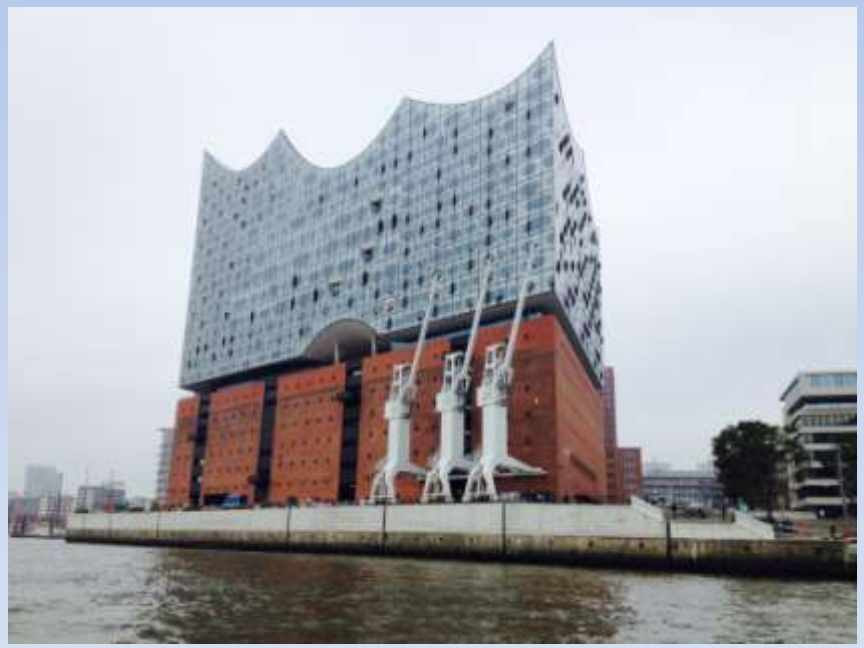
Case report – Ovarian Cancer

Masterclass – Management of Peritoneal Surface Malignancy
9.-11. August 2017, Irkutsk, Siberia, Russia



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August 09-11 2017, Irkutsk, Sibera - Russia

Case discussion

Ovarian cancer

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62-year old women, parity II, menopausis at age of 51 years, no postmenopausal bleeding

Symptoms: abdominal fullness, increase of girth, abdominal crampings for one year

