

# Carboplatin alone not adequate for ovarian cancer in frail seniors

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and weekly combination groups, 65, 48, and 60 percent of patients, respectively, completed six cycles. Treatment-related adverse events occurred less often with the standard every-three-weeks combination versus the single-agent carboplatin or weekly combination therapy groups (43 versus 58 and 58 percent, respectively). There were four treatment-related deaths; two in each combination group.

"These results suggest that even vulnerable older women with newly diagnosed ovarian [cancer](#) should be offered [carboplatin](#)-paclitaxel combination therapy," the authors write.

Several authors disclosed financial ties to the [pharmaceutical industry](#).

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(HealthDay)—For vulnerable older patients with ovarian cancer, single-agent carboplatin is less active, with worse survival, than combination carboplatin-paclitaxel regimens, according to a study published online April 22 in *JAMA Oncology*.

Claire Falandry, M.D., from the Université Lyon in France, and colleagues randomly assigned 120 women aged 70 years and older with newly diagnosed stage III/IV [ovarian cancer](#) with a Geriatric Vulnerability Score of 3 or higher to receive one of the following regimens: six cycles of carboplatin plus paclitaxel every three weeks; single-agent carboplatin every three weeks; or weekly carboplatin plus paclitaxel on days 1, 8, and 15 every four weeks.

Because single-agent carboplatin was associated with significantly worse survival, an independent data monitoring committee's recommendation led to the termination of the trial during its third meeting. The researchers found that in the every-three-weeks combination, single-agent carboplatin,

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