

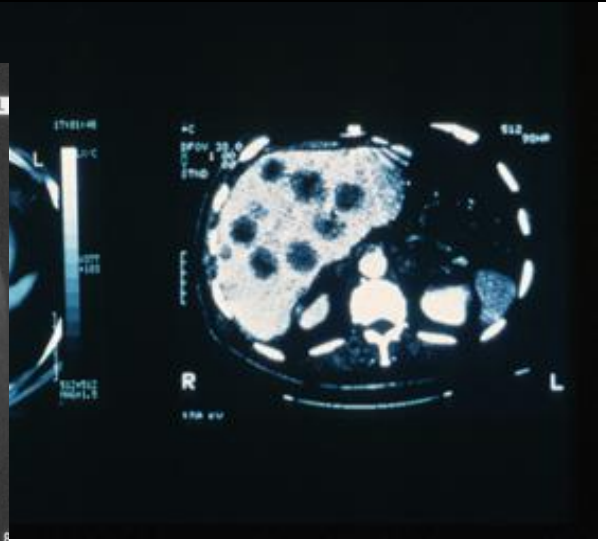
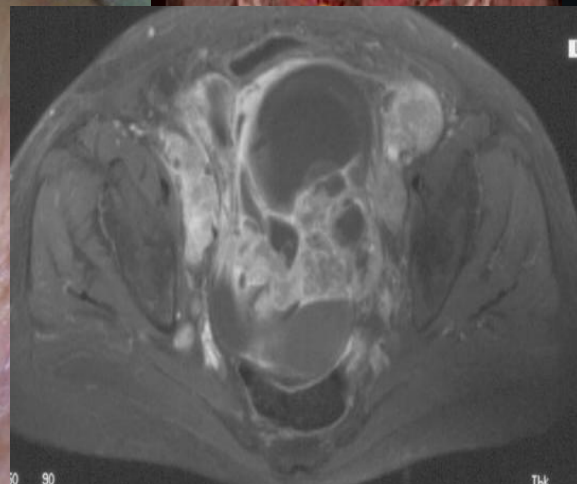


IV. NOGGO-TAJEV-SESSION

Surgery in relapsed ovarian cancer

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European Competence Center for Ovarian Cancer
Charité Comprehensive Cancer Center (CCCC) Charité/
Campus Virchow-Klinikum and Campus Benjamin Franklin
University of Berlin



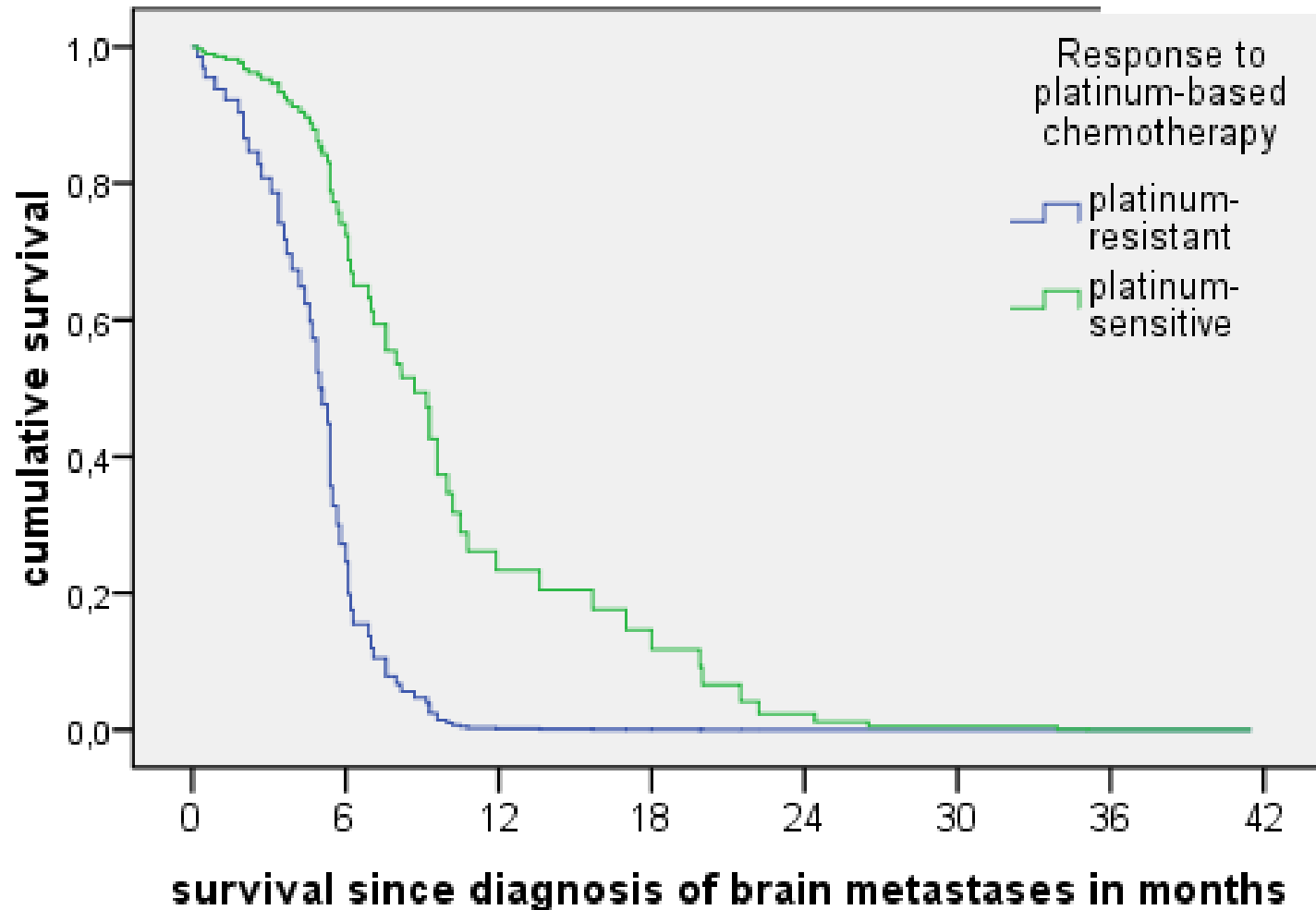
Therapy of relapsed ovarian cancer - What are the goals (of physicians and/or patients)?

- ➔ Symptom Benefit
- ➔ Tumor control
- ➔ Preservation or improvement of QoL
- ➔ Improvement of progression free survival
- ➔ Improvement of overall survival

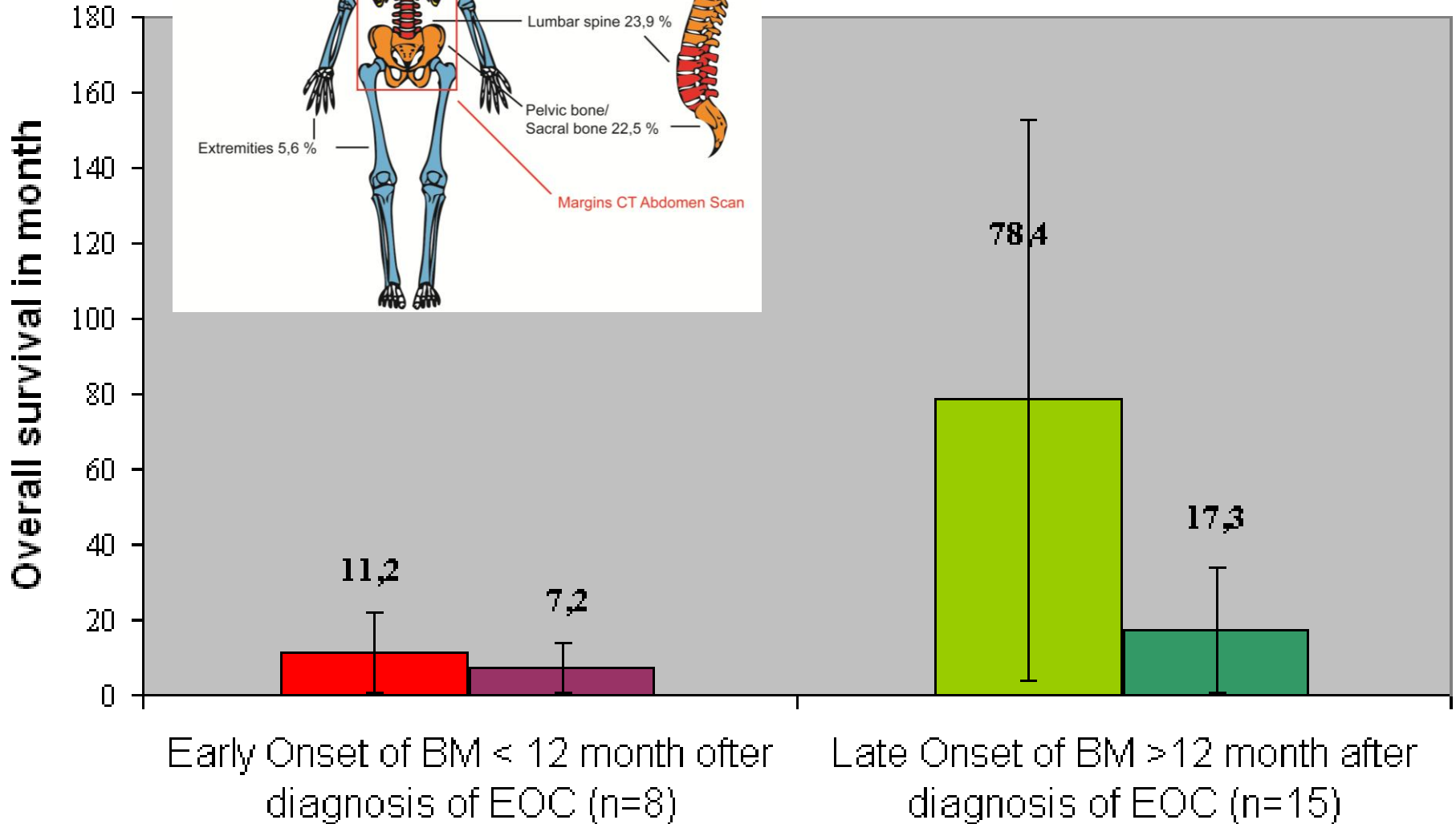
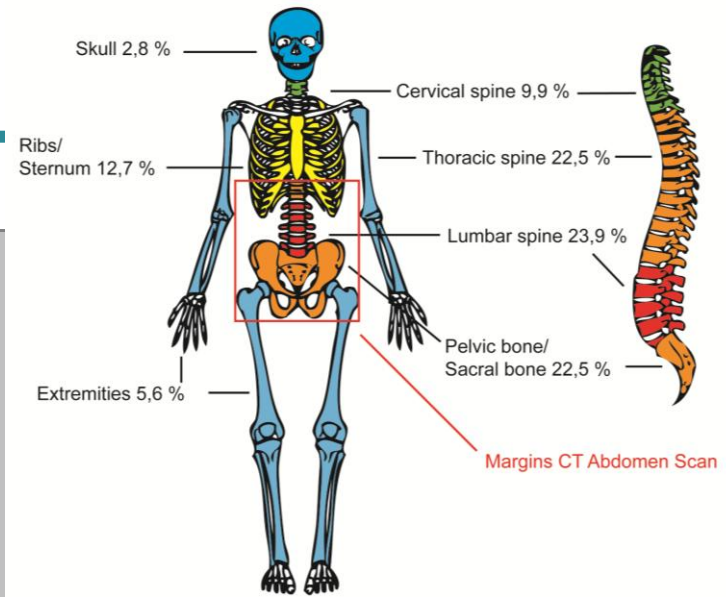
What is the evidence?

