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Special Issue

The Role of Surgery in Ovarian Cancer

Ovarian cancer is the second most common cause of gynecologic cancer death in women around the world. Primary debulking surgery followed by platinum/taxane-based chemotherapy is the standard of care in advanced EOC. Surgery and platinum-based chemotherapy are the cornerstones of multimodal treatment in the primary disease setting. The most important prognostic factor for survival is no residual tumour after primary debulking surgery. Two randomised clinical trials comparing Primary debulking surgery and chemotherapy with neoadjuvant chemotherapy (NACT) followed by interval debulking surgery (IDS) showed similar survival with a low operative morbidity when NACT and interval debulking surgery were used. The choice between PDS and chemotherapy or NACT and IDS is controversial. Further research is needed on how to select patients for PDS or NACT, including better and validated imaging or laparoscopic scoring systems and algorithms to predict operative morbidity. Systematic pelvic and para-aortic lymphadenectomy in patients with advanced EOC with both intra-abdominal complete resection and clinically negative lymph nodes does not improve overall or progression-free survival. Fertility sparing surgery In young patients with well-differentiated or low-grade, stage IA disease can be considered. Uterus and contralateral ovary can be left in place pending pathology review of the removed tissues and further counseling with the patient. Selection of patients for fertility preservation requires careful consideration of the risks and benefits. The likelihood of cure is high for women with stage IA disease, but residual disease and subsequent recurrence are associated with low likelihood of salvage.

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