

The Role of Surgery in Recurrent Ovarian Cancer

Ovarian cancer affects nearly 22,000 women per year in the United States. The most common type of ovarian cancer, high-grade serous, is typically diagnosed at a late stage and is treated with surgery and chemotherapy. Despite the initial effectiveness of this treatment, the majority of women with advanced, high-grade serous ovarian cancer experience a recurrence. Treatment for recurrent ovarian cancer typically involves chemotherapy, but the role of surgery has been unclear and limited to select patients with minimal disease. One recent trial, the DESKTOP III trial, found that surgery extends overall survival in women being treated for recurrent ovarian cancer.

The DESKTOP III trial was a randomized, phase III clinical trial that was conducted at multiple hospitals around the world. All of the 407 women who participated in the trial experienced a recurrence of their ovarian cancer more than six months after the end of their initial treatment. The women were randomly assigned to one of two treatment groups: the first group received chemotherapy, and the second group had surgery followed by chemotherapy. The average overall survival for women who were treated with chemotherapy alone was 46.2 months, compared to 53.7 months for women who were treated with surgery plus chemotherapy. In other words, surgery extended overall survival by 7.5 months on average. When the surgery group was analyzed more closely, researchers found that surgery was only beneficial if it resulted in the removal of all visible cancer (complete resection). Women who achieved complete resection followed by chemotherapy lived, on average, 14.5 months longer than women who were treated with just chemotherapy. However, if surgery was performed but did not result in complete removal of all visible cancer, then it was detrimental to overall survival. These women lived for 28.8 months on average compared to 46.2 months for women treated with chemotherapy alone.

The DESKTOP III trial is the first prospective clinical trial to demonstrate an overall survival benefit for the surgical treatment of recurrent ovarian cancer. The trial highlights the importance of careful patient selection when offering secondary surgery since incomplete surgical resection shortens overall survival. Selection criteria developed by researchers at the Memorial Sloan Kettering Cancer Center might help doctors determine appropriate surgical candidates, but further research is clearly necessary to clarify which patients will benefit the most from a surgical approach.

References:

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