LAPAROSCOPY and OVARIAN CANCER

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Laparoscopy and ovarian cancer

1° - PROPHYLACTIC OOPHORECTOMY
2° - DIAGNOSIS
3° - EARLY STAGES : STAGING
4° - ADVANCED STAGES - ASSESSMENT OF RESECTABILITY - SECOND LOOK

GENETIC RISK PREVENTION

- BRCA1-2 MUTATION 40 to 80% LIFETIME RISK
- M.M.R. MUTATION (HNPCC LYNCH II) 10 to 20% LIFETIME RISK

PROPHYLACTIC OOPHORECTOMY
RECOMMENDATIONS FOR PROPHYLACTIC OOPHORECTOMY

1. **Pluridisciplinarity Approach and Informed Consent**
   - Never before 35 years old
   - Never before 40 years old without children
   - If mutation risk < 12.5%
   - Possible if mutation risk ≥ 50%
   - Recommended when proven mutation (35-40 years old)

2. **Technical Points for Prophylactic Oophorectomy**
   - Laparoscopy with careful examination of the whole peritoneal cavity
   - Cytology
   - Bilateral salpingo-oophorectomy
   - Total hysterectomy if HNPCC
   - $ breast + ovary
   - Endobag ++

3. **Other Recommendations**
   - Histology +++ dye plasia
   - Occult carcinoma
   - Cryopreservation of ovarian tissue
   - Oestrogen replacement possible
   - No 100% protection (inform)
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OVARIAN CANCER PREVENTION

OOPHORECTOMY DURING ABDOMINO PELVIC SURGERY
AFTER 50 yo or MP + ?
* TAH
* COLORECTAL CANCER (8% KRUCKEMBERG)

PATIENT INFORM

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DIAGNOSIS

- ADNEXAL MASSES EVEN SUSPICIOUS (U.S.) ARE NOT ALWAYS CANCER AND LAPAROSCOPIC APPROACH IS AUTHORIZED
- A SIMPLE CYST CAN BE MALIGNANT (M. CANIS)
  - 1.8% - MP-
  - 7.6% - MP+

YOU CAN FOUND AN OVARIAN CANCER DURING A LAPAROSCOPY

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DIAGNOSIS

- RISK OF DISSEMINATION OF THE DISEASE THROUGH THE PERITONEAL CAVITY OR THE ABDOMINAL WALL

EARLY STAGE       ADVANCED STAGE

- OPTION 1 : LAPAROTOMY
- OPTION 2 : UNILATERAL SALPINGO-OOPHORECTOMY THROUGH ENDOBAG AND RESTAGING A.S.A.P.
1. TAH + BSO or CONSERVATIVE FOR YOUNG WOMEN

2. STAGING:
   - CAREFUL EXAMINATION OF THE WHOLE ABDOMINAL CAVITY + CYTOLOGY
   - INFRACOLIC OMENTECTOMY
   - APPENDECTOMY
   - PERITONEAL BIOPSIES: SUSPICIOUS AREAS
   - PELVIC AND PARA AORTIC LYMPHADENECTOMY

ALL THESE PROCEDURES HAVE BEEN DONE THROUGH THE LAPAROSCOPIC APPROACH AND CAN BE DONE BY EXPERIMENTED SURGEONS IN LAPAROSCOPY AND GYNECOLOGIC ONCOLOGY.

IF PRIMARY SURGERY INADEQUATE A RESTAGING PROCEDURE IS INDICATED AND IS FEASIBLE BY LAPAROSCOPY

30% UPSTAGING

WHAT MUSHROOMS WOULD YOU CHOOSE TO EAT?

Early stages
NEW DEFINITIONS FOR CYTOREDUCITIVE SURGERY

OPTIMAL: NO MACROSCOPIC RESIDUAL DISEASE ≥ 50%
SUBOPTIMAL: RESIDUAL DISEASE ≤ 1 cm 35-50%
NON OPTIMAL: RESIDUAL DISEASE > 1 cm < 30%

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Agressive surgery is effective and justified if optimal.
Surgery is ineffective and deleterious and thus useless if non optimal.

Only patients with resectable tumor should be operated at first.

PATIENTS SHOULD BE SELECTED BEFORE PRIMARY CYTOREDUCITIVE SURGERY.
- PATIENTS WITH RESECTABLE TUMOR
  PRIMARY CYTOREDUCITIVE SURGERY
- PATIENTS WITH ESTIMATED NON RESECTABLE TUMOR
  PRIMARY CHEMOTHERAPY (3 to 4) FOLLOWED BY INTERVAL CYTOREDUCITIVE SURGERY
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ADVANCED STAGES

HOW CAN WE ASSESS TUMOR RESECTABILITY?
- CLINICAL EXAMINATION AGE IPS
- BIOLOGY: CA 125
- TDM
- LAPAROSCOPY

LAPAROSCOPY ASSESSMENT OF RESECTABILITY
- BIOPSY FOR HISTOLOGY TYPE
- TUMOR VOLUME AND EXTENT OF CARCINOMATOSIS
  - TUMOR MASS > 1 kg
  - MORE THAN 100 PERITONEAL IMPLANTS
  - HIGH PERITONEAL SCORE

ADVANTAGES OF INTERVAL SURGERY
RESULTS OF EORTC TRIAL #55971
I.VERGOTE, IGCS Meeting Bangkok, Oct 24th 2008
- LOWER MORBIDITY
- LESS BOWEL RESECTIONS
- MORE OPTIMAL RESECTIONS
- NO SURVIVAL DISADVANTAGE (OS and PFS)

NEOADJUVANT CHEMOTHERAPY AND INTERVAL NEOADJUVANT CYTOREDUCTIVE SURGERY CAN BE CONSIDERED AS PREFERRED TREATMENT FOR ADVANCED STAGE (III, IV) OVARIAN CANCER
**Advanced stage ovarian cancer: strategy**

- **CLIN**: yes → **TUMOR RESECTABILITY**: yes → **CRS**: yes → **LAPAROSCOPY**: yes → **CHEMO**: x 6 → **RESPONSE**: yes → Interval CRS
- **LAPAROSCOPY**: no → **CHEMO**: x 3 → **RESPONSE**: no → second line chemo

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**SECOND LOOK**
- NO BENEFIT
- NOT RECOMMENDED
- LAPAROSCOPIC SECOND LOOK ACCEPTABLE FOR CURRENT CLINICAL TRIALS BUT DIFFICULT AT RISK AND MAY BE SOMETIMES LESS ACURATE

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**CONCLUSION**

LAPAROSCOPY IS USEFUL AT SEVERAL STAGES OF THE MANAGEMENT OF OVARIAN DISEASES.
FOR OVARIAN CANCER IT REQUIRE A GOOD EXPERTISE IN LAPAROSCOPY AND IN GYNECOLOGIC ONCOLOGY.