles。
- IDS canl be performed after 3 to 5 cycle, and up to 3 additional cycles can be administered
- If IDS is not undergo, protocol treatment should be completed at 6 cycle.

Trial Phase



Evaluation of Safety and Efficacy*

Patient Assessment

Phase II Part = phase A

Phase III Part = phase A + phase B

* IDMC will assess the feasibility of conducting Phase B at the time when all CRFs are collected.

** Final analysis will performed either when planned follow-up is completed or when 510 events are observed.

Endpoints

- Phase II Part （phase A）
  Feasibility
  (treatment completion rate, toxicity, response rate, etc)
- Phase III Part （phase A + phase B）
  Primary Endpoint: PFS
  Secondary Endpoint: OS
  Response Rate
  （only for measurable disease）
  Toxicity
  Treatment Completion Rate
  QoL
  Cost Effectiveness

Starting Criteria for Chemotherapy

- Day1

	Value
ANC	≧1,000 /mm^3
PLT	≧75,000 /mm^3
Peripheral Neuropathy	≦Grade1
Other Non-Hem Tox (Except alopecia, fatigue, nausea, constipation)	≦Grade1以下

Up to 3 weeks delay will be acceptable

- Day 8 and 15

	Value
ANC	≧500 /mm^3
PLT	≧50,000 /mm^3

Up to 3 weeks delay will be acceptable

Dose Reduction Criteria

Criteria	Agent
Delay 2 week to 3 week	Both Pacalitaxel and Carboplatin -1 Level
DLT-ANC* DLT-PLT**	
Grade 3 Non-Hem Tox in the previous cycle (Except Fatigue, Nausea/Vomiting, Constipation, and Peripheral Neuropathy)	
Peripheral Neuropathy ≥ Grade 2	Paclitaxel only -1Level

*DLT-ANC
① Febrile Neutropenia
② G 4 Neutropenia ≥ 7 days despite the use of G-CSF
**DLT-PLT
① Grade 4 thrombocytopenia
② Grade 3 thrombocytopenia with hemorrhage or platelet transfusion

Dose Modification

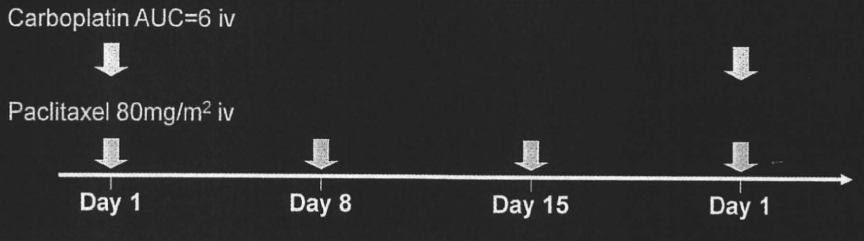
Level	Paclitaxel (mg/m^2)	Carboplatin (AUC)
0	80	6.0
-1	70	5.0
-2	60	4.0
-3	off protocol	off protocol

Protocol Treatment

● **Regimen I: dd-TCiv arm**

Example

Day 1	Premedication	
	Saline 250ml + Paclitaxel 80mg/m²	div (60 min)
	Saline 250ml + Carboplatin AUC=6	div (60 min)
Day 8	Premedication	
	Saline250ml + Paclitaxel 80mg/m²	div (60 min)
Day 15	Premedication	
	Saline250ml + Paclitaxel 80mg/m²	div (60 min)

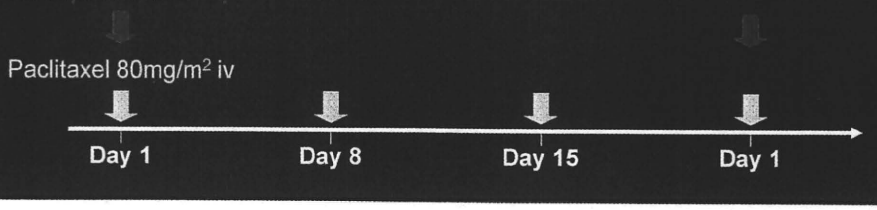


Protocol Treatment

● **Regimen II: dd-TCip Arm**

(Example)

Day 1	Premedication	
	Saline250ml + Paclitaxel 80 mg/m²	div (60 min)
(During Pac div)	Puncture of IP Port then infuse Saline 1000ml～1500ml IP	
	After Paclitaxel div	
	Carboplatin AUC 6 Bolus IP	
Day 8	Premedication	
	Saline250ml + Paclitaxel 80mg/m²	div (60 min)
Day 15	Premedication	
	Saline250ml + Paclitaxel 80mg/m²	div (60 min)



Statistical Considerations

- Phase II Part

  Target 120 (60/Arm)

  Simulation calculation based on JGOG3016 trial results

  Accuracy 15% of 95% CI gives 46 pts per arm.