no signs for bowel obstruction

CA 125 initial: 1374 kU/L

Sonography: massive ascites, ovarian mass >12 cm

Σ = Strong suspicion for ovarian cancer

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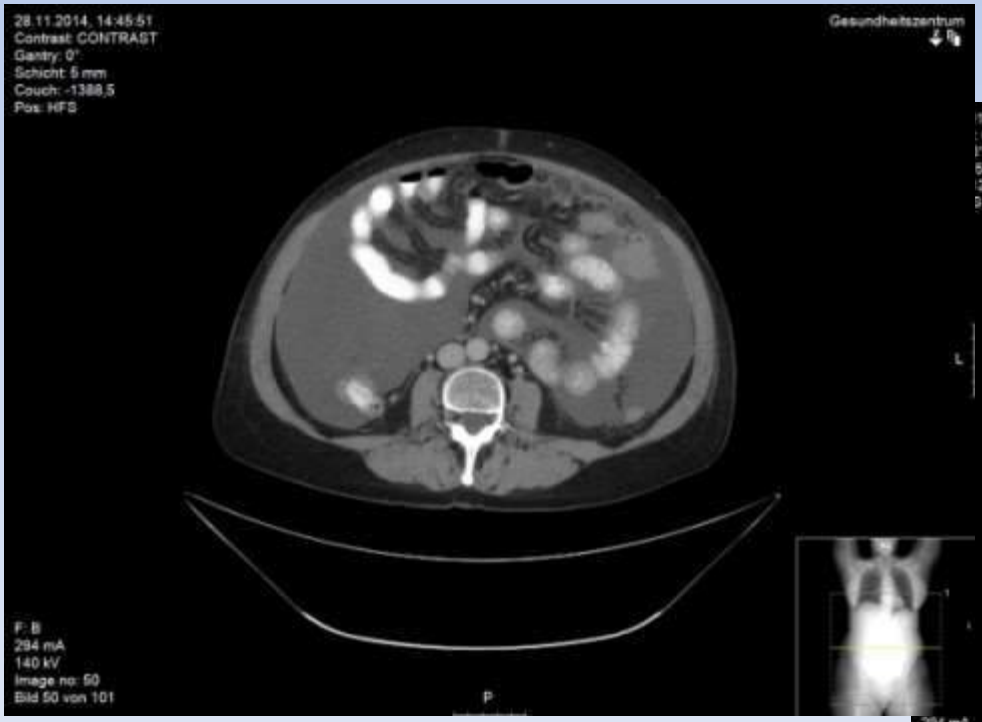
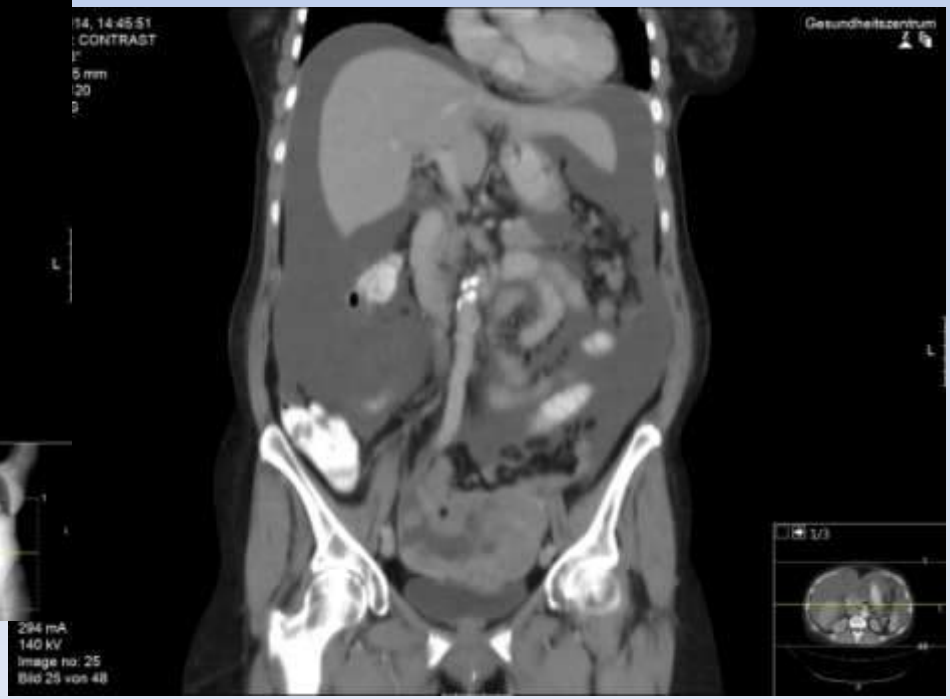
Staging

