NEOADJUVANT CHEMOTHERAPY VERSUS PRIMARY SURGERY IN ADVANCED STAGE OVARIAN CANCER

M. Hummeida¹, H. Mohammoud², K. Yasin¹

¹. School of Medicine, Alneelain University, Khartoum, Sudan
². Khartoum Teaching Hospital, Kartoum, Sudan

Background: Epithelial ovarian carcinoma is the most lethal gynecological cancer worldwide. Most patients present with advanced disease. The standard surgical approach for advanced cases is optimal cytoreductive surgery followed by adjuvant chemotherapy. This can be achieved in only 40-50% of cases and not always carry the expected outcome, especially among elderly patients. Despite these efforts, the overall 5-years survival rate is only 5-20%.

Objectives: To evaluate the outcome of patients with advanced-staged epithelial ovarian cancer treated with Neoadjuvant chemotherapy and interval debunking versus primary surgery and adjuvant chemotherapy, with especial emphasis to optimization of surgery and perioperative morbidity and mortality

Methodology: This is a prospective, observational comparative hospital based study done in Khartoum hospital Sudan. 90 cases were selected according to certain inclusion criteria. 40% patient received Neoadjuvant chemotherapy followed by debulking surgery, and 60% of patients underwent upfront surgery followed by adjuvant chemotherapy.

Results Interval radical surgery was performed in all patients following Neoadjuvant chemotherapy, while this was achievable in only 50% cases who underwent primary surgery and adjuvant chemotherapy

Conclusion: Neoadjuvant Chemotherapy and interval optimal cytoreduction results in fewer and simpler operations. There is less morbidity and mortality, with improved perioperative outcomes, including optimal cytoreduction, decreased blood loss, shorter hospitalizations and hence less cost.