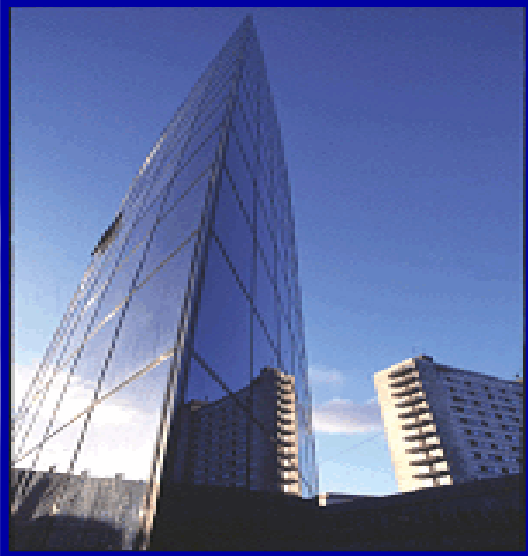


Recurrent Ovarian Cancer



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Recurrent Ovarian Cancer

- 48 years old, G3P3
- Stage IIIB ovarian cancer 18 months ago
- TAH + BSO, optimally debulked, fully staged
- 6 courses of taxol & carboplatin ended 12 months ago
- CA 125
 - Preop: 2100 IU
 - Postop: 375 IU
 - After chemo: 20 IU
- Regular follow-up – CA 125 + USG
- After 12 months CA 125 = 70 IU, asymptomatic, no evidence of disease by USG, X.ray chest, CT chest & abdomen
- Patient anxious and wants treatment

????????????

Facts

- 75 % recur within the first 2 years after diagnosis
- Goals for follow-up and second-line therapy:
 - Improved QOL
 - Extended survival
- *No proven benefit of early treatment*
- Average CA 125 lead time before symptoms is 4 months

Clarify the patients expectations

Significant CA 125 rise?

- Greater than, or equal to, two-times the upper normal limit on two occasions at least 1 week apart
- Doubling of nadir value?
- Infection, effusions

Rustin et al. J Clin Oncol 2006

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- CA 125 = 70 IU

Imaging

- USG – inexpensive, easy, fast
- CT and MRI
 - Equal accurate
 - Sensitivity: 70-73 %
 - Specificity: 75-83 %
- PET/CT
 - Sensitivity: 83-92 %
 - Specificity: 92-100 %

Iyer et al. Cancer Imaging 2007;

Picchio et al. Q J Nuc Med 2003;

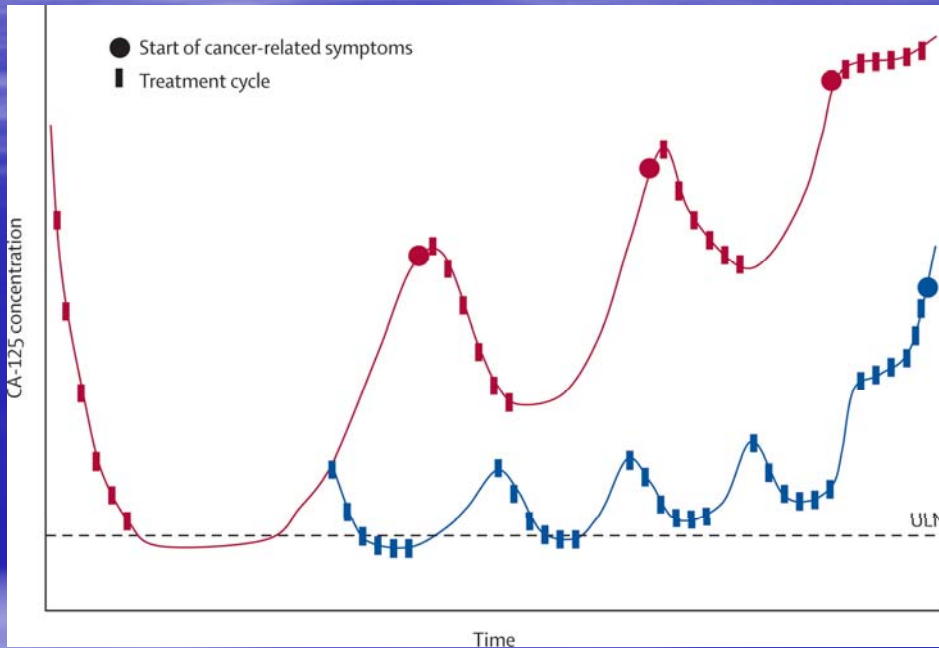
Nakomoto et al. Am J Roentgenol 2001

PET/CT + Laparoscopy

- The combination of FDG-PET/CT and staging laparoscopy should be considered complementary, because of the potential of each one to identify a different setting of the disease.

Fagotti et al. Oncology 2008 Oct 1;75(3-4):152-158

Treatment



- Watchful waiting
- Surgery
 - No proof for any increase in overall survival or length of remission

(Goonewardene et al. Lancet Oncol 2007)

Chemotherapy

Platinum-free interval	Response to second-line platinum	Platinum-sensitivity
>12 months	52-97 %	Sensitive
6-12 months	29 %	Partial sensitive
<6 months	10 %	Refractory

Modified from Colombo et al. Critical Reviews in Oncology/Hematology 2007

- Combination chemotherapy including platinum – carboplatin-taxol; carboplatin-pegylated liposomal Doxorubicin (PLD)
- Less toxic: Single agent carboplatin, sequential chemotherapy
- Platinum insensitive: Single agent paclitaxel, topotecan or pegylated liposomal doxorubicin (PLD)

Fung-Kee-Fung et al. Current Oncology 2007

Conclusion

- No follow-up?
- Clinical follow-up
- Watchful waiting until symptoms
- PET/CT scan
- Tumour resectable – surgery
- Carboplatin-taxol