

- Pt HJ is a 52 yo WF who undergoes surgery for a stage IIIC optimally cytoreduced ovarian cancer (has a pleural effusion) on 1/26/10. Grade I serous cancer
- Receives IV carboplatin and paclitaxel on 2/23/10 and has anaphylactic reaction to paclitaxel requiring IV epi.
- Successfully receives 3 cycles of carboplatin/paclitaxel via desensitization (#1 in MICU, #2 and 3 as outpatient).
- Cycle 3 was on 4/29/10.

CA125 values:

2/23/10 **3/17** **4/8** **4/29** **5/13**

179

186

191

188

172

↑
Cycle 1

↑
cycle 2

↑
cycle 3

- Because of unchanged CA125 despite 3 cycles of chemotherapy, a CT is performed which shows a persistent but slightly smaller CA125, some new perihepatic fluid, and a slightly enlarged right pelvic node.
- Options for treatment:
 - 1) Continue carboplatin and paclitaxel for 3 add'l cycles
 - 2) Add bevacizumab to carbo/paclitaxel
 - 3) Switch paclitaxel to gemcitabine
 - 4) Switch pac to gem and add bevacizumab
 - 5) Change to doxil
 - 6) Offer enrollment in a phase I clinical trial.

What will be done

- Switched paclitaxel to gemcitabine
- Did not add bevacizumab
- Will genotype her cancer for BFAF mutation.
- Will rescan after 2 cycles of carbo/gem.