Livvite

Predicted survival since diagnosis of brain lesions for patients with platinum-sensitive vs. platinum resistant disease

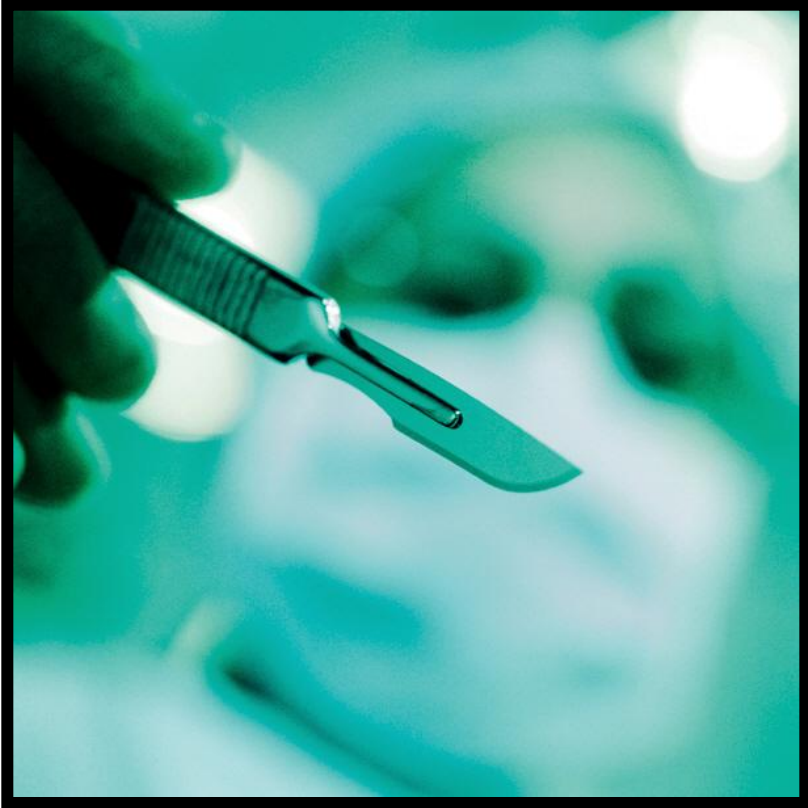


Sehouli Jalid, Pietzner Klaus, Harter Phillip, Münstedt Karsten,
Mahner Sven, Hasenburg Annette, Oumar Camara, Wimberger Pauline,
Boehmer Dirk, Buehling Kai, Richter Rolf, El Khalfaoui Khalid, Oskay-Ozcelik Gülten, Annals of Oncology 2011



Influencing Factors for Treatment Decision Making Process for surgery?

- age
- tumour pattern
- Treatment free interval
- Toxicity and complication from previous therapies
- Quality of previous therapy
- Motivation of the patient (preference)
- Motivation of the physician (attitude, competence)



?

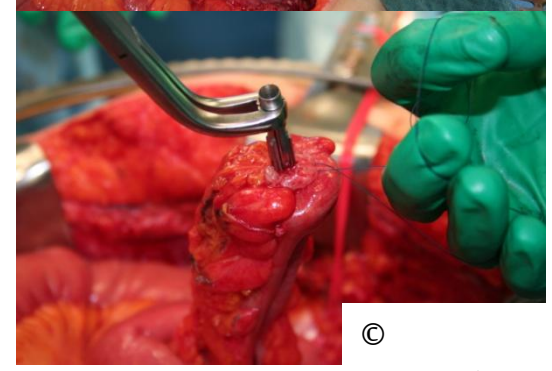
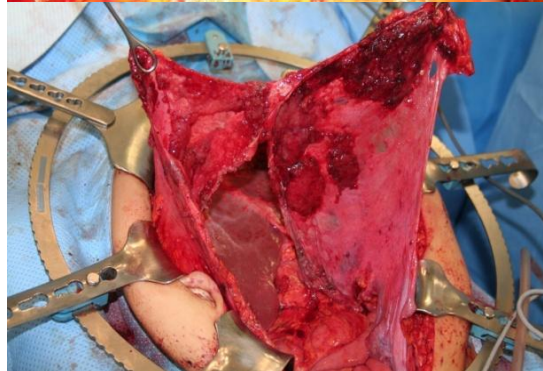
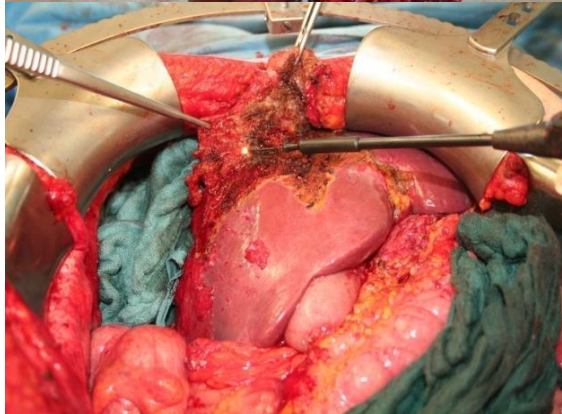
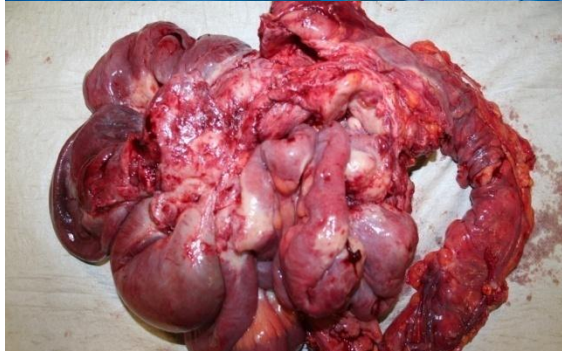
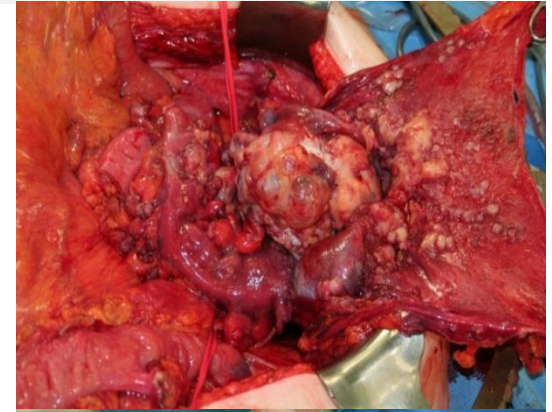
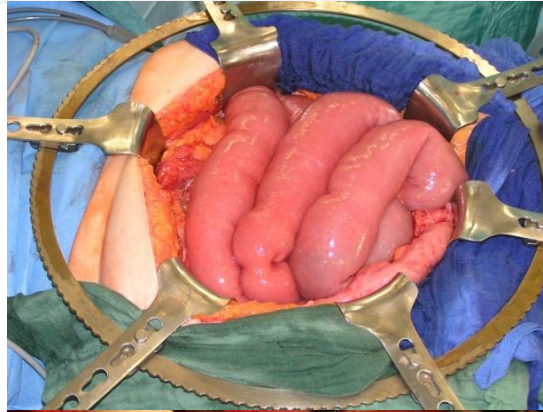
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J Surg Oncol. 2010