  Assumption: IP arm may lower completion rate, higher

  Target accrual set to 60 patients per arm

Statistics –continued-

- Phase III Part

  Target 746 or 510 Events

  3 Year Enrollment and 3 Year Follow-up

  JGOG3016 Trial: PFS of dd-TC Arm = 28 months

  IP Trial Meta-analysis: Hazard Ratio = 21.6% Decrease in favor of IP

  alpha 5% (two tailed)

  Power 80%

Statistical Considerations

- Interim Analysis

  For efficacy: 3.5 years after starting enrollment or 255 events.

  Significancy 0.3% for interim, 4.7% for final analysis

  Futility Analysis: Every year after 2nd year of enrollment.

QOL

- Before Trial

  Register institutional coordinator who take QOL to the Kitasato-CTCC.

  The institutional QOL coordinator send the forms to KCTCC.

- QOL Measurement

  FACT-O
  FACT-Cx
  FACIT Fatigue sub scale
  EQ-5D (EuroQol 5 Dimension)
  ECOG Performance Status

- Schedule (Equal to GOG252)

  Before Treatment
  After 3 Cycle or 9 weeks after treatment initiation.
  After 6 cycle or 18 weeks after treatment initiation.
  6 month after end of the 6th cycle of treatment
  1 Year after end of the 6th cycle of treatment
  2 Year after end of the 6th cycle of treatment

Cost Analysis

- Purpose
  Cost Analysis Comparison between IP/IV carboplatin treatment in ovarian, peritoneal, and tubal cancer.

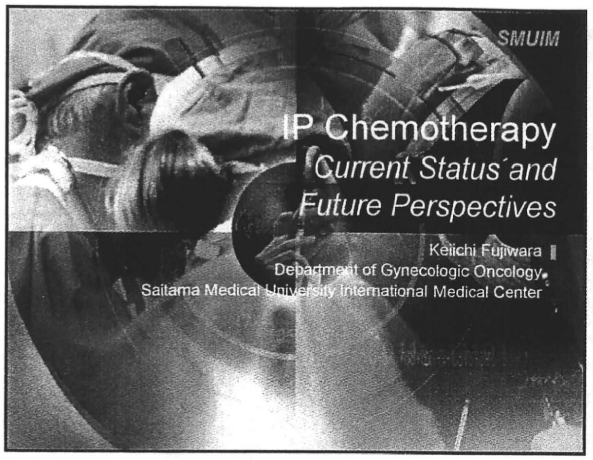
- Objects (Japanese Only?)
  Institution : Institutional support with IRB approval for Cost analysis.

  Sample Size : approximately 200

- Methods
  Cost-Effectiveness Analysis
  Cost-Utility Analysis

Thank you!

- We look forward to your participations.



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IP Chemotherapy

- IP chemotherapy for ovarian cancer is theoretically reasonable approach.
  - Ovarian cancer is intraperitoneal disease.
  - It is possible to contact high concentration of anticancer agent directly to tumor surface.
  - IP-given platinum is theoretically flow into the systemic circulation.

www.saitama-med.ac.jp/kokusai/fujinshuyo/

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What's Hot in Ovarian Cancer

1. Dose Dense Chemotherapy
2. Neoadjuvant Chemotherapy
3. Target Agents
4. IP Chemotherapy

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IP Chemotherapy Trials now include!

