Modern management of ovarian cancer

Prof. Amr El-Shalakany, MSc MD FRCOG
Gynecological Oncology Unit
Early Cancer Detection Unit
Ain Shams University, Cairo, Egypt

Ovarian cancer is the most fatal gynecological cancer. The majority of malignant ovarian tumours are of epithelial origin. Around two thirds of cases of ovarian cancer are discovered as a late stage disease. The ovary is a rather hidden intra-abdominal organ that is not readily accessible to inspection or palpation. The natural history of the disease is not well understood and yet there are no identifiable premalignant lesions. Hence, so far, screening for ovarian cancer has not shown to be helpful in early detection of the disease when the prognosis is more favourable and the chance of cure is possible. The management of epithelial ovarian cancer is essentially surgical followed by adjuvant chemotherapy that may be withheld in well differentiated stage Ia tumours. In advanced disease, strong evidence suggests that optimum debulking with reducing the disease to almost no visible residual disease improves significantly survival. The extent of surgery can be extensive involving the upper abdomen (splenectomy, peritonectomy, partial liver resection..). The surgery for ovarian cancer is demanding and the evidence suggests that the survival outcomes are best in the hands of gynecological oncologists than general gynaecologists. Hence, there is a value in referring patients with suspected ovarian cancer to gynaecological cancer centers. This implies that anticipation of malignancy in women with ovarian masses is of paramount importance and centralization of services for these women can serve to improve the outcomes. The adjuvant chemotherapy for ovarian cancer is essentially carboplatin and paclitaxel. There is a plethora of trials assessing newer agents of targeted therapies but none of them has yet shown a survival benefit that was previously shown solidly with the introduction of platinum in the seventies or paclitaxel in the nineties.