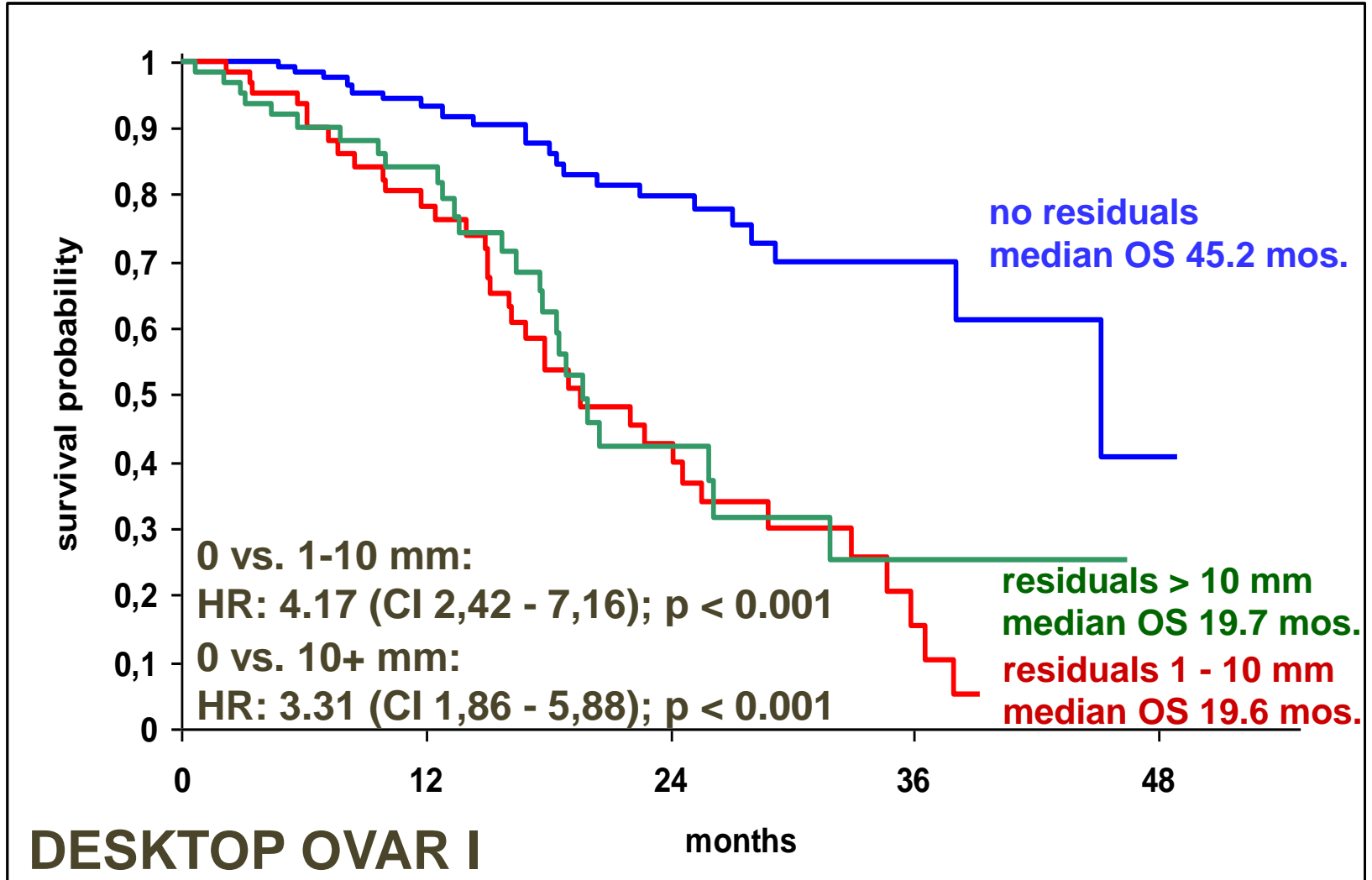
Role of secondary cytoreductive surgery in ovarian cancer relapse: Who will benefit? A systematic analysis of 240 consecutive patients.

Sehouli J, Richter R, Braicu EI, Bühling KJ, Bahra M, Neuhaus P, Lichtenegger W, Fotopoulou C.



AGO DESKTOP OVARIAN I

what is the surgical endpoint ?

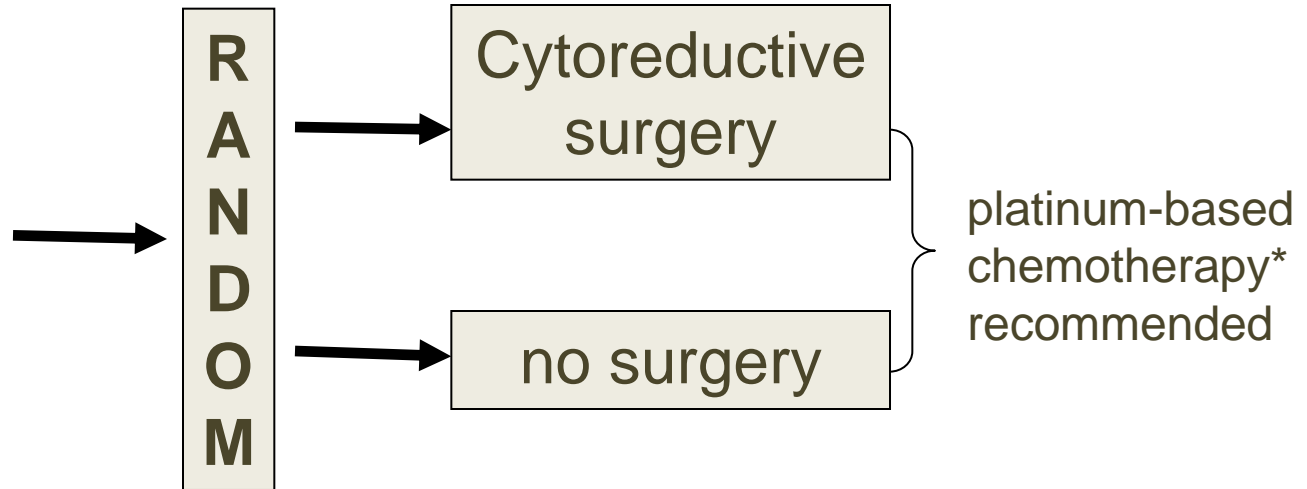


AGO-OVAR DESKTOP III (Protocol AGO - OVAR OP.4)

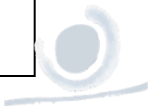
A randomized trial evaluating cytoreductive surgery in patients with platinum-sensitive recurrent ovarian cancer

Strata:

Platinum-free-interval
6-12 vs > 12 months
1st line platinum
based chx: yes vs no















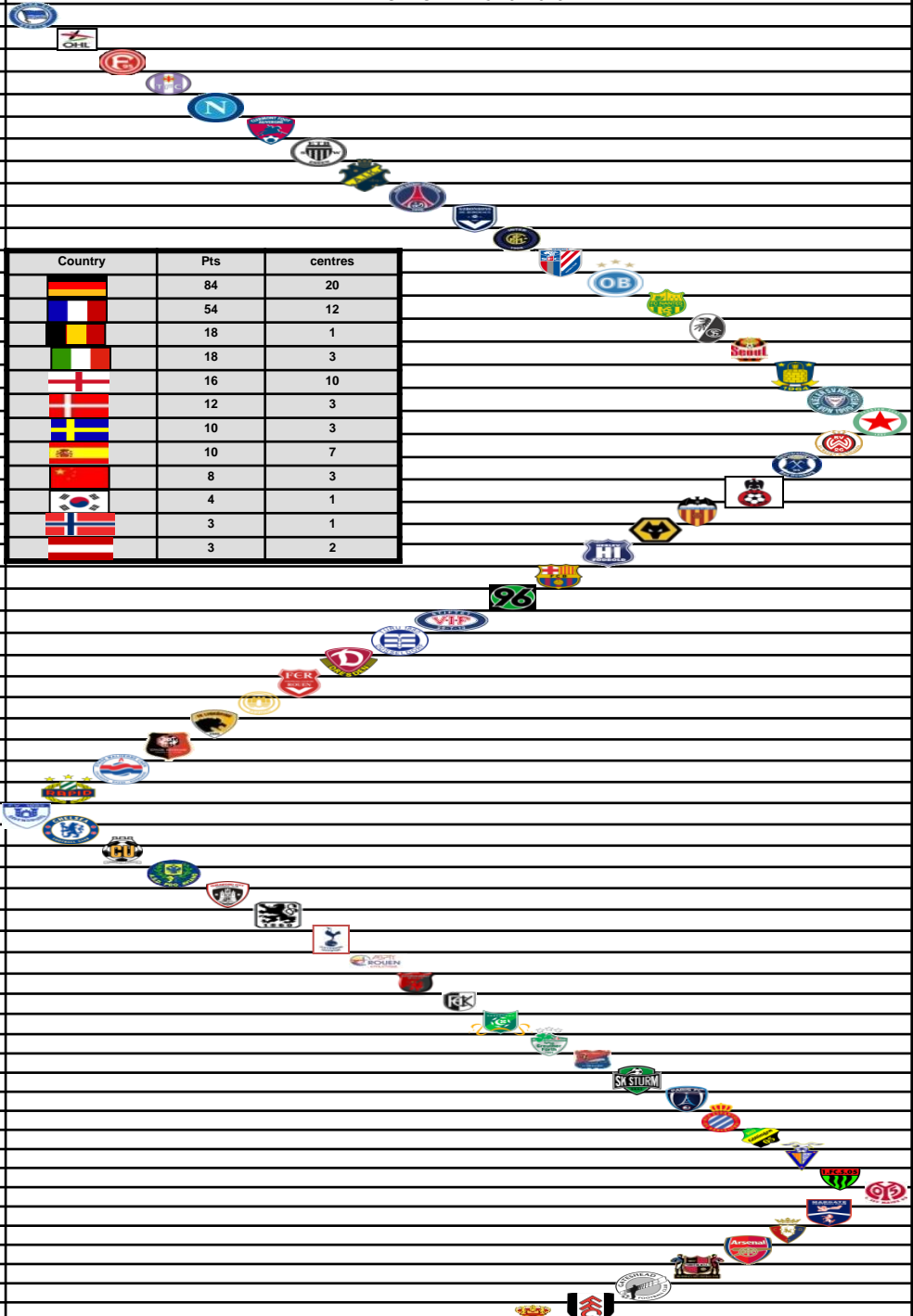
* Recommended platinum-based chemotherapy regimens:
- carboplatin/paclitaxel
- carboplatin/gemcitabine
- carboplatin/pegliposomal doxorubicin
- or other platinum combinations in prospective trials