1. Dose Dense Chemotherapy
2. Neoadjuvant Chemotherapy
3. Target Agents

www.saitama-med.ac.jp/kokusai/fujinshuyo/

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iPocc Trial

IntraPeritoneal Chemotherapy for Ovarian Cancer with Carboplatin

Stage II-IV
Ov, Tube, Perit
Including Suboptimal

Paclitaxel	Paclitaxel
80 mg/m² IV	80 mg/m² IV
Day 1, 8, 15	Day 1, 8, 15
Carboplatin	Carboplatin
AUC 6 IV	AUC 6 IP

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NCI-GOG Metaanalysis

Treatment Hazard Ratios for Death
Intraperitoneal vs Intravenous Therapy

	Rel Haz	Var(ln(HR))
SWOG/GOG-104 (1996)	0.760	0.013
GONO (2000)	0.670	0.077
GOG-114/SWOG (2001)	0.810	0.012
Taiwan (2001)	1.130	0.064
EORTC-55875 (2003)	0.820	0.064
GOG-172 (2006)	0.710	0.020

IP regimen better | IV regimen better

0.33 0.5 0.67 1.0 1.5 2.0 3

HR=0.784 (95%CI 0.693-0.886) Relative hazard

I^2 heterogeneity $\chi^2_{6,0.1}$= 3.1, p=0.68
Hazard ratio is not reported for the GONO study but it is calculated from the available data reported.
Hazard ratio is not reported for the Greek study.

NCI Clinical Announcement recommended IP chemotherapy for Optimally debulked advanced ovarian cancer.

6

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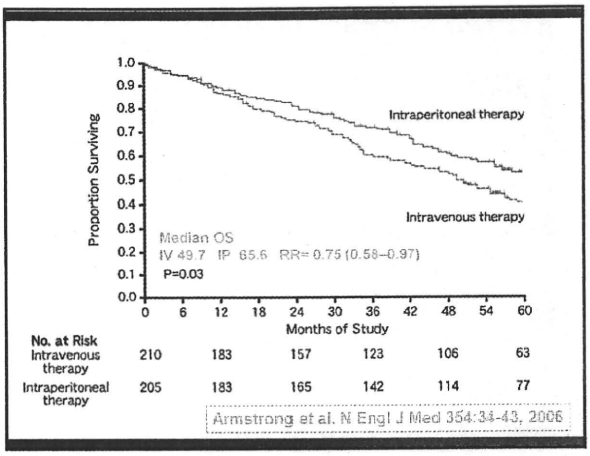
GOG172 Trial

Epithelial Ovarian Cancer
Optimal Stages III

Randomization

Paclitaxel 135 mg/m²/24h IV D1
Cisplatin 75 mg/m² IV D2
Q21, 6 Cycles

Paclitaxel 135 mg/m²/24h IV D1
Cisplatin 100 mg/m² IP D2
Paclitaxel 60 mg/m² IP D8
Q21, 6 Cycles



Armstrong et al. N Engl J Med 354:34-43, 2006

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GOG172 Trial

Epithelial Ovarian Cancer
Optimal Stages III

Randomization

Paclitaxel 135 mg/m²/24h IV D1
Cisplatin 75 mg/m² IV D2
Q21, 6 Cycles

Paclitaxel 135 mg/m²/24h IV D1
Cisplatin 100 mg/m² IP D2
Paclitaxel 60 mg/m² IP D8
Q21, 6 Cycles

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IP Therapy in Ovarian Cancer Controversial Issue

- Efficacy
  - Trial Design of GOG172
    - Survival Benefit was obtained because of
      - IP Cisplatin?
      - More Cisplatin Dose? --------Probably Not
      - IP Paclitaxel?
      - Day 8 Paclitaxel?

Impact of JGOG3016 Trial

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IP Chemotherapy in Ovarian Cancer

- Trial Endpoints to be Answered
  - Less Toxic Combination
    - Can Carboplatin be replaceable to Cisplatin?
    - Is Day 8 IP Paclitaxel required?
  - Efficacy Assessment
    - Is IP Carboplatin better than IV Carboplatin?
    - Dose Day 8 IP Paclitaxel matter or Only Day 8 Paclitaxel (IV) matter?
  - New Approach
    - Combination of Targeted Agents
      - Bevacizumab
    - Incorporating Neoadjuvant Chemotherapy

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NCIC OV-21/GCIG Trial (Phase II/III Study) Original

Pick the winner strategy

Neoadjuvant Chemotherapy
for Stage III
Epithelial Ovarian Cancer
Followed by
Interval Debulking Surgery
Resulting
Residual Disease < 1 cm

RANDOMZE

Paclitaxel 135 mg/m2 IV
Carboplatin AUC 6 IV
Q21, 6-8 Cycles

Paclitaxel 135 mg/m2 IV
Carboplatin AUC 6 IP
Q21, 6-8 Cycles

Paclitaxel 135 mg/m2 IV
Cisplatin 75 mg/m2 6 IP
Paclitaxel 60 mg/m2 IP D8
Bevacizumab
Q21, 6-8 Cycles