Preoperative CT





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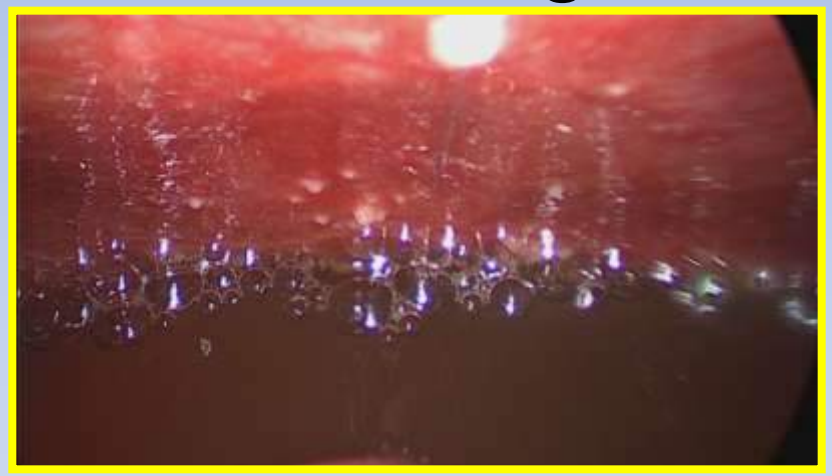
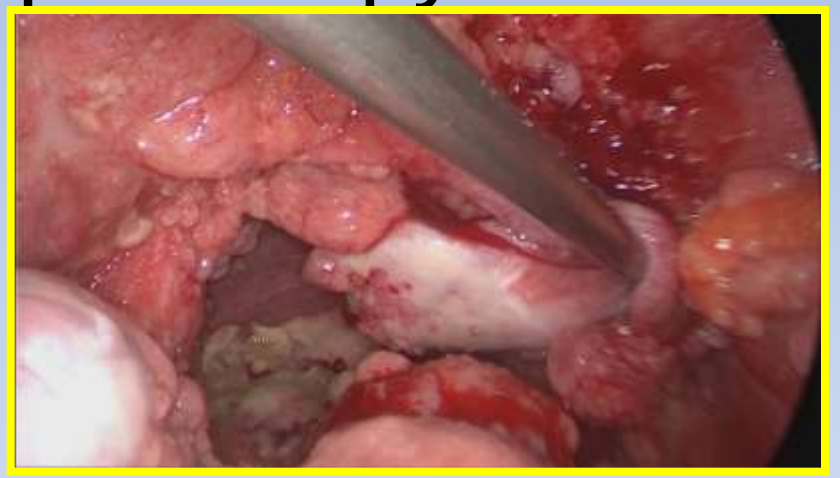
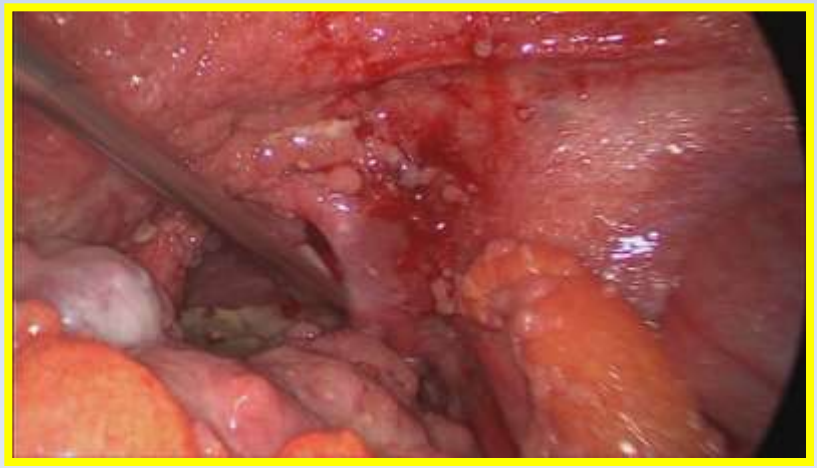
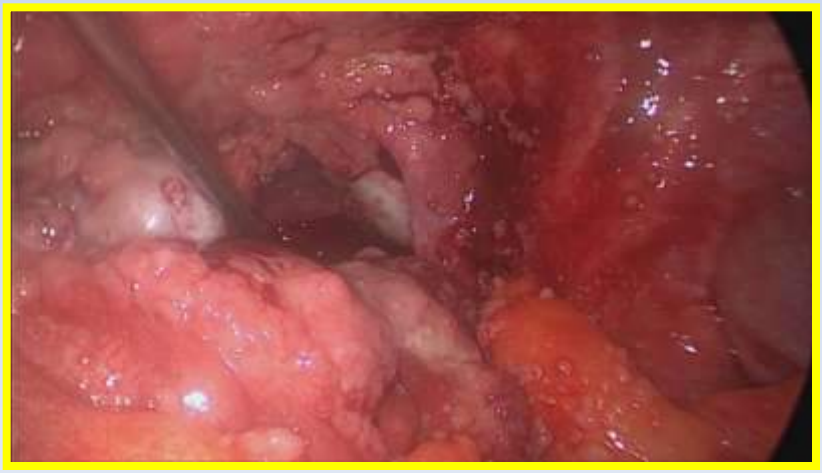
Diagnostic laparoscopy









Histology: high grade serous adenocarcinoma from ovary or fallopian tube

PCI: 26

Primary Treatment?