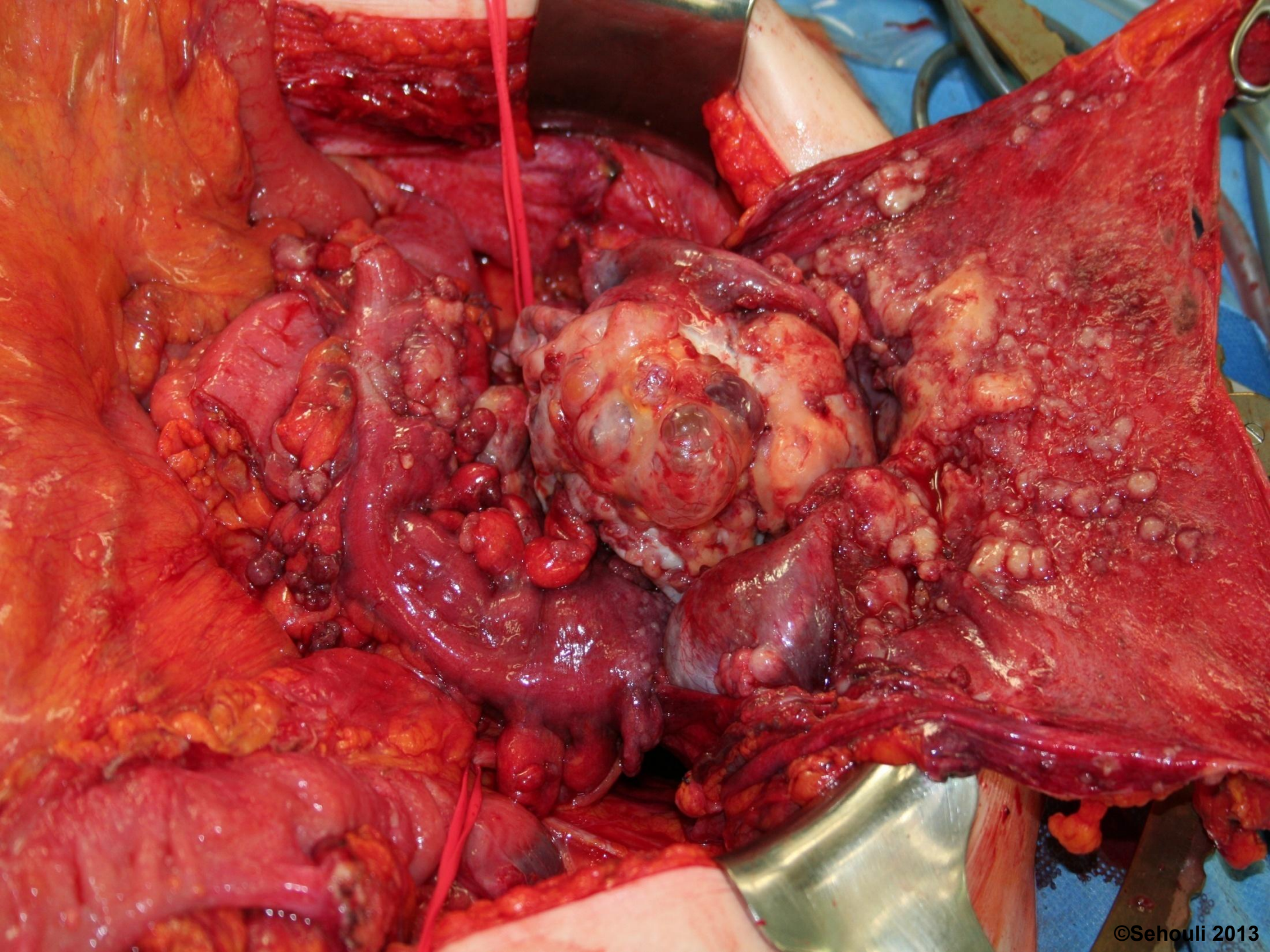


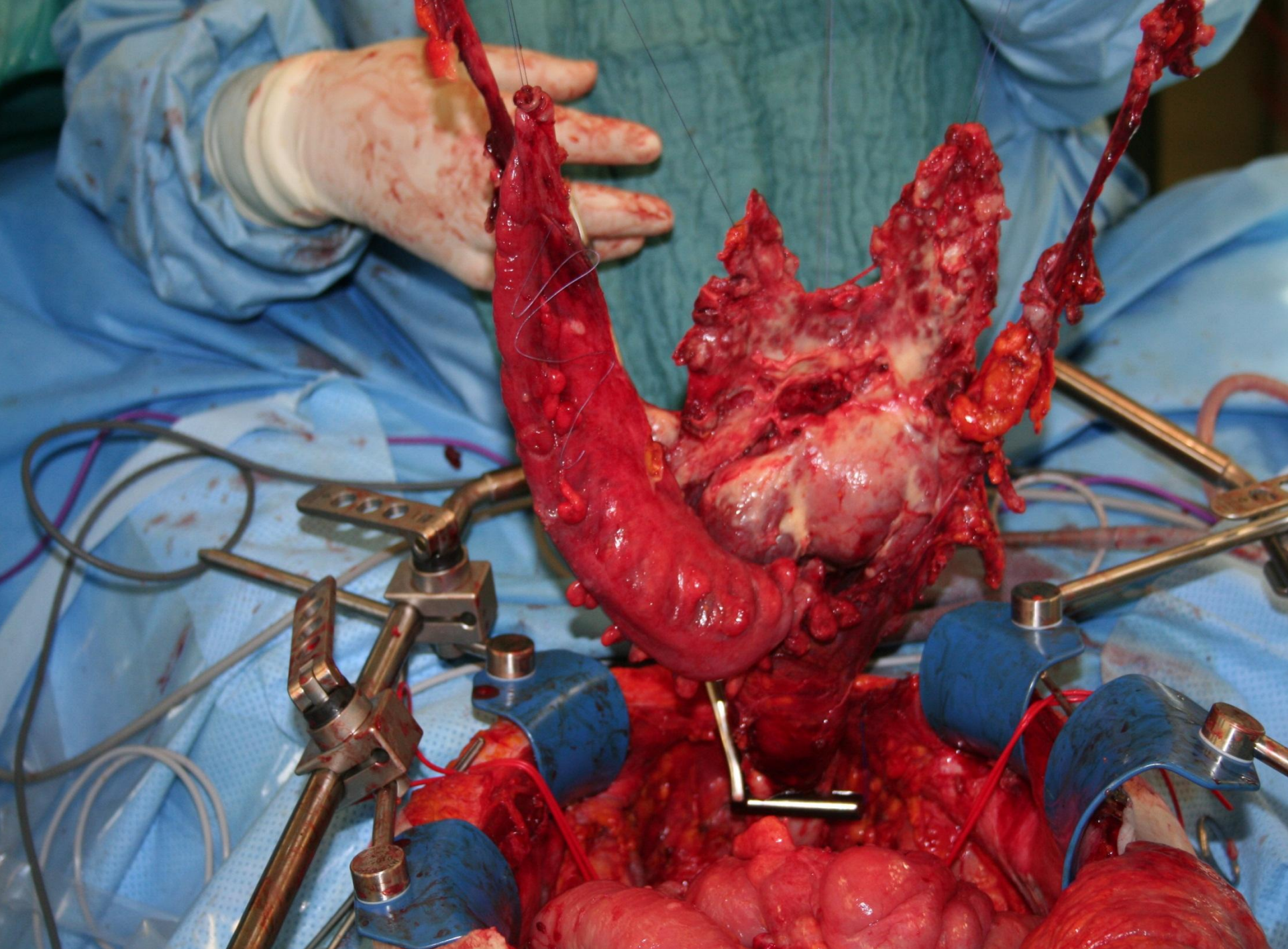
Centre	Randomized
Charite Berlin	27
Leuven	18
EVK Düsseldorf	15
Toulouse	13
Napoli	10
Clermont-Ferrand	9
KEM Essen	9
Stockholm	8
Paris (Hopital Tenon)	7
Bordeaux	6
Milan (Inst.tumori)	6
Shanghai	5
Odense	5
St Herblain	4
Freiburg	4
Seoul	4
Kopenhagen	4
Kiel UFK	4
Paris (GPEH)	4
HSK Wiesbaden	3
Bad Homburg	3
Nice	3
Valencia	3
Wolverhampton	3
Herlev	3
Barcelona (Llobregat)	3
Hannover	3
Oslo	3
Diakonie Düsseldorf	2
UFK Dresden	2
Rouen (914)	2
Suzhou	2
Linköping	2
Rennes	2
Caen	2
Wien	2
Ravensburg	2
London (Imperial)	2
Cambridge	2
Aviano	2
Guildford	2
München Großhadern	2
London (UCL)	2
Rouen (915)	1
Greifswald	1
Kempten	1
Hangzhou	1
Fürth	1
München 3. Orden	1
Graz	1
Paris (HPSJ)	1
Barcelona (Sant Pau)	1
Göttingen	1
Badalona	1
Schweinfurt	1
Mainz	1
Margate	1
Pamplona	1
London (St Barth.)	1
Sheffield	1
Gateshead	1
London (Royal Marsden)	1

