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# Newly diagnosed advanced high grade Serous ovarian carcinoma

Session 3 – Workshop 1: Primary or delayed surgery for ovarian cancer

# Presentation



