Impact of Primary Surgery vs Interval Surgery in the Prognosis in Advanced Epithelial Ovary Cancer

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Introduction
Due to its detection in advanced stages, epithelial ovarian cancer (EOC) has a great mortality. Treatment with primary surgery with complete cytorreduction followed by chemotherapy has been proposed as the cornerstone in the management of this pathology. In those cases where primary surgery is not feasible, the initial management with neoadjuvant chemotherapy is followed by interval surgery.

Methods
The records of the patients with EOC stages III-IV were retrospectively reviewed. Descriptive statistical analysis was performed including central tendency measures. Student’s T was used for quantitative variables and Chi square for qualitative variables. DFP and OS were calculated with Kaplan Meier method and compared with Long-rank test. Univariate and multivariate analyzes were performed using the Cox method. A value of p <0.05 was taken as statistically significant.

Results
We included 193 patients. In the primary surgery group, 25 (41.67%) patients had optimal cytorreduction without macroscopic tumor, compared to 113 (86.26%) in the interval surgery group (p<0.001).

Regarding OS, in the primary surgery group the 5-year OS was 63.89% (95%CI 42.86%-78.90%), and in the interval surgery was 71.94% (CI95% 56.12%-82.88%) (p=0.358).

In the multivariate analysis, the variable associated with OS was residual tumor larger than 1 cm (HR 3.59, 95%IC 1.58-8.13).

Conclusions
Regardless of the type of surgery, the prognosis of patients is influenced by the amount of residual tumor. However, the recommended management is still the primary optimal cytoreduction followed by systemic treatment, although in those cases where patient is physical conditions are adverse, neoadjuvant chemotherapy is a good alternative without impact in the outcome.

References

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Both groups had similar complication rates (6.67% vs 4.51%, p=0.56). The median DFP in primary surgery group was 21.5 months, with a 5-year DFP of 22.45% (CI95% 10.53%-37.10%); while in the interval surgery group, the median was 16.03 months and the 5-year DFP was 18.84% (CI95% 10.66%-28.80%) (p = 0.089).