1. Primary cytoreductive surgery **without** HIPEC followed by i.v. chemo + bevacicumab
2. Primary cytoreductive surgery **with** HIPEC followed by i.v. chemo + bevacicumab
3. 3 cycles neoadjuvant chemo carboplatin/paclitacel i.v. followed by intervall debulking surgery

Primary Treatment

3 cycles neoadjuvant chemo carboplatin AUC 5 + paclitacel 175mg/m² i.v. followed by intervall debulking surgery

After 3 cycles:

- no ascites
- improvement of symptoms
- CA 125 175 kU/L
- but: thrombocytopenia grade 3

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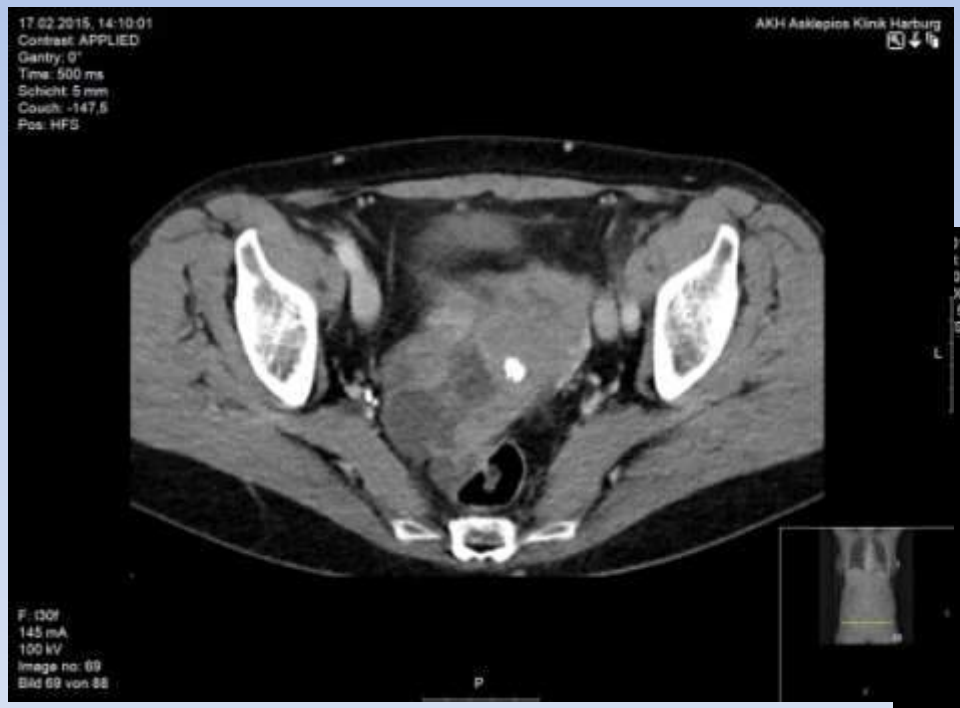
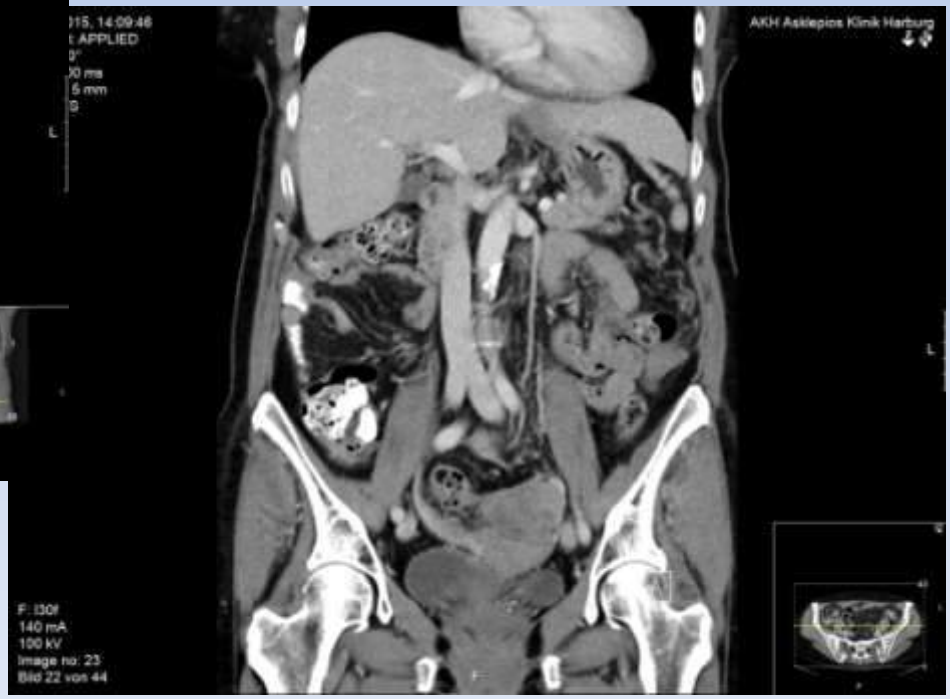
CT after neoadjuvant chemo





