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# NEOADJUVANT CHEMOTHERAPY FOR ADVANCED OVARIAN CANCER

# CLINICAL PRESENTATION AND WORK-UP

- A 61 years old woman reporting from 6 months abdominal pain, increasing abdominal circumference, constipation and weight loss (5kg)
- No comorbidities and no family history of malignances
- **CA 125:** 324.5 U/ml
- **Us abdomen and pelvis:** left adnexal mass and ascites
- **CT scan thorax-abdomen:** left adnexal mass (5,5 x 7,8 cm), peritoneal nodes of carcinosis, ascites



Hospital

1° day of admission

Fever and dyspnoea, oxygen desaturation

- Angio-CT: **acute pulmonary thromboembolism**
- Venous doppler-US: bilateral **deep venous thromboembolism** of the popliteal veins

- **Echocardiogram:** floating thrombus (1,8 x 2,2 cm) in the right atrium with moderate pulmonary hypertension, EF 66%

February 2016

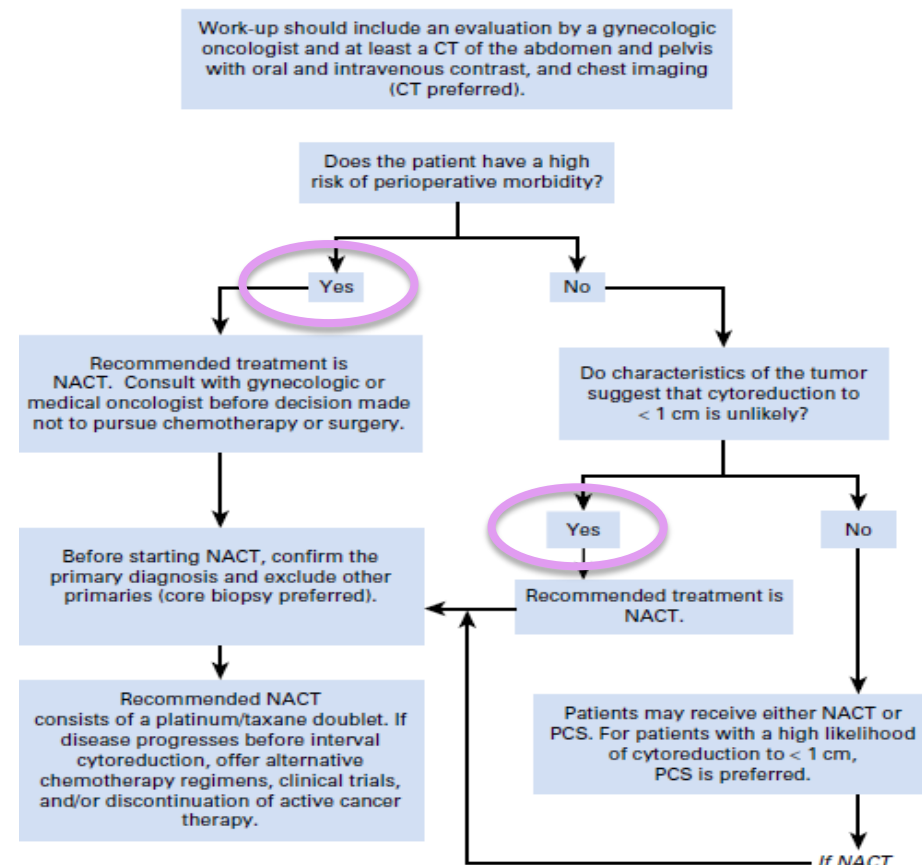
# MULTIDISCIPLINARY GROUP DISCUSSION

- **Cardiac Surgery Consult:** not urgent indication to cardiac surgery considered the oncological pathology
  - The patient started treatment with LMWH
- **Gynecologic consult:** diagnostic laparoscopy not indicated
  - **US guided biopsy of one peritoneal node: high-grade serous ovarian carcinoma**
  - The patient signed the informed consent to the BRCA1-2 genes analysis
- Considered the comorbidities and the tumor characteristics we commenced **neoadjuvant chemotherapy (NACT)** with interval debulking surgery (IDS) after three cycles of platinum/taxane doublet

# NEOADJUVANT CHEMOTHERAPY VS PDS

## Neoadjuvant Chemotherapy for Newly Diagnosed Advanced Ovarian Cancer: Society of Gynecologic Oncology and American Society of Clinical Oncology Clinical Practice Guideline

Alexi A., et al., JCO 2016 Oct 1;34(28):3460-73



# INTERVAL DEBULKING SURGERY

3 cycles Carboplatin AUC5–Taxol 175mg/mq

(1° cycle during ad  
cardiac function)

Toxicities: nausea and  
G2, neutropenia G2, a

CT torax-abdomen-pelvis:

**PARTIAL RESPONSE (RP)**

Dimensional and numeric  
reduction of peritoneal nodes, no

**CA 125: 57,23 U/mL**

**IDS:**

Bilateral hysterecto-  
my, appendicectomy, omentectomy and peritoneal  
nodes removal

**R >1 cm**

26/02 - 01/04/2016

11/04/2016

28/04/2016

19/05/2016

01/06/2016

**Ca**

(Mauriziano Hospital Torino):

Thoracotomy with extracorporeal  
circulation and right atrial thrombus  
removal

Cardiopulmonary  
rehabilitation

**ADDING BEVACIZUMAB**

?

## CONCLUSIONS

- Considered the history of venous thromboembolism we decided to **NOT** add Bevacizumab to chemotherapy
- **06/07 – 17/08/2016** the patient concluded 3 cycles Carboplatin AUC5 – Taxol 175mg/mg (5° and 6° cycles -25% due to gastrointestinal and neurological toxicities)
- 31/08/2016 CT torax-abdomen and pelvis: **NED**
  - ➡ patient started FOLLOW-UP
  - ➡ genetic analysis: **BRCA 2 mutation**
- 07/12/2016: **1° follow-up visit ...**

# *Thank you for your attention*



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