LAPAROSCOPY
and
OVARIAN CANCER

J. DAUPLAT
Laparoscopy and ovarian cancer

1° - PROPHYLACTIC OOPHORECTOMY

2° - DIAGNOSIS

3° - EARLY STAGES : STAGING

4° - ADVANCED STAGES - ASSESSMENT OF RESECTABILITY

- SECOND LOOK
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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
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RECOMMENDATIONS FOR PROPHYLACTIC OOPHORECTOMY

- PLURIDISCIPLINARITY APPROACH and INFORM CONSENT +++
- NEVER - BEFORE 35 yo
- BEFORE 40 yo WITHOUT CHILDREN
- IF MUTATION RISK < 12.5%
- POSSIBLE IF MUTATION RISK ≥ 50%
- RECOMMENDED WHEN PROVEN MUTATION (35 - 40 yo)
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TECHNICAL POINT OF VUE FOR PROPHYLACTIC OOPHORECTOMY

- LAPAROSCOPY WITH CAREFULL EXAMINATION OF THE WHOLE PERITONEAL CAVITY
- CYTOLOGY
- BILATERAL SALPINGO-OOPHORECTOMY
- TOTAL HYSSTERECTOMY IF - HNPCC
- $ BREAST + OVARY
- ENDOBAG ++
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PROPHYLACTIC OOPHORECTOMY
OTHER RECOMMENDATIONS

- HISTOLOGY +++
- DYSPLASIA
- OCCULT CARCINOMA

- CRYOPRESERVATION OF OVARIAN TISSUE
- OESTROGEN REPLACEMENT POSSIBLE
- NO 100% PROTECTION (INFORM)
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.
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SURGICAL TREATMENT OF EARLY STAGES

1 – TAH + BSO or CONSERVATIVE FOR YOUNG WOMEN

2 – STAGING:
- CAREFULL EXAMINATION OF THE WHOLE ABDOMINAL CAVITY + CYTOLOGY
- INFRACOLIC OMENTECTOMY
- APPENDECTOMY
- PERITONEAL BIOPSIES: SUSPICIOUS AREAS or SYSTEMATIC
- PELVIC AND PARA AORTIC LYMPHADENECTOMY
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SURGICAL TREATMENT OF EARLY STAGES

- 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
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ACTION TRIAL

BENEFIT FOR CHEMOTHERAPY **ONLY** IF SURGICAL STAGING INADEQUATE (NO BENEFIT IF ADEQUATE).

WHAT MUSHROOMS WOULD YOU CHOOSE TO EAT?

Early stages
Laparoscopy and ovarian cancer

ADVANCED STAGES

NEW DEFINITIONS FOR CYTOREDUCTIVE SURGERY

OPTIMAL: NO MACROSCOPIC RESIDUAL DISEASE \( \geq 50\% \)

SUBOPTIMAL: RESIDUAL DISEASE \( < 1 \text{ cm} \) 35-50%

NON OPTIMAL: RESIDUAL DISEASE \( > 1 \text{ cm} \) < 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.
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ADVANCED STAGES

PATIENTS SHOULD BE SELECTED BEFORE PRIMARY CYTOREDUCTIVE SURGERY.

- PATIENTS WITH RESECTABLE TUMOR
  PRIMARY CYTOREDUCTIVE SURGERY

- PATIENTS WITH ESTIMATED NON RESECTABLE TUMOR
  PRIMARY CHEMOTHERAPY (3 to 4) FOLLOWED BY INTERVAL CYTOREDUCTIVE SURGERY
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ADVANCED STAGES

HOW CAN WE ASSESS TUMOR RESECTABILITY?

- Clinical Examination: Age, PS
- Biology: CA 125
- TDM
- Laparoscopy
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LAPAROSCOPY ASSESSMENT OF RESECTABILITY

- BIOPSY FOR HISTOLOGIC TYPE

- TUMOR VOLUME AND EXTEND 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
- NOSURVIVAL DISADVANTAGE (OS and PFS)

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

CLIN \ BIOL \ TDM → TUMOR RESECTABILITY

- yes
  - CRS
    - CHEMO x 6
- no
  - LAPAROSCOPY
    - CHEMO x 3

RESPONSE

- yes?
  - yes
    - Interval CRS
  - 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 ACCURATE
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.