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## Surgery in recurrent ovarian cancer

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Platinum sensitive advanced ovarian cancer is considered a chronic disease. Relapse is the rule rather than exception. The effectiveness of further therapy mainly depends on the disease free interval.

The majority of recurrences are within abdomen  
Surgery is indicated in

1. cytoreduction of abdominal relapse
2. Metastatectomy
3. Palliative surgery eg.surgery to relieve bowel obstruction, percutaneous placement of catheters to drain peritoneal, pleural and pericardial effusions in isolated and localized recurrences

All surgeries should aim at prolongation the survival without compromising quality of life.

Retrospective data and phase 2 studies favour cytoreduction in recurrent setting in a highly selected group of patients.

Following are the results of phase 2 studies. The Turkish study included 75 patients ,

- 44 underwent surgery
- 31 chemotherapy

Overall, patients who underwent surgery for their recurrence had a significantly increased duration of survival compared to those treated with chemotherapy for their recurrence.

The Japanese study included 44 patients Significantly improved survival was observed

- if they had a disease free survival of greater than 12 months,
- if they had no liver metastasis,
- if they had just one tumour
- if the tumour size was less than six cm.

- Patients with 3 or 4 of these characteristics had an average survival of 47 months, compared to only 20 months for patients with 1 or 2 of the favorable characteristic. Even patients whose cancer was not completely visibly removed enjoyed survival advantage if they had 3 or all the above factors. However, most of the retrospective data show survival advantage in the setting of cytoreduction to microscopic disease.

Benedetti Panici P, Perniola G. 2007 series showed that optimal cytoreduction of even the relapsed nodal disease can result in improved overall survival.

Metastatectomy: Solid organ metastasis even though rare can occur in ovarian carcinoma. Metastatectomy is an option in such cases. It is reported that patients with solitary brain metastases of any histological type treated with surgical excision had a longer time to relapse, longer overall survival, and longer duration of functional independence when WBRT was added to surgery, compared with those patients treated with WBRT alone. EOC metastasis is solitary in 43% of cases.

**CONCLUSION :**

**When to do surgery**

The prolonged DFS (minimum > 12months) is the most important factor predicting better outcome. The lesser the number of recurrences, the lesser the size the better the results of surgery in recurrent disease. Good performance status, and absence of ascites, add to the above factors affect the outcome positively.

**How much**

Ideal is removal of all visible tumour