Surgery after neoadjuvant chemo

1. Secondary cytoreductive surgery **without** HIPEC

2. Secondary cytoreductive surgery **with** HIPEC

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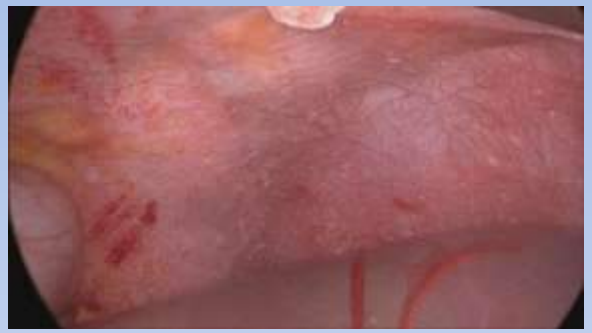
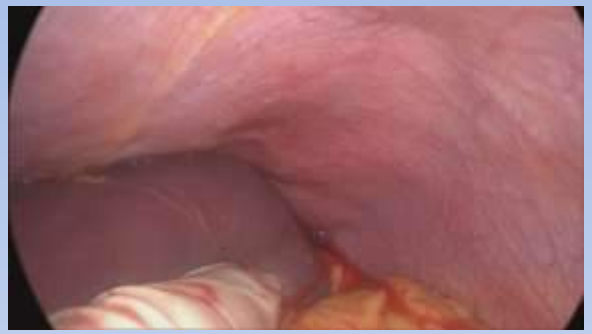
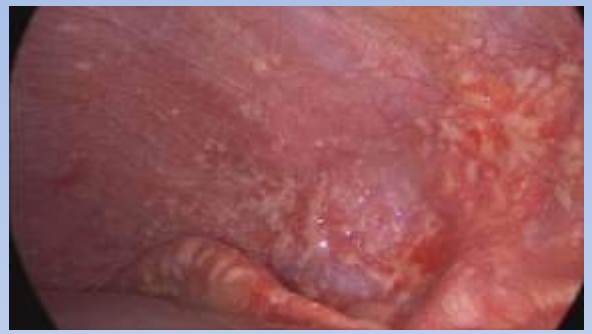
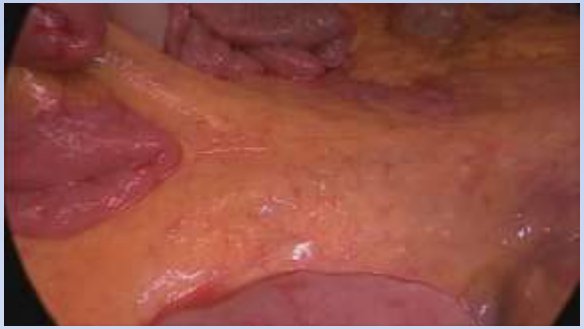
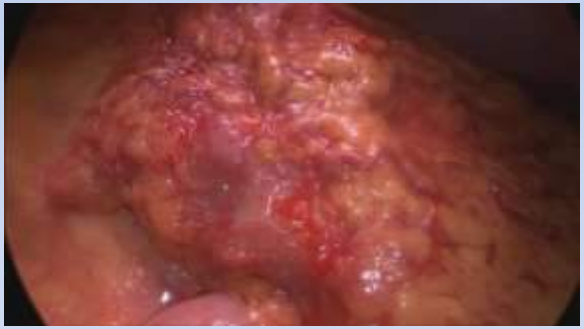
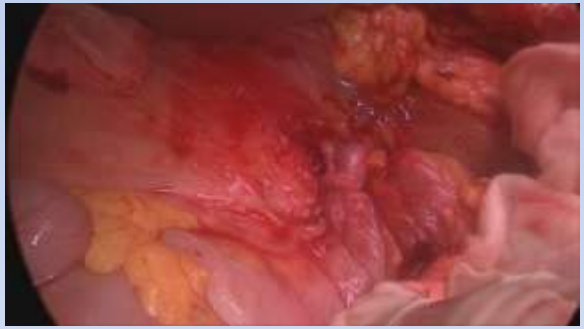
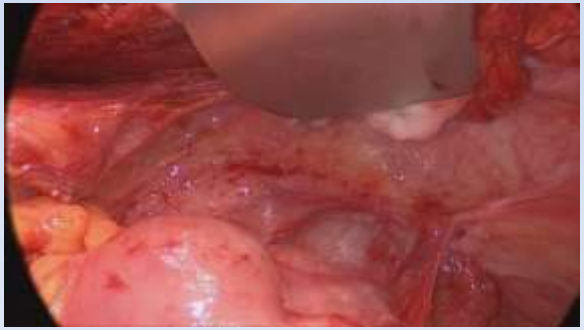

