OVARIAN CANCER PATTERN AT NEMROCK DURING THE PERIOD 2005-2011

THESIS

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Abstract:

Purpose:

This is a retrospective study trying to assess the management of patients suffering from Ovarian cancer in clinical oncology and Nuclear Medicine cancer center Cairo University and use the international standard of care as reference.

Patients :

Female patients between the ages of 18-80 yrs. Baseline Hematological, Renal and Liver laboratory profiles were within accepted ranges. Patients were surgically fit to undergo radical surgery. Patients had to be ECOG Performance status 0-2 to start chemotherapy Patients will pathologically proven Ovarian Cancer and records showed follow-up for at least 6 months. Women who stopped their treatment for non-medical reasons (social or psychological or financial). Were excluded .Any records of other malignancy at other sites were excluded from this analysis.

Methodology:

Records were evaluated to answer if the patient underwent Radical surgery, received adjuvant systemic treatment, the type of chemotherapy, duration of the adjuvant treatment and the period between last cycle od adjuvant and any disease relapse. For metastatic patients; what type of chemotherapy used as first line and its response, second line and its response and if third was given. Also the study assess the common drug related toxicities and the quality of life for the patients.

Results:

DFS period is calculated as the interval through the first Progression after receiving primary treatment. Progression was detected clinically and/or radiologically, after receiving adjuvant Chemotherapy.

OS period is measured as the interval between the date of histo-pathological confirmation of disease (either Radical surgery or biopsies) and death or date of the last follow-up evaluation.

Conclusion:

We found that in EOC subtype the patients are almost a decade younger than western patients. The results of DFS and OS were comparable to the international statistics. There is no clear guidelines for second line protocols. Limited financial resources did not affect the management of patients concerning radical surgery and adjuvant therapy.

Key words:
Ovarian Cancer, Optimal Surgery, Epithelial type, Non Epithelial type, Disease free survival Overall survival ,NEMROCK ,Cairo University.

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List of Abbreviations

ADL	Activities of daily living
AUC	Area under the curve
BRCA	Breast cancer gene
CI	Confidence Interval
CT	Computed Tomography
DFS	Disease Free Survival
ECOG	Eastern Cooperative Oncology Group
EOC	Epithelial Ovarian Carcinoma
EORTC	European Organization for Research and Treatment of Cancer
ER	Estrogen receptor gene
FIGO	International Federation of Gynecologists and Obstetricians
GOG	Gynecologic Oncology Group
HNF-1b	Hepatocyte nuclear factor – 1b gene
HNPCC	Hereditary Non-Polyposis Colorectal Cancer
HRT	Hormonal Replacement Therapy
ICON	International Collaborative Ovarian Neoplasm Trial
LMP	Tumors of Low Malignant Potential
MUC-1	Mucin – 1
NEMROCK	Kasr El Einy Centre of Clinical Oncology and Nuclear Medicine
OCP	Oral contraceptive pills
OR	Odds Ratio
OS	Overall Survival
PAC	Cisplatin – Doxorubicin – Cyclophosphamide regimen

PBSO	Prophylactic bilateral salpingo-oopherectomy
PCOS	Polycystic ovarian syndrome
PET	Positron Emission Tomography
PFS	Progression Free Survival
PPV	Positive Predictive Value
SLL	Second look laparotomy
SWOG	Southwest Oncology Group
TPN	Total parenteral nutrition
TVS	Trans-vaginal Ultrasonography
VEGF	Vascular Endothelial Growth Factor
WHO	World Health Organisation
WT-1	Wilm's tumour – 1 gene
b-hCG	b-human chorionic gonadotropin
AFP	a-fetoprotein
LDH	lactate dehydrogenase
PS	performance status
PMB	postmenopausal bleeding
AMH	anti-Mullerian hormone

Introduction & Aim of Work

Introduction and aim of work

Despite the fact that it is a highly curable disease if diagnosed early, cancer of the ovaries causes more mortality in women each year than all other gynecologic malignancies combined.

In the United States, ovarian cancer is the 5th most common cause of cancer related death, and it's the 4th leading cause of cancer death in women between the age of 40-59 . The lifetime risk of developing ovarian cancer is approximately 1.3%, although patients with a familial predisposition have a much higher lifetime risk, in the range of 10% to 40%.**(ASCO facts and figures sheet, 2015)**.

Worldwide there are 225,500 new cases each year with 140,200 of ovarian cancer related deaths per year.

In Egypt, based on Gharbeya Population Cancer Registry, ovarian cancer represents around 3.7% of female cancer cases. **(BGICC abstracts 2010)**.

Ovarian cancer is primarily a disease of postmenopausal women, with the large majority of cases occurring in women between 50 and 75 years old with a median age at diagnosis of 63 years. The incidence of ovarian cancer increases with age and peaks at a rate of 61.5 per 100,000 women in the 75–79 year old age group. **(EUCAN fact sheet,2012)**.

There are distinct geographic variations in the incidence of ovarian cancer, with the highest rates found in the industrialized countries and the lowest rates seen in underdeveloped nations. Japan, with an incidence of only about 3.0 per 100,000 population, is a notable exception to this observation. It has been postulated that geographic variations in the incidence of ovarian cancer are related, in part, to differences in family size.**(EUCAN fact sheet,2012)**.

During the past 30 years, survival has increased owing to improvement in diagnosis, surgery and systemic therapy . Despite these advances, most patients will die from the disease, and the overall 5-year survival is around 50%.**(ASCO facts and figures sheet, 2015)**.

This Work aim to assess the clinico-pathological nature of Ovarian Cancer Cases presented at NEMROCK and assess the optimization of surgery and the response of different Chemotherapy protocols and their toxicities. We will be reviewing the management and follow up of patients from 2005-2011 and conclude our institute strength and weakness to reach a recommendation that might help improve the patients quality of life.

Review of Literature

Review of Literature

Chapter I

Risk Factors & Genetics