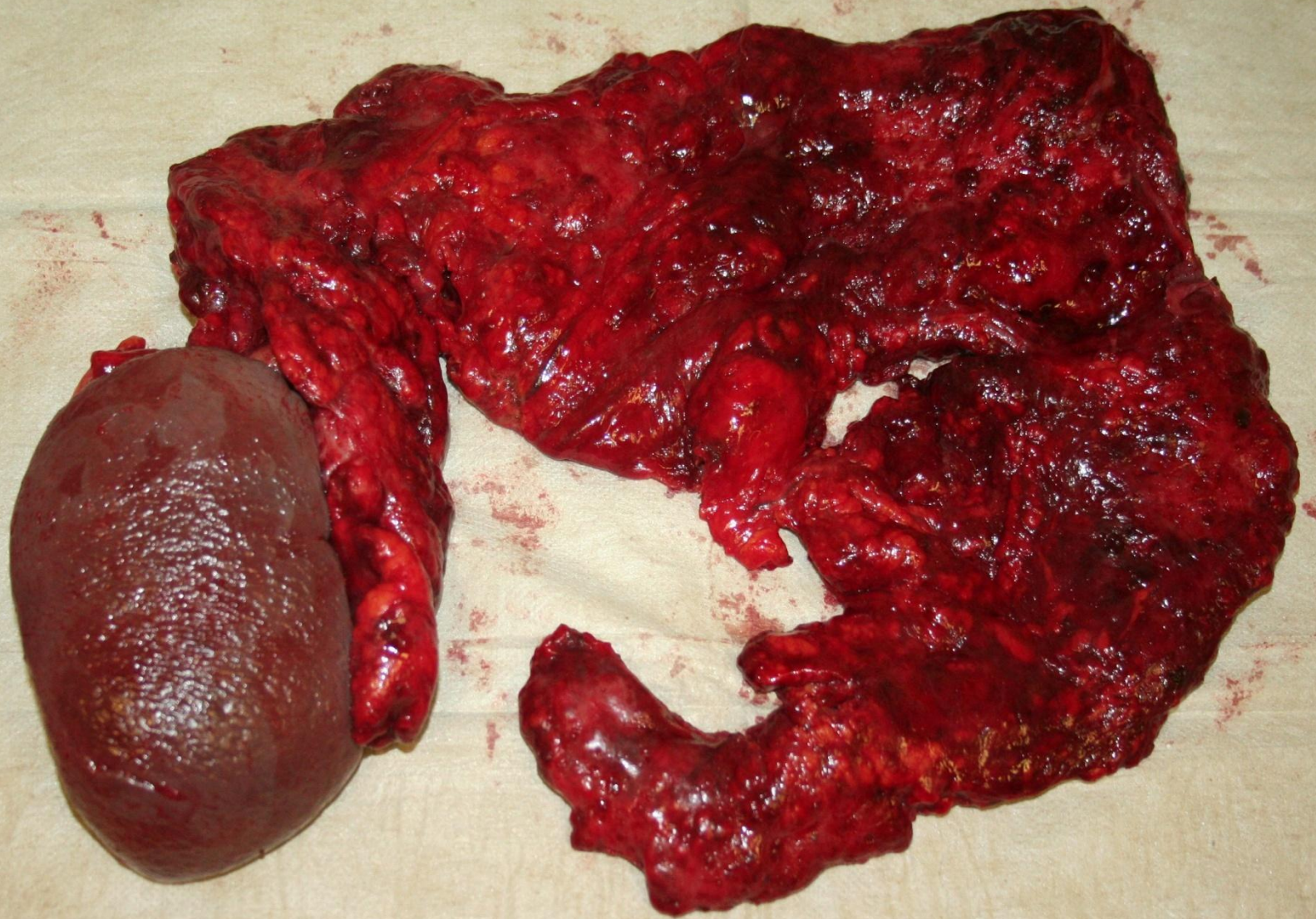
DESKTOP III 15.10. 2013

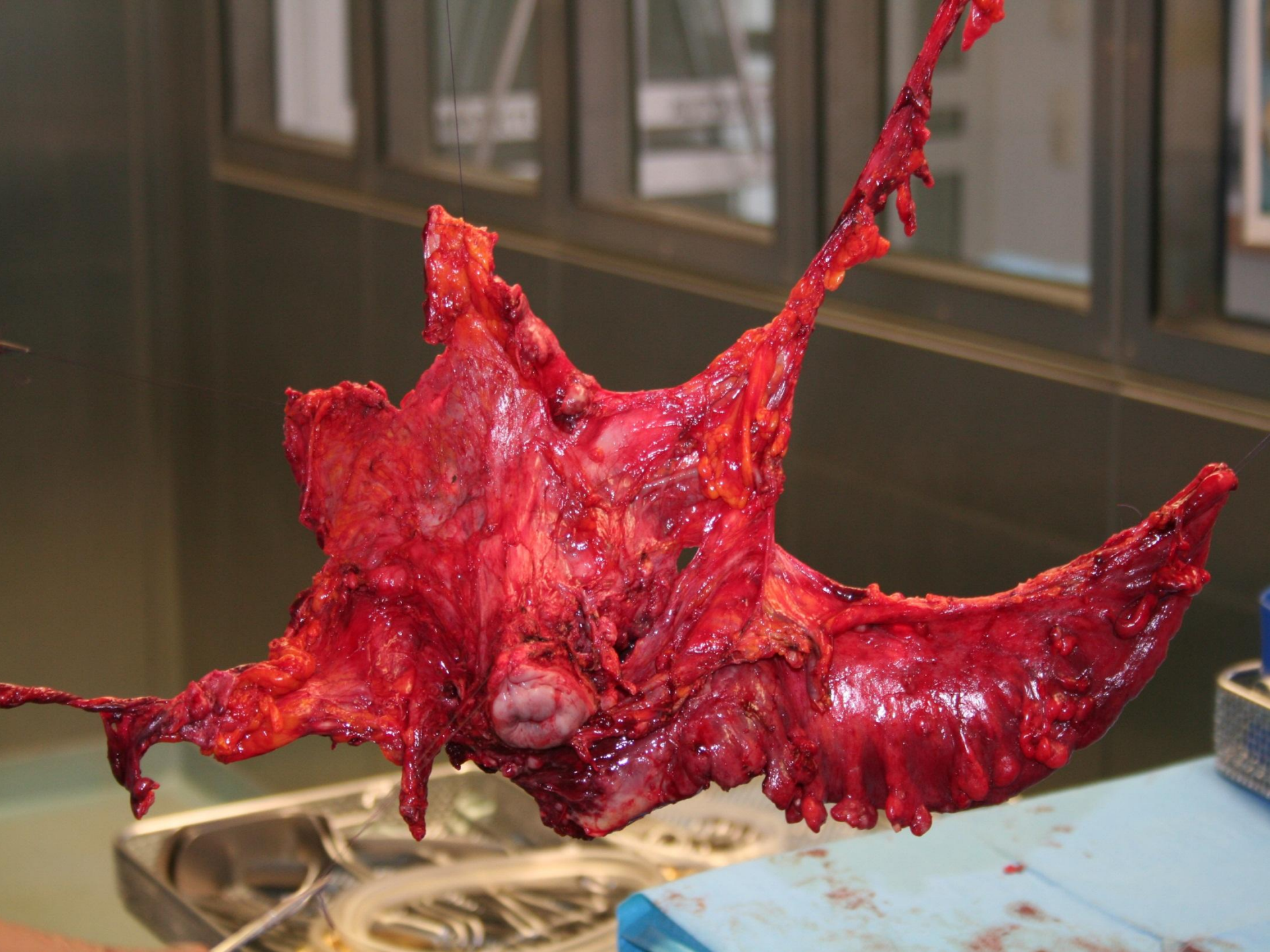
Country	Pts	centres
	84	20
	54	12
	18	1
	18	3
	16	10
	12	3
	10	3
	10	7
	8	3
	4	1
	3	1
	3	2