Surgery after neoadjuvant chemo

Secondary cytoreductive surgery **without** HIPEC

(due to thrombocytopenia and unavailibility of HIPEC)

- en-bloc resection pelvis, colorectal anastomosis, appendectomy, peritonectomy diaphram right side and paracolic gutters left and right, omentectomy, small bowel resection (20cm) with anastomosis, pelvic and paraaortic lymphadenectomy

CC 0 resection

Histology: FIGO IIIC

ypT3c pN1 (1/38) L0 V0 Rx G3

Interdisciplinary tumor board decision:

Further 3 cycles of Carbo/Paclitaxel followed by bevacicumab

1 year later no evidence of disease

Ongoing randomised trials

Study	Population	Accrual goal	Anticipated completion	Study ID Number
Interval Debulking ± HIPEC	Front-line stage III Intervall CR	280	?	NCT 00426257
Secondary Debulking ± HIPEC	Recurrence 1st	444	12/2018	NCT 01376752
Surgery ±HIPEC	Recurrent Platin-sensitive	158	02/2015	NCT 01539785
HIPEC vs. conventional	Advanced ovarian Front line	168	12/2015	NCT 01091636
CRS+HIPEC vs. Surgery alone	Stage III unresectable OC	94	7/2018	NCT 01628380
CRS + HIPEC vs. CRS alone in peritoneal carcinomatosis	Front line ovarian, fallopian or primary peritoneal carcinoma	126	?	NCT 02328716

„German problem“

Statement AGO-Ovar group:

„HIPEC should not used to treat ovarian, fallopian tube or primary peritoneal cancer outside ….trials, neither for primary therapy nor to treat recurrence…..

The use of HIPEC outside of well-designed, prospective and controlled trials is therefore disregarded.“

Harter et al., Geburtshilf Frauenheilk 2013;73:221-223

Noteworthy

2015 Pubmed:

nearly same number of reviews compared to original studies focussing on HIPEC

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Statements of reviews:

1. Herzog – Ann Surg Oncol 2012:
   „Our ovarian cancer patients deserve to know the relative benefits and risks of this interesting but unproven treatment modality!"

2. Cascales-Campos – Gynecol Oncol 2015:
   "HIPEC therapy after optimal cytoreduction in ovarian cancer should be considered as a promising and safe option with results…..that do not allow us to reject it as a therapeutic option."

3. Chiva – Gynecol Oncol 2015:
   "..we believe that……neither gynecologic oncologists nor oncologic surgeons should offer this therapeutic approach to patients except in the context of a clinical trial as an experimental alternative."

4. Roviello – Critical reviews in Oncology/Hematology 2015:
   "Indeed, it is clear that CRS plus HIPEC is not indicated for all patients with OC but has an established role in select patients."

5. Huo – EJSO 2015
   "…there is an emerging body of evidence that supports the use of HIPEC with CRS and systemic chemotherapy for primary (stage III) and recurrent EOC compared to CRS and chemo alone."

Statements of reviews:

1. Based on same availible data!

2. Different conclusions?

3. Rather problem surgical oncologist versus gynecologic oncologists?

Большое спасибо!
Thank you for kind invitation and attention!



Future (?) – already existing in „Miniatur-Wunderland Hamburg“ – world largest model railway

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