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NCIC OV-21/GCIG Trial (Phase II/III Study) Amended

Pick the winner strategy

Neoadjuvant Chemotherapy for Stage III Epithelial Ovarian Cancer Followed by Interval Debulking Surgery Resulting Residual Disease < 1 cm

RANDOMIZE

- Paclitaxel 135 mg/m2 IV, Carboplatin AUC 6 IV, *Paclitaxel 60 mg/m2 IV D8*, Q21, 6-8 Cycles
- Paclitaxel 135 mg/m2 IV, Carboplatin AUC 6 IP, *Paclitaxel 60 mg/m2 IP D8*, Q21, 6-8 Cycles
- Paclitaxel 135 mg/m2 IV, Cisplatin 75 mg/m2 6 IP, Paclitaxel 60 mg/m2 IP D8, Bevacizumab, Q21, 6-8 Cycles

Accrual Goal = 830

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GOG IP Trial (Original)

Optimal Debulked Stage III Epithelial Ovarian Cancer

RANDOMIZE

- Paclitaxel 175 mg/m2 IV, Carboplatin AUC 6 IV, Bevacizumab, Q21, 6-8 Cycles
- Paclitaxel 175 mg/m2 IV, Carboplatin AUC 6 IP, Bevacizumab, Q21, 6-8 Cycles
- Paclitaxel 135 mg/m2 IV, Cisplatin 75 mg/m2 6 IP, Paclitaxel 60 mg/m2 IP D8, Bevacizumab, Q21, 6-8 Cycles

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Phase III: GOG 0252

Stage II or III (≤1cm residual), Ovarian, primary peritoneal, or fallopian tube cancer

RANDOMIZE

- Paclitaxel 80 mg/m²/1h IV, Days 1, 8, 15, Cycles 1-6; Carboplatin AUC 6 IV, Day 1, Cycles 1-6; Bevacizumab 15 mg/kg IV, Cycles 2-22
- Paclitaxel 80 mg/m²/1h IV, Days 1, 8, 15, Cycles 1-6; Carboplatin AUC 6 IP, Day 1, Cycles 1-6; Bevacizumab 15 mg/kg IV, Cycles 2-22
- Paclitaxel 135 mg/m²/3h IV, Day 1, Cycles 1-6; Cisplatin 75 mg/m² IP, Day 2, Cycles 1-6; Paclitaxel 60 mg/m² IP, Day 8, Cycles 1-6; Bevacizumab 15 mg/kg IV, Cycles 2-22

- **Accrual goal: 1100 pts**
- **Primary end point: PFS**

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iPocc Trial (GOTIC-001/JGOG3019)

GOTIC JGOG

Epithelial Ovarian Cancer Stages II-IV Including Suboptimal

Randomization

- Paclitaxel 80 mg/m2 IV Weekly, Carboplatin AUC 6 IV, Q21, 6-8 Cycles
- Paclitaxel 80 mg/m2 IV Weekly, Carboplatin AUC 6 IP, Q21, 6-8 Cycles

Primary Endpoint: PFS
Secondary Endpoint: OS, Toxicity, QOL

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IP Carboplatin

- Rationale for use
  - Retrospective Assessment (Gyn Oncol 2003)
    - Carboplatin Dose > 400 mg/m²
  - GOG9917 (SGO2010)
    - Feasibility of Paclitaxel 175 mg/m² + Carboplatin AUC6 Q21 days
- Rationale for Suboptimal Populations
  - SGSG Phase II (IJGC 2009)

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Response to IP Carboplatin

SGSG Phase II Study

(Fujiwara et al, IJGC 2009)

- N=24
- CR=6, PR=14, NC=4, PD=0
  - Response Rate 83.3% (95%CI: 62.6-95.3%)

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Punch Line for iPocc Study

- Exclusively determining the role of IP carboplatin over IV administration
- Incorporating dose-dense paclitaxel (JGOG follow up)
- Including suboptimal disease
- 高度医療評価制度に基づく我が国初の第Ⅲ相比較試験