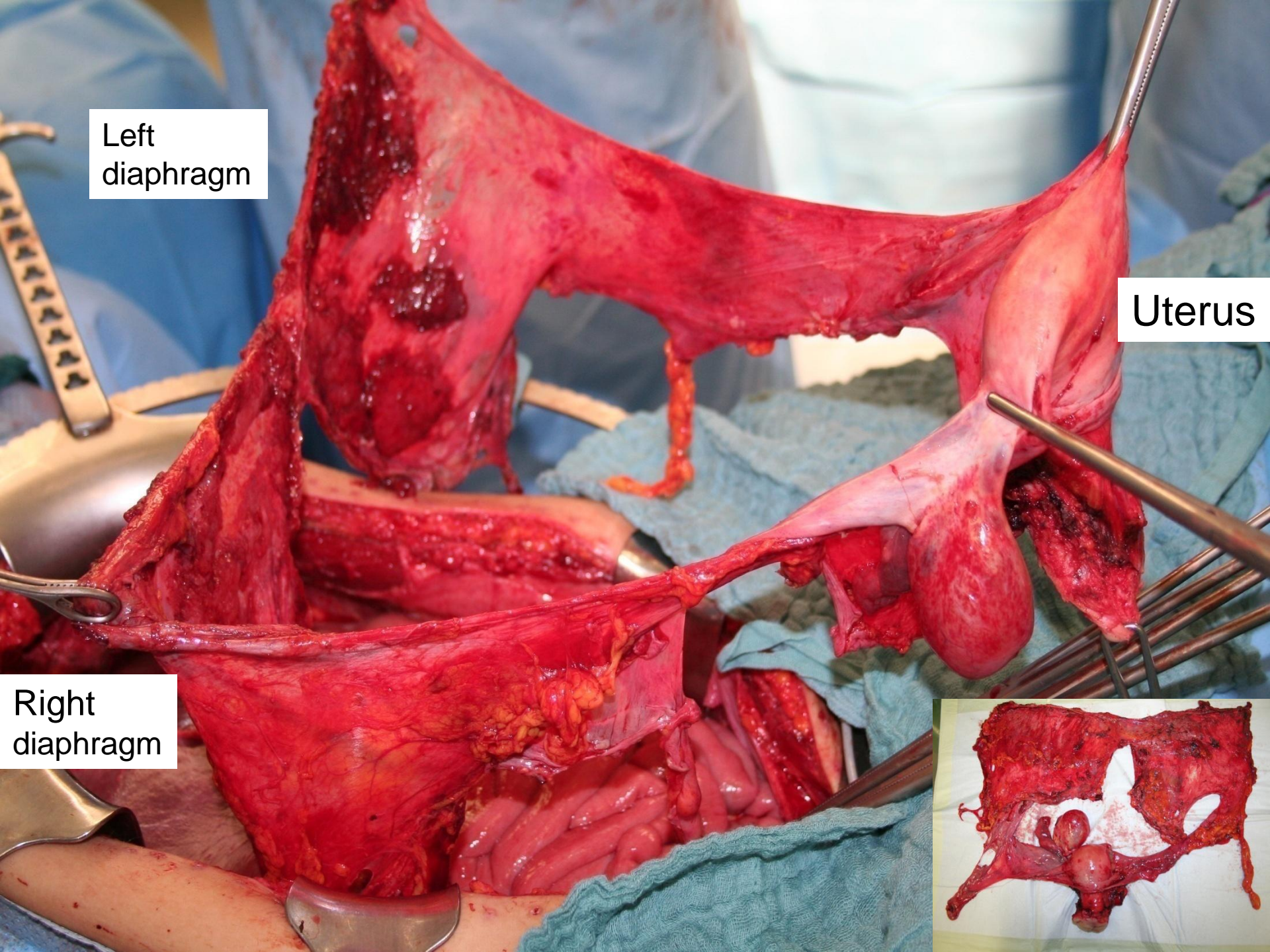




Left
diaphragm

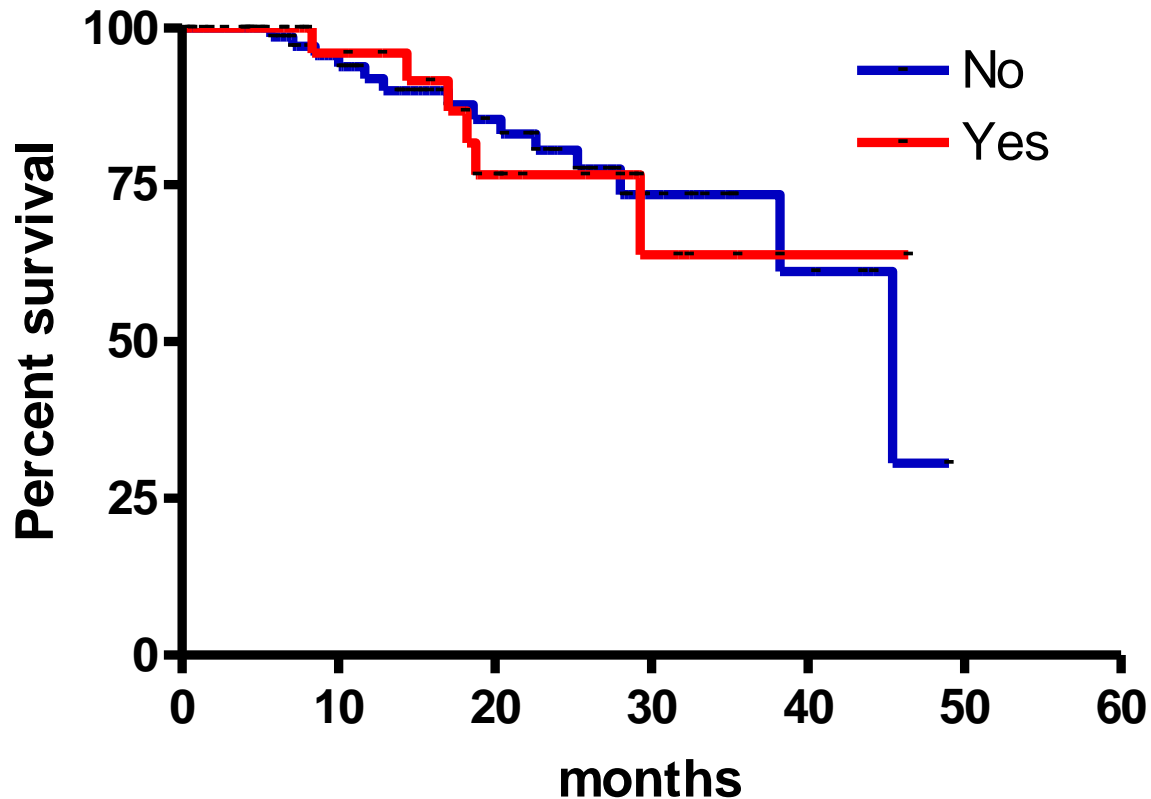
Uterus

Right
diaphragm



Results V: Complete resection in PC and non PC-pts

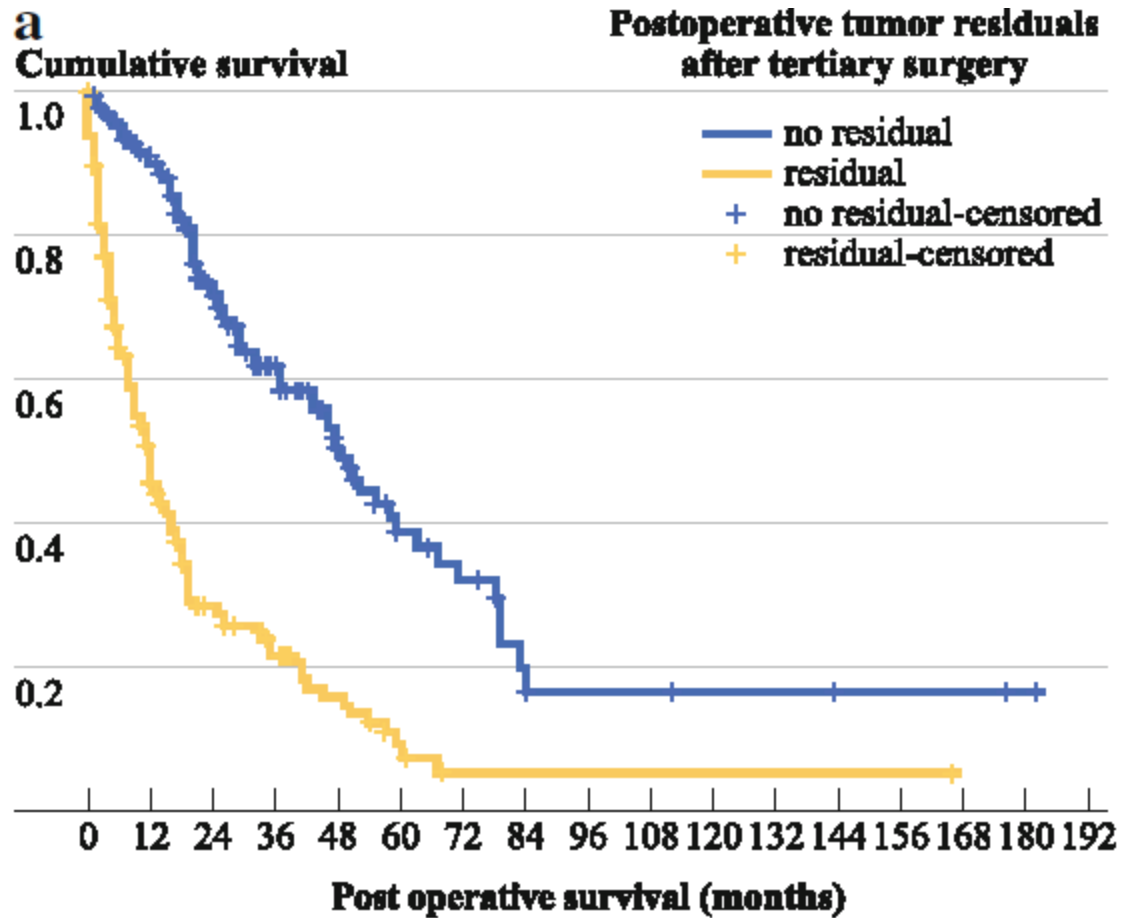
January 2010



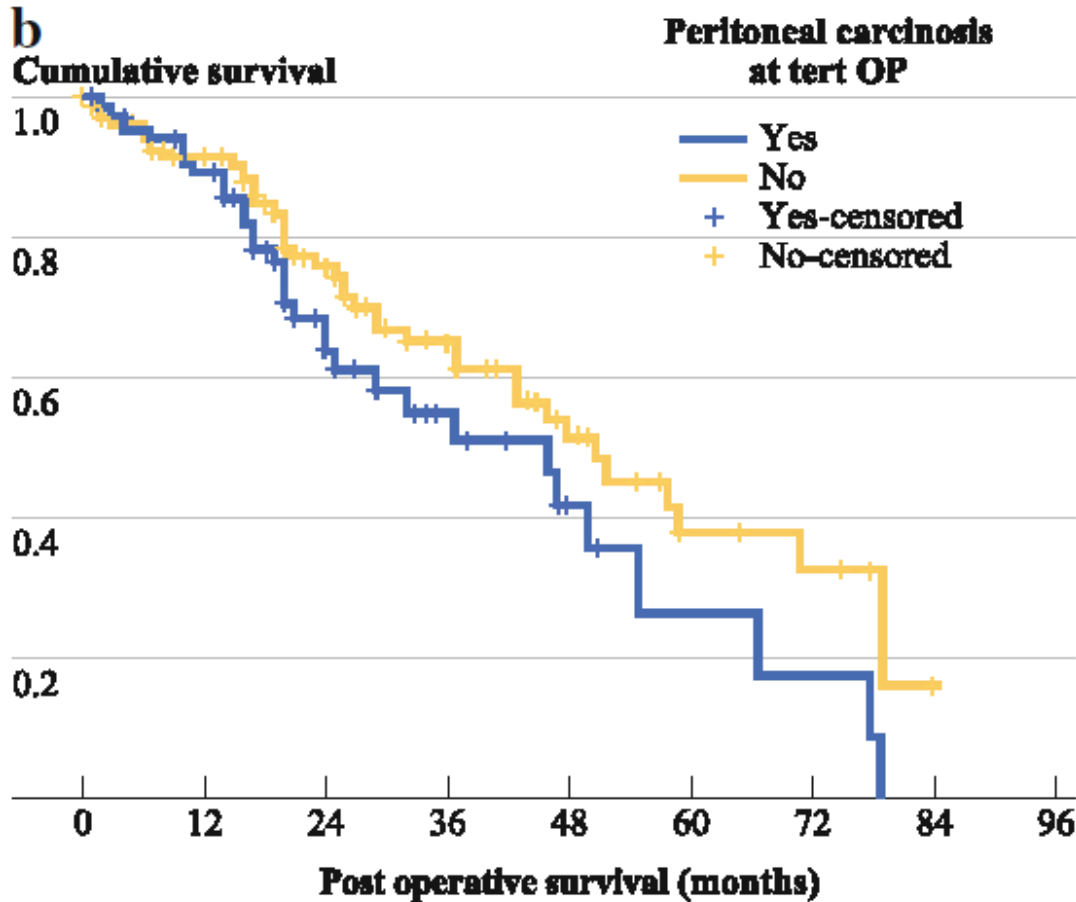
angkok 2008

$p = 0.96$, HR: 0.98 (95%CI: 0.37 – 2.6)

Survival according to residual tumor at TCS



Impact of peritoneal carcinosis on OS in tumorfree operated patients



peritoneal carcinomatosis at TCS in tumorfree operated patients	p=0.099	
	<i>median OS</i>	<i>95%-CI</i>
yes	46.0	27.94 - 64.5
no	51.0	37.8 - 64.5
Total	47.0	36.4 - 57.6

Surgical morbidity and mortality

Major morbidity <i>Several complications are possible in the same patient</i>	TCS-patients N = 406 (%)
Any major incidence (listed in this table)	105 (25.9%)
Infection /Sepsis	49 (12.1%)
Postoperative ileus	23 (5.7%)
Pleura effusion	19 (4.7%)
Pneumothorax	14 (3.4%)
Short bowel syndrome	12 (3%)
Deep vein thrombosis	10 (2.5%)
Organ failure	6 (1.5%)
Pulmonary embolism	6 (1.5%)
Pancreatic fistula	3 (0.7%)
<i>Emergency relaparotomy</i> <i>(Several reasons possible in the same patient)</i>	18 (4.4%)
Anastomotic insufficiency	11 (2.7%)
Intestinal perforation not in anastomotic region	6 (1.5%)
Postop bleeding	9 (2.2%)
30- days mortality	13 (3.2%)

Multivariate analysis for total macroscopic clearance at TCS

Variable	Odds ratio	95%-CI	p value
*Platinum-resistant status (vs. platinum-sensitive)	0.182	0.58 – 0.58	0.004
*Tumor residuals at secondary surgery (yes vs. no)	0.21	0.08 – 0.51	0.001
*Peritoneal carcinomatosis (yes vs. no)	0.281	0.13 – 0.61	0.001
*Tumor involvement upper and middle abdomen (versus only lower abdomen)	0.09	0.02-0.44	0.003
Lymph node dissection performed	5.72	2.5 – 12.8	<0.001

~~CA125 levels
increasing age
tumor residuals at primary surgery
increasing interval to 2nd relapse (per each
month)~~

~~presence of distant metastases or ascites~~

~~initial lymph node status, FIGO stage, histology~~

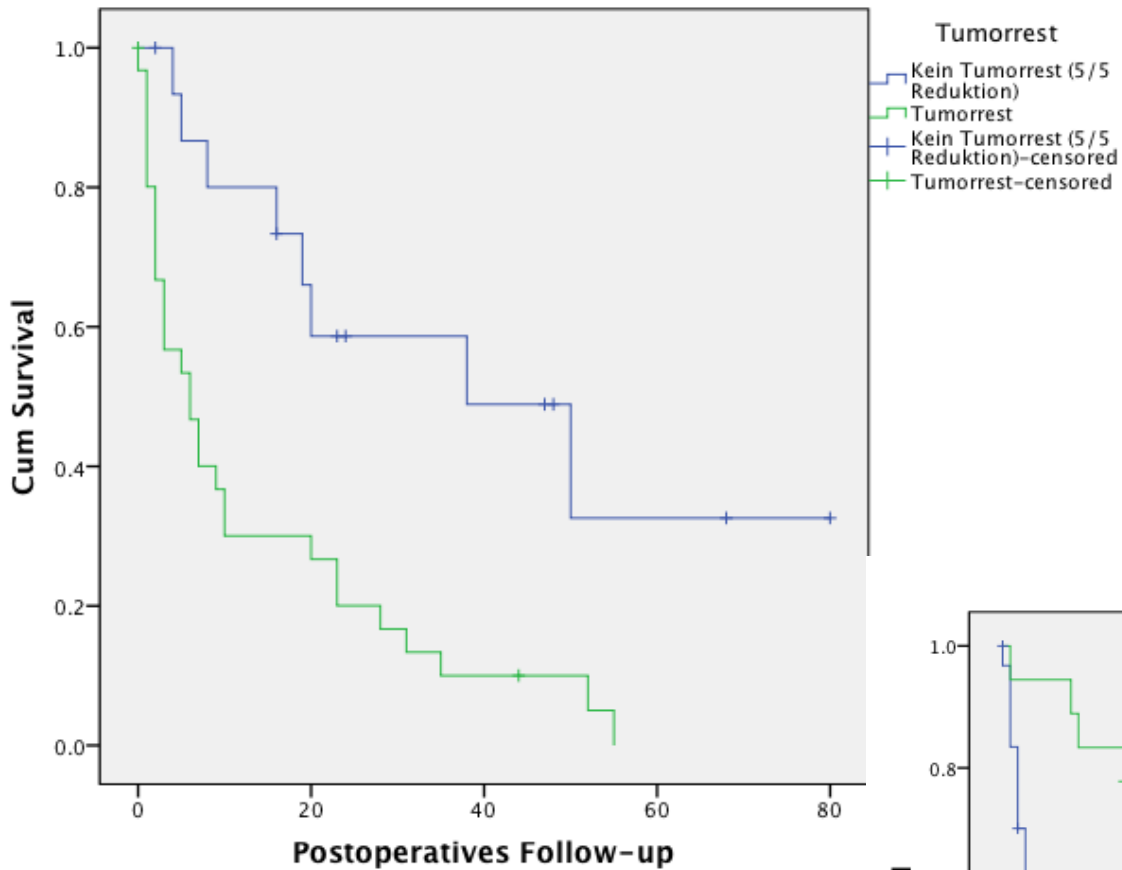
Quaternary cytoreductive surgery in ovarian cancer: does surgical effort still matter?

Fotopoulou C, Savvatis K, Kosian P, Braicu IE, Papanikolaou G, Pietzner K, Schmidt SC, Sehouli J.

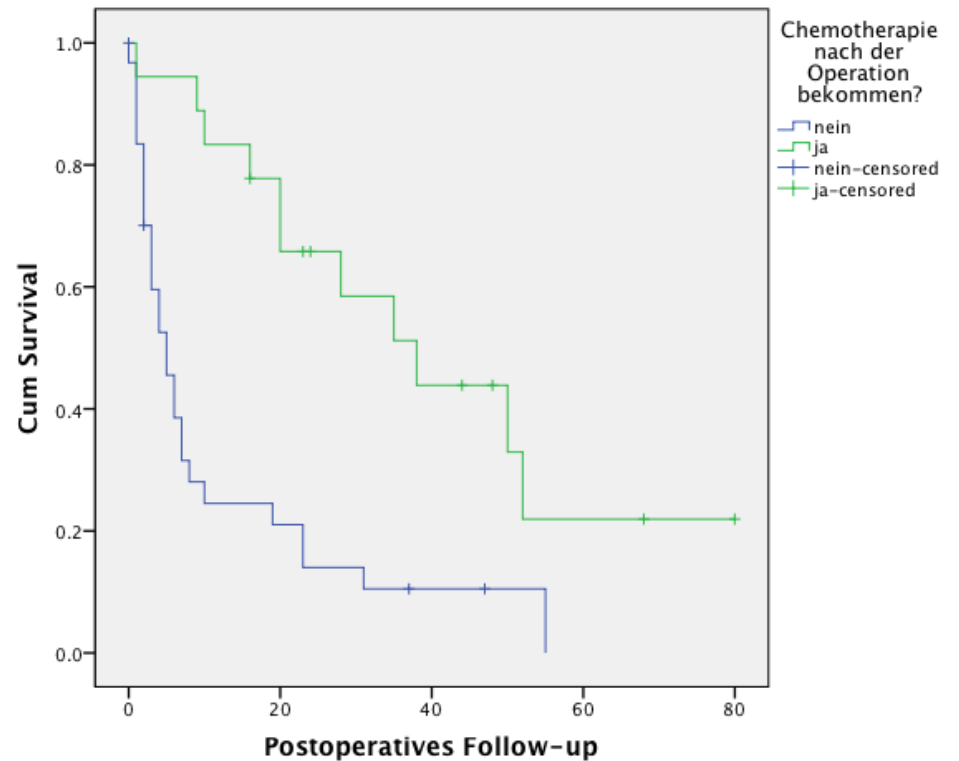
Br J Cancer. 2013 Jan 15;108(1):32-8.

Variable	Patients % (n = 49)	Variable	Patients % (n = 49)
Median age at surgery [years]	57 (28-76)	Median preoperative CA125 (U/ml)	736 (28-2843)
FIGO stage at primary diagnosis		Median CA125 after 3 cycles chemotherapy (U/ml)	220 (19-365)
• -I	6 (12.2%)	Median CA125 after chemotherapy completion (U/ml)	84 (21-156)
• -II	6 (12.2%)		
• -III	33 (67.3%)		
• -IV	1 (2.04%)		
Histology		Postoperative tumor residuals	
-serous-papillary	33 (67.3%)	▪ none	16 (32.6%)
-mucinous	1 (2%)	▪ ≤0.5 cm	15 (30.6%)
-endometrioid	12 (24.5%)	▪ 0.5-1 cm	9 (18.3%)
-clear cell	3 (6.1%)	▪ >1 cm	9 (18.3%)
Intraoperative ascites		Years after primary diagnosis	
-none	33 (67.3%)	2-3 years	3 (6.1%)
<500ml	12 (24.5%)	3-5 years	20 (40.8%)
≥500 ml	2 (4.1%)	5-10 year	14 (28.5%)
Grading		> 10years	12 (24.5)
G1	3 (6.1%)	Lymph nodes affected	
G2	11 (22.4%)	N0	4 (8.2%)
G3	29 (59.2%)	N1	14 (28.6%)
		Nx	31 (63.3%)

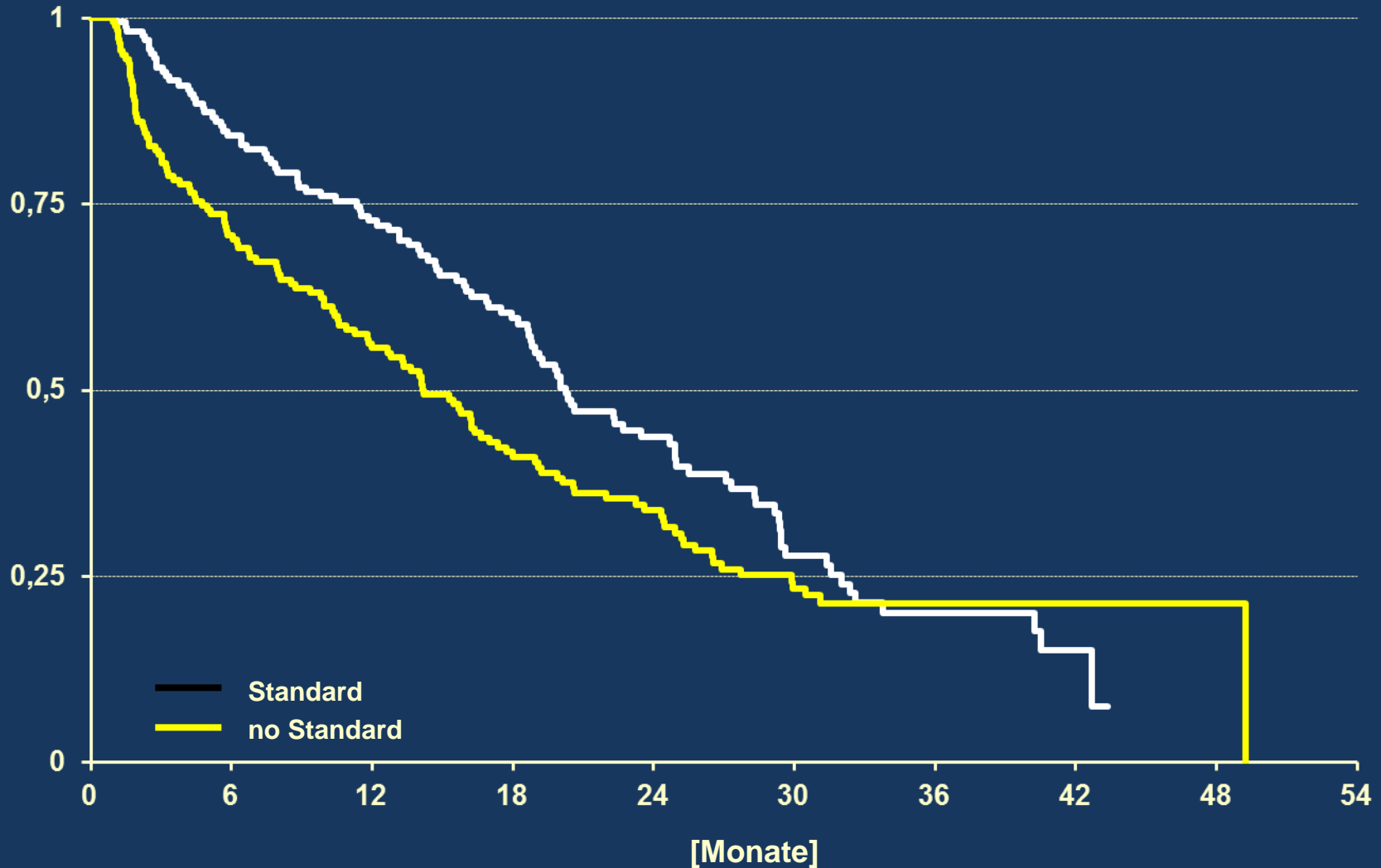
Survival Functions



Survival Functions



QS-OVAR 2004: Quality Program Relapsed Ovarian Cancer

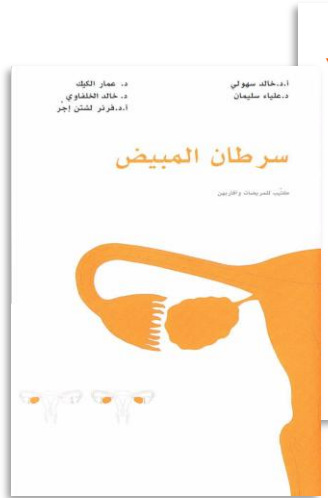


Logrank Test: $p = 0,049$



stiftung eierstockkrebs

german ovarian cancer foundation





Expression IV

What are the expectations and patients preferences regarding maintenance therapies in ovarian cancer?

NOOGO-ENGOT-Study

Expression V Study

Berliner Umfrage bei Patientinnen mit Eierstock, Eileiter-, Bauchfell-, oder Brustkrebs –

Erwartungen und Wünsche von Frauen mit und ohne Migrationshintergrund zu Therapiemanagement und Arzt-Patientinnen-Kommunikation

Study in Turkish, Arabic and Russian patients

www.noggo.de