OUR AND FOREIGN EXPERIENCE IN PREOPERATIVE CHEMOTHERAPY COMPARED WITH PRIMARY CYTOREDUCTIVE SURGERY IN ADVANCED OVARIAN CANCER FOR 20 YEARS PERIOD

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SUMMARY

AIM: In our country the ovarian cancer became very common in the last 20 years and is on the third place after the endometrial and cervical cancer. It has a very bad prognosis. Till now cytoreductive surgery (debulking surgery) and taxol/carboplatin based chemotherapy were the two main ways of treatment of this very malignant disease. In the last few years a new way of treatment with preoperative chemotherapy followed by interval debulking surgery has been invented into practice. Our results and the results of foreign clinics with patients stage IIIC and stage IV showed that the results connected with survival for patients with preoperative chemotherapy followed by interval debulking were similar to those with primary cytoreduction followed by surgery. **MATERIAL AND METHODS:** We assessed for 20 years period 1000 patients with advanced ovarian cancers (IIIC and IV stage). Neoadjuvant chemotherapy was compared with primary debulking surgery in these advanced ovarian cancer cases. We compared our results with the results of foreign clinics and clinical trials. **RESULTS:** The post surgical complications and mortality levels were lower after interval debulking than after primary cytoreductive surgery. According to our results and the results of foreign clinics and clinical trials- the most important independent prognostic factor for survival was: no residual tumor after primary cytoreductive surgery or interval debulking surgery. The survival rate was better when the metastases were smaller than 4-6 cm in diameter. There were no differences in survival rates between the two groups of patients. **CONCLUSIONS:** On the basis of our results compared with the results of foreign researchers we conclude that selection of the correct patients stage IIIC and IV ovarian cancers either for primary cytoreductive surgery or for preoperative chemotherapy followed by interval debulking is very important. A very important role plays the CT and PET scan imaging as well as laparoscopy for the assessment of these patients. Our results are similar to those of foreign clinics working in this field.

Key words: preoperative chemotherapy, primary cytoreduction, advanced ovarian cancers, survival rate

INTRODUCTION

The most important ways of treatment for ovarian cancers is debulking surgery and taxol /carboplatinum therapy (1,2,3,4,5,6). In our country as well as in other countries the disease is diagnosed at advanced stages and usually have very poor prognosis (3,4,5,6).

When we use primary cytoreductive surgery or debulking surgery our aim is to remove as much as possible of the tumor and also metastases, before chemotherapy is implemented.

The interval cytoreductive surgery is an operation that we perform in selected patients after a course of preoperative chemotherapy. We usually use 3 cycles of chemotherapy.

According to our research work the amount of residual tumor after primary surgery is an important prognostic factor in the treatment of stage III C and stage IV ovarian cancers. That is why we decided to assess 20 years period of treatment modalities connected with ovarian cancers and to compare our results with the results of foreign studies in this field.

MATERIALS AND METHODS

We assessed for 20 years period 1000 patients with advanced ovarian cancers (IIIC and IV stage). Neoadjuvant chemotherapy was compared with primary debulking surgery in these advanced cancer cases. We compared our results with the results of foreign clinics and clinical trials.

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RESULTS

When we compared the primary cytoreductive surgery with interval debulking surgery we came to the following results:

- interval debulking significantly bettered the survival rate (4,5,6) in patients, who didn't have successful primary surgery(residual tumor ≤ 1 cm).
- addition of interval debulking surgery to post operative chemotherapy didn't improve survival rate.

According to us the interval debulking surgery performed only by experienced oncogynaecologist improved survival in patients who did not have proper initial optimal debulking surgery, due to unexperienced oncogynaecological surgeon or some poor medical condition.

Based on our results we conclude that interval debulking didn't give advantage to patients that were primarily radically operated, removing maximally the disease from abdominal cavity (1,2,3,4,5,6).

When we used preoperative chemotherapy and interval debulking and comparing to primary debulking surgery we had similar results. We used this method when we had high metastatic disease, large and heavy tumor masses or in patients with poor general conditions.

According to our results the FIGO stage IIIC patients were 80% and FIGO stage IV were 20% in our researched groups of patients. 80% of the patients had metastases larger than 5-8 cm in diameter.

The patients with the largest residual tumor ≤ 1 cm were 50% after primary cytoreductive surgery and 90% after interval debulking surgery.

According to our results for stage IIIC and stage IV ovarian cancers preoperative chemotherapy followed by interval debulking had similar survival rates compared to primary cytoreductive surgery.

The preoperative chemotherapy followed by interval debulking had less postoperative adverse effects and complications compared to primary cytoreductive surgery.

The quality of life were similar also in both groups.

The optimal debulking surgery was the most important prognostic factor for the survival rate. According to us and the most foreign authors (1,2,3,4,5,6) the preoperative chemotherapy followed by internal debulking surgery can be the method of choice for patients with ovarian cancers stage III and stage IV. Most of the patients included in our study had metastases 6-8 cm and more in diameter.

For the primary cytoreductive surgery was very important not to leave any residual tumor, and according to us it was the most important independent factor. We and the most foreign researchers consider that no residual tumor is the best definition of "optimal debulking surgery" (1,2,3,4,5,6).

CONCLUSIONS

Preoperative chemotherapy followed by interval debulking surgery for advanced ovarian cancers had similar overall and progression free survival rate as primary cytoreductive surgery followed by chemotherapy.

The optimal cytoreductive surgery was the most important prognostic factor for the survival rate. The survival rate was better also when the metastases were smaller than 5-6 cm, after primary cytoreductive surgery.

The selection of the suitable patients with stage IIIC and Stage IV ovarian cancers either for primary cytoreduction or preoperative chemotherapy followed by interval debulking surgery is very important. At our institution we agree with most of the criteria for selection used by other authors working in this field (4,5,6). The imaging with CT and PET scan as well as laparoscopy play also very important role in this selection of patients. In the last few years there is a tendency from some oncogynaecological clinics to use more cytoreductive surgery followed by chemotherapy. Future clinical trials can give more light in this field.

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