

Taxane + platinum feasible for adjuvant tx in endometrial cancer

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(HealthDay)—Taxane plus platinum regimens may be a reasonable

alternative to doxorubicin plus cisplatin as postoperative adjuvant chemotherapy for endometrial cancer that carries a high risk for progression, according to a study published online March 21 in *JAMA Oncology*.

Hiroyuki Nomura, M.D., from the Keio University School of Medicine in Tokyo, and colleagues evaluated the clinical benefit of taxane plus platinum regimens as postoperative adjuvant chemotherapy for patients with [endometrial cancer](#) (high-risk stage I to II or stage III to IV that did not extend beyond the [abdominal cavity](#) and had a residual tumor of 2 cm or larger). Patients were randomly assigned to receive six cycles of doxorubicin plus [cisplatin](#) (263 participants), docetaxel plus cisplatin (263), or paclitaxel plus carboplatin (262) on day 1 every three weeks.

The researchers found that tolerability of the regimens did not differ statistically. After a median follow-up period of seven years, there was no statistical difference among the groups for progression-free survival (doxorubicin plus cisplatin, 191; docetaxel plus cisplatin, 208; paclitaxel plus carboplatin, 187; $P = 0.12$) or overall survival (doxorubicin plus cisplatin, 217; docetaxel plus cisplatin, 223; paclitaxel plus carboplatin, 215; $P = 0.67$). Five-year [progression-free survival](#) rates for doxorubicin plus cisplatin, docetaxel plus cisplatin, and paclitaxel plus carboplatin were 73.3, 79, and 73.9 percent, respectively, while the five-year [overall survival](#) rates were 82.7, 88.1, and 86.1 percent, respectively.

"Because each regimen showed adequate tolerability but different toxic effects, taxane plus platinum regimens may be a reasonable alternative to treatment with doxorubicin plus cisplatin," the authors write.

Several authors disclosed financial ties to pharmaceutical companies.

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