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高度医療評価制度の利用

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レジメン I: dd-TCiv療法

Carboplatin AUC=6 iv

Paclitaxel 80mg/m² iv

Day 1 Day 8 Day 15 Day 1

レジメンII: dd-TCip療法

Carboplatin AUC=6 ip

Paclitaxel 80mg/m² iv

Day 1 Day 8 Day 15 Day 1

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iPocc試験

- 薬剤無償提供メーカー
  - ブリストル・マイヤーズ
  - サンド製薬
  - 日本化薬
  - 沢井製薬

GOTIC JGOG

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iPocc Trial

Possible International Collaboration

- SWOG (Markman)
- Korean institutions (Ryu)
- ANZGOG (Frielander)

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IP Trials: Summary

- 3 Randomized Trials are on-going worldwide to evaluate the role of IP carbo
  - GOG 256
    - Focusing Bevacizumab incoorporation
    - GOG172 Winner
  - Canadian OV-21/GCIG
    - Focusing after NAC and Interval Debulking
  - Focusing pure role of IP carboplatin
    - Role of IP chemotherapy for suboptimal + IDS

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謝辞

大会長:吉川裕之教授

座長:落合和徳教授

杉山徹教授

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Ongoing IP Chemotherapy Trials Worldwide: What can we gain?

Keiichi Fujiwara
Saitama Medical University International Medical Center

What shall we gain?

BEHIND THE ONGOING IP CHEMOTHERAPY TRIALS

GOG172 Trial

Stage III Ovarian Cancer Optimal <1cm

Pacclitaxel 135 mg/m²/24h
Cisplatin 75 mg/m² IV
q 21 days 6 cycles

Paclitaxel 135 mg/m²/24h
Cisplatin 100 mg/m² IP D2
Paclitaxel 60 mg/m² IP D8
q 21 days 6 cycles

Armstrong et al. ASCO2003 N Engl J Med 354:34-43 2006

GOTIC JGOG

iPocc Trial

Intraperitoneal therapy for Ovarian Cancer with Carboplatin

(GOTIC-001 / JGOG3019)

A Randomized Phase II/III Trial of 3 Weekly Intraperitoneal versus Intravenous Carboplatin in Combination with Intravenous Weekly Dose-Dense Paclitaxel for Newly Diagnosed Ovarian, Fallopian Tube and Primary Peritoneal Cancer

Study Chair
Keiichi Fujiwara
Saitama Medical University International Medical Center

Schema

Epithelial Ovarian Cancer
Stages II-IV
Including Bulky Tumor

RANDOMIZATION

Paclitaxel 80 mg/m² IV Day1,8,15
Carboplatin AUC 6 IV
Q21, 6-8 Cycles
Dose dense-TCiv

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Carboplatin AUC 6 IP
Q21, 6-8 Cycles
Dose dense-TCip

Primary Endpoint: PFS Secondary Endpoint: OS, Toxicity, QOL
Accrual Goal: 746 pts / 511 events

Drug Administration

Regimen I: dd-TCiv

Carboplatin AUC=6 iv

Paclitaxel 80mg/m² iv

Day 1 Day 8 Day 15 Day 1

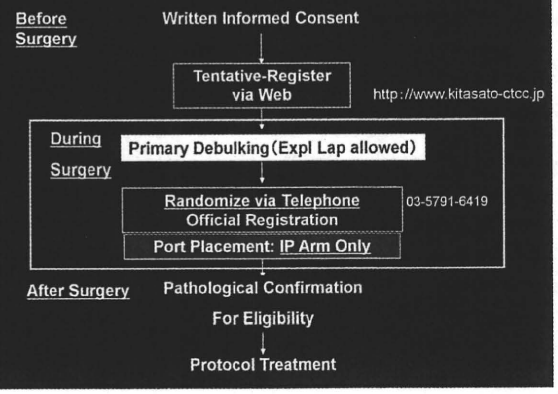
Regimen II: dd-TCip

Carboplatin AUC=6 ip

Paclitaxel 80mg/m² iv

Day 1 Day 8 Day 15 Day 1

Registration Procedure



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3) Patient who singed the consent for the placemat of IP port system when she is assigned to the IP Arm.

Eligibility Continued

4) The patients who are planned to receive chemotherapy within 8 weeks after initial surgery.
5) ECOG Performance Status must be 0 - 2
6) Patient must have adequate organ functions.
7) Survival can be expected 3 month or more.
8) Age 20 or older
9) Written Informed Consent.

Exclusion

1) Patients with Borderline Malignancies.
2) Patients who have received chemotherapy or radiation therapy for the current disease before enrolment.
3) Patients with any of active concurrent malignancies or past history of malignancies of which the follow up is within 5 years.
4) Patients with severe complications: Patients with severe heart disease or cerebro vascular disease, or uncontrolled diabetes or hypertension, pulmonary fibrosis, interstitial pneumonitis, active bleeding, active gastrointestinal ulcer, or sever neuropathy.
5) Patients with history of hypersensitivity polyoxyethylene castor oil.
6) Patients with pleural effusion that need continuous drainage.
7) Patients with active infectious disease.
8) Patients with possibility of pregnancy, or under breast-feeding.
9) Patients with symptomatic brain metastasis.
10) Patients whose circumstances at the time of entry onto the study would not permit completion of study or required follow-up.

Protocol Treatments

Control Arm

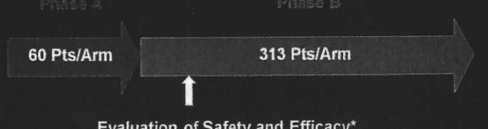
● Regimen I:	dd-TCiv		
Paclitaxel	: 80mg/m²	1 hr iv	Day 1, 8, 15
Carboplatin	: AUC=6.0	1 hr iv	Day 1

Experimental Arm

● Regimen II:	dd-TCip		
Paclitaxel	: 80mg/m²	1 hr iv	Day 1, 8, 15
Carboplatin	: AUC=6.0	one shot ip	Day 1

- Q 21 days/1 Cycle Repeat 6 to 8 cycles。
- IDS canl be performed after 3 to 5 cycle, and up to 3 additional cycles can be administered
- If IDS is not undergo, protocol treatment should be completed at 6 cycle.

Trial Phase



Evaluation of Safety and Efficacy*

Patient Assessment

Phase II Part = phase A

Phase III Part = phase A + phase B

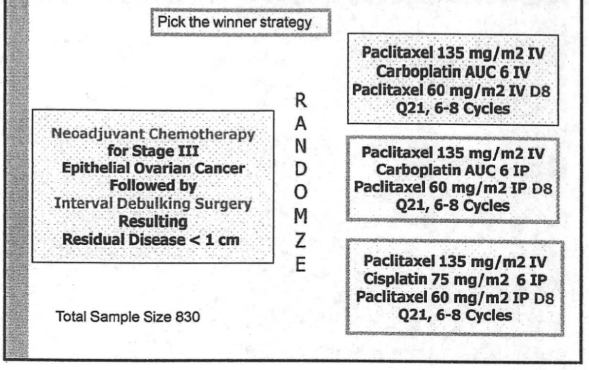
* IDMC will assess the feasibility of conducting Phase B at the time when all CRFs are collected.

** Final analysis will performed either when planned follow-up is completed or when 510 events are observed.

Endpoints

- Phase II Part (phase A)
  - Feasibility
  - (treatment completion rate, toxicity, response rate, etc)
- Phase III Part (phase A + phase B)
  - Primary Endpoint: PFS
  - Secondary Endpoint: OS
  - Response Rate
  - (only for measurabPaclitaxele)
  - Toxicity
  - Treatment Completion Rate
  - QoL
  - Cost Effectiveness

NCIC OC21/GCIG



New Key Evidences since 2006

- EORTC55971 (IGCS2008, NEJM 2010)
  - NACT + IDS + ACT=PDS + ACT
- JGOG3016 (Lancet 2009)
  - Dose-dense weekly paclitaxel: better than 3 weekly paclitaxel
- GOG218 (ASCO2010)
  - Incorporation of Bevacizumab with chemo + maintenance: better than chemo alone

Based on the EORTC55791 trial

- There will be a trend of more NACT + IDS approach
  - Does this mean that there will be less room for IP chemotherapy?
  - Under the current concept of IP chemotherapy being effective only for small residual disease?
- Questions for the Future
  - What will be the
    - Role of IP chemotherapy upfront?
    - Role of IP chemotherapy after NACT + IDS?

Result of JGOG3016

- Questions the role of Day 8 IP Paclitaxel in GOG172 Trial.
  - Does Day 8 paclitaxel matter?
  - Does Day 8 IP paclitaxel matter?

GOG218 Results

- What is the role of bevacizumab in combination with IP chemotherapy?
  - There is a possibility that incorporation of anti-angiogenetic agent enhance the effect of IP chemotherapy.