



# Surgery for Ovarian cancer

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Richard Hutson  
Gynaecological Oncologist  
St James's Institute of Oncology



# Ovarian Cancer

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- 7,000 new cases per year
- 5 year survival 40-45 %
- 4,373 deaths in '08.
- Incidence is stable.
- 70% present with extra-ovarian disease.

# Ovarian and Endometrial Cancers at St James's Institute of Oncology

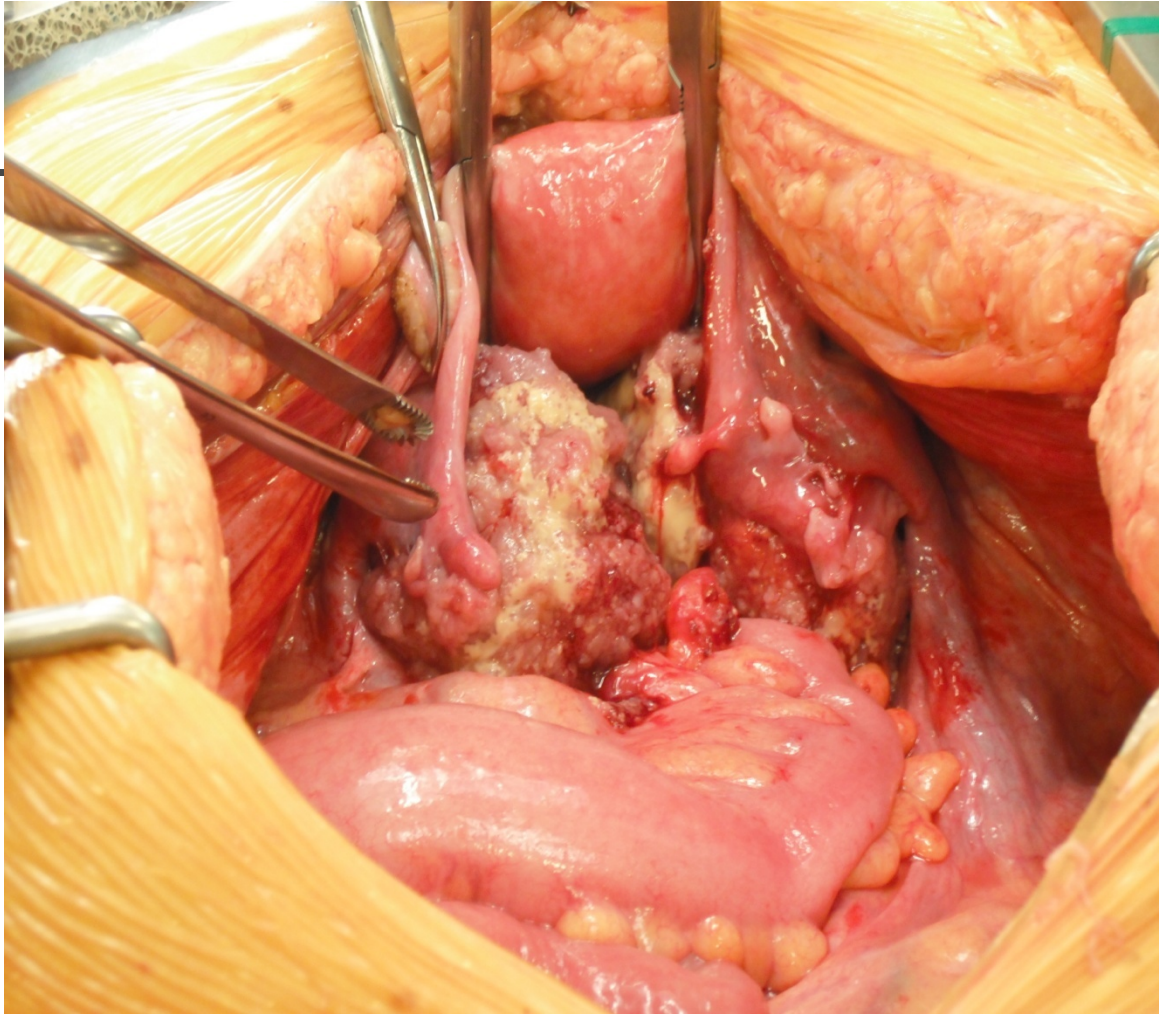
	<b>Ovarian Cancer</b>	<b>Endometr ial Cancer</b>
<b>05/06</b>	172	248
<b>06/07</b>	178	264
<b>07/08</b>	168	264
<b>09/10</b>	182	276

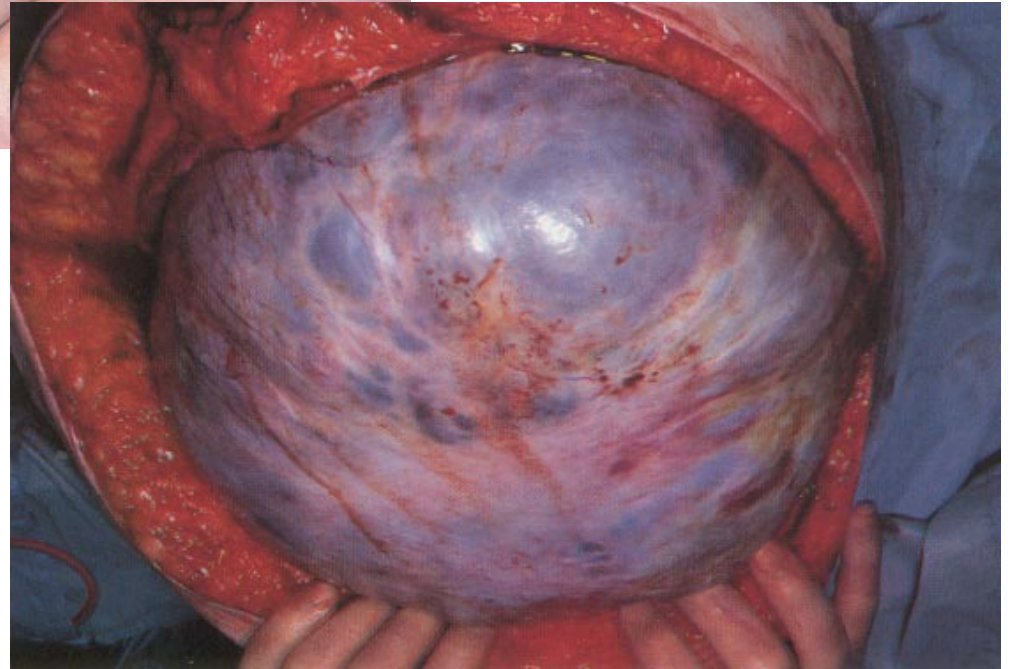


# Life Time Risk of Developing Epithelial Ovarian Cancer.

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- De novo = 0.7-1%.
- One first degree relative affected = 2.5%.
- >2 first degree relatives = 15-40 %.
- Consistant with a single autosomal dominant gene of high penetrance.
- Important consideration for female relatives of women with ovarian cancer.







# Surgical Options for Ovarian Cancer

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- Curative with full staging.
- Fertility sparing.
- IDS.
- Palliative.
- Prophylactic (2-4% risk of PPC).



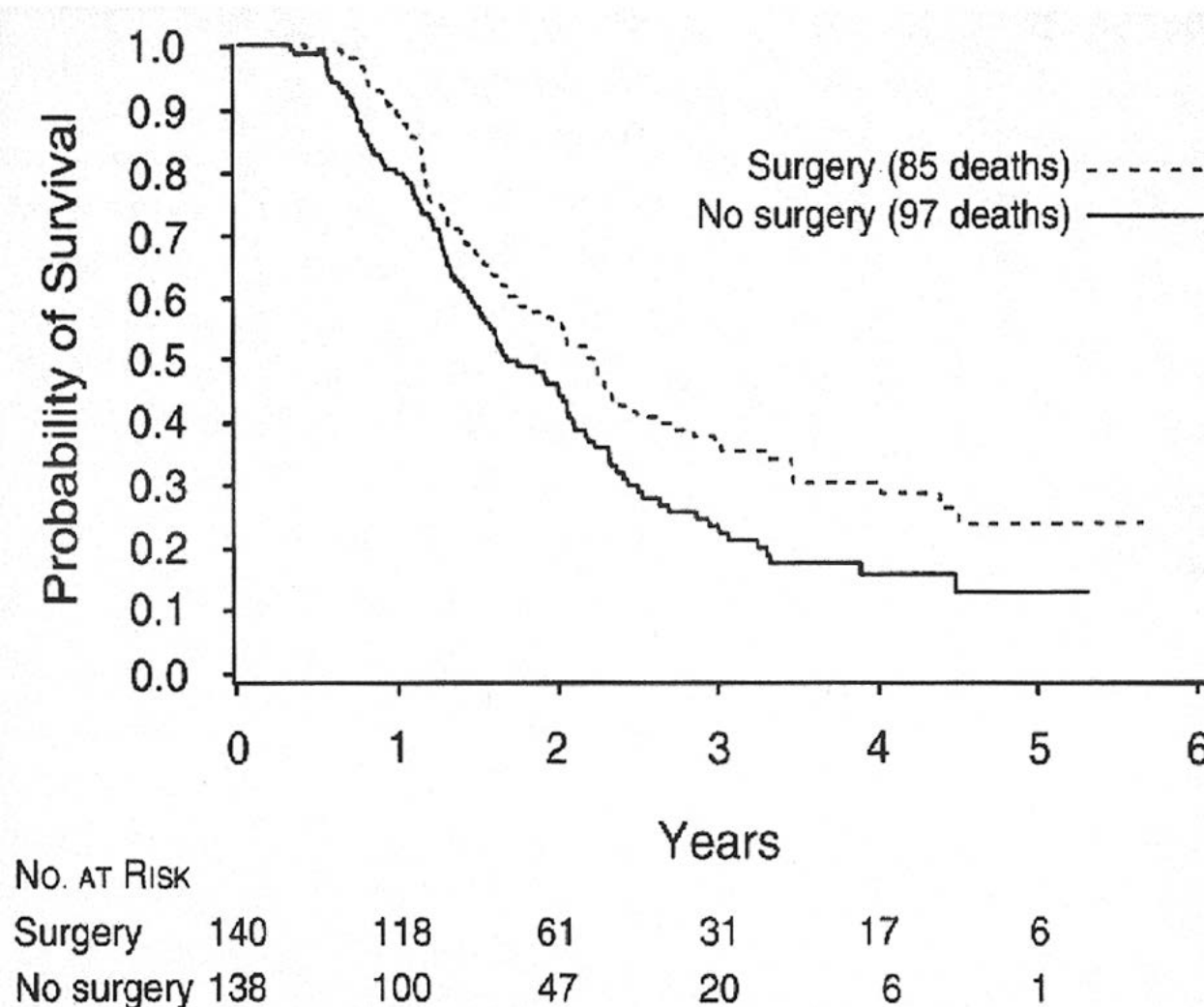
# Cytoreductive Surgery

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- Survival related to volume of residual disease.
- Optimally debulked median survival = 39 months.
- Suboptimal debulking median survival = 17 months.
- (N Eng J Med 1995; 332 (10): 629-34)



# Survival Graph of Interval Cytoreduction.

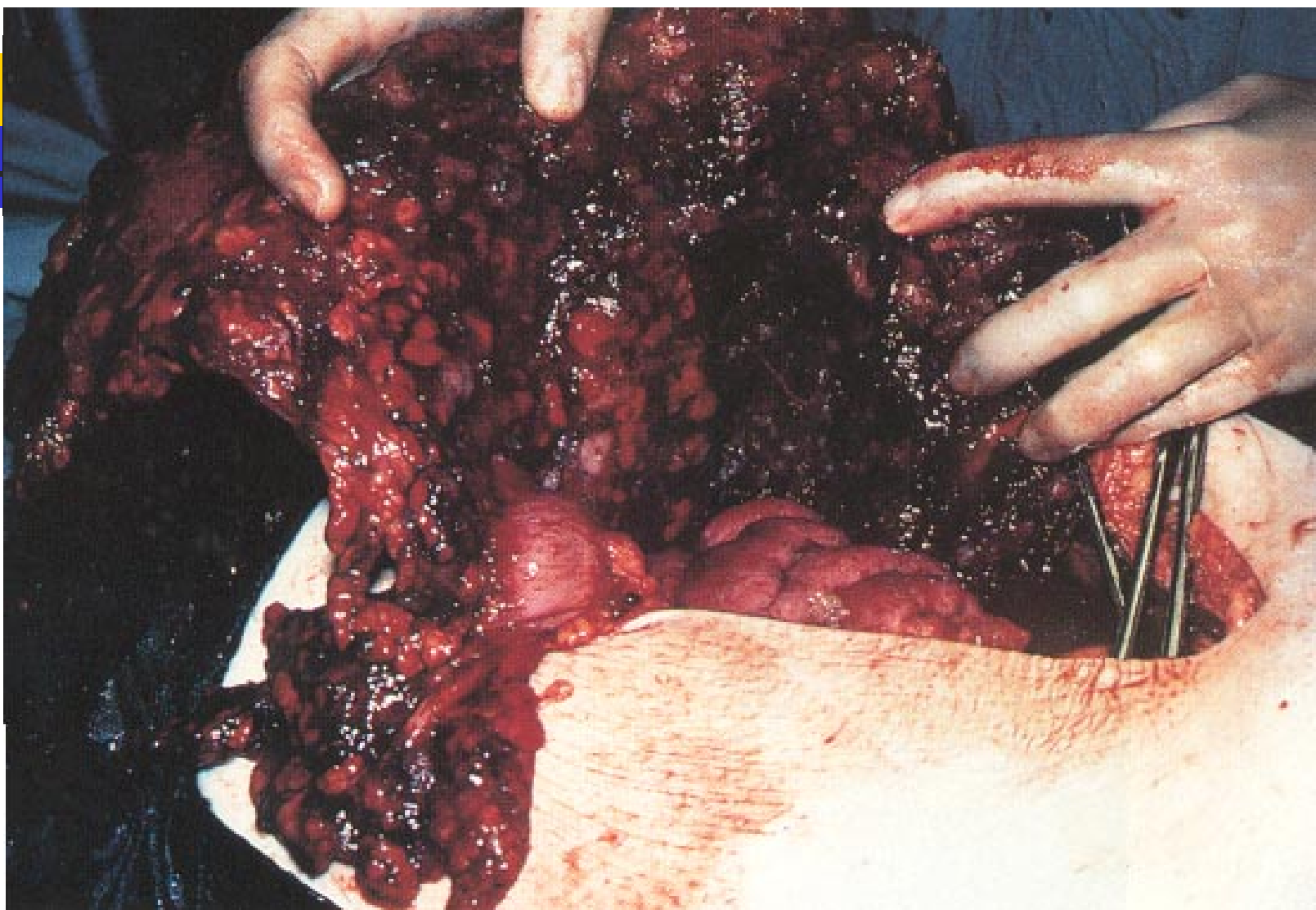




# Hypothesis behind Cytoreductive Surgery.

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- Large tumours are chemotherapy insensitive.
- Reduces likelihood of drug resistant clones
- Small tumours require fewer cycles of chemotherapy.





# Surgical Requirements

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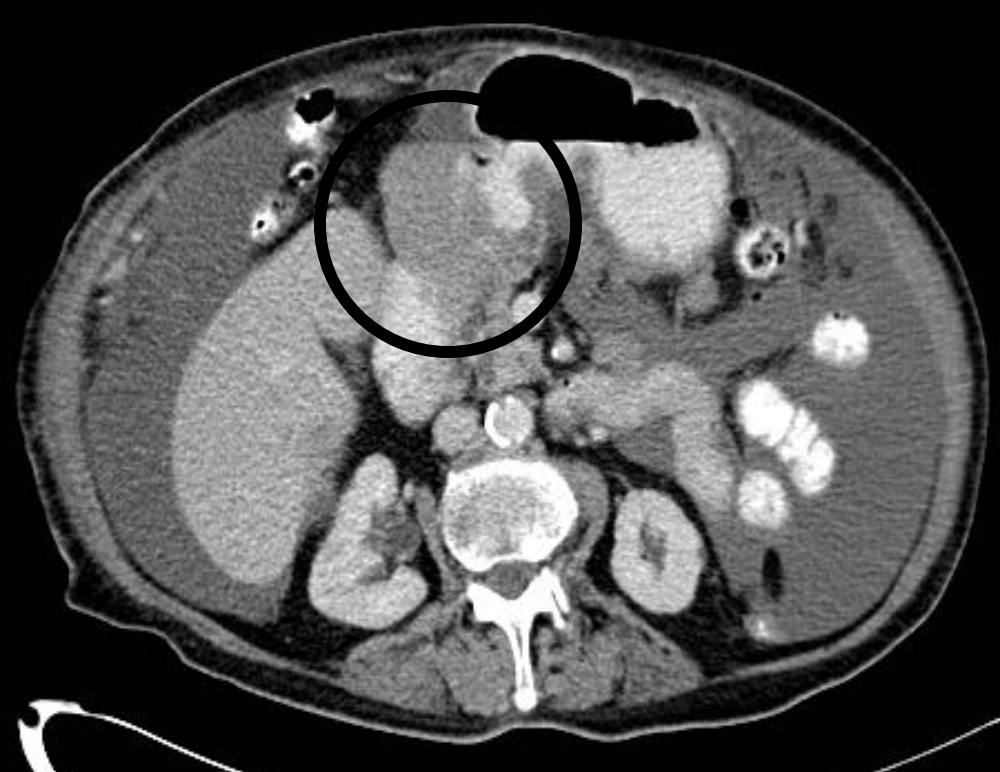
- Peritoneal washings/ascites.
- Oophorectomy +/- TAH & BSO.
- Omental biopsy / Total omentectomy.
- Pelvic / para-aortic nodes.
- Biopsies peritoneal surfaces.



# How to Predict

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- Radiological appearances.
- Albumin levels.
- Performance status.
- CA125 levels.



Invasion of the  
gastric antrum

Invasion of the  
sigmoid mesentery  
predicts the need  
for colostomy





Gastrosplenic ligament

Falciform ligament



Porta hepatis /  
fissure of the  
ductus venosum



# Predictive parameters for survival

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- Platelet counts; higher with progressive disease.
- Haemaglobin; lower in women who died of their disease.
- Postoperative residual disease.
- Histology.
- Rising or static tumour markers.





# Future Treatment of Ovarian Cancer.

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- ? Unilateral approach (CHORUS).
- Molecular approach.
- Transfer wild-type p53 gene.
- Other molecular proteins.
- PETROC
- ? Design therapy based on age, stage, grade of disease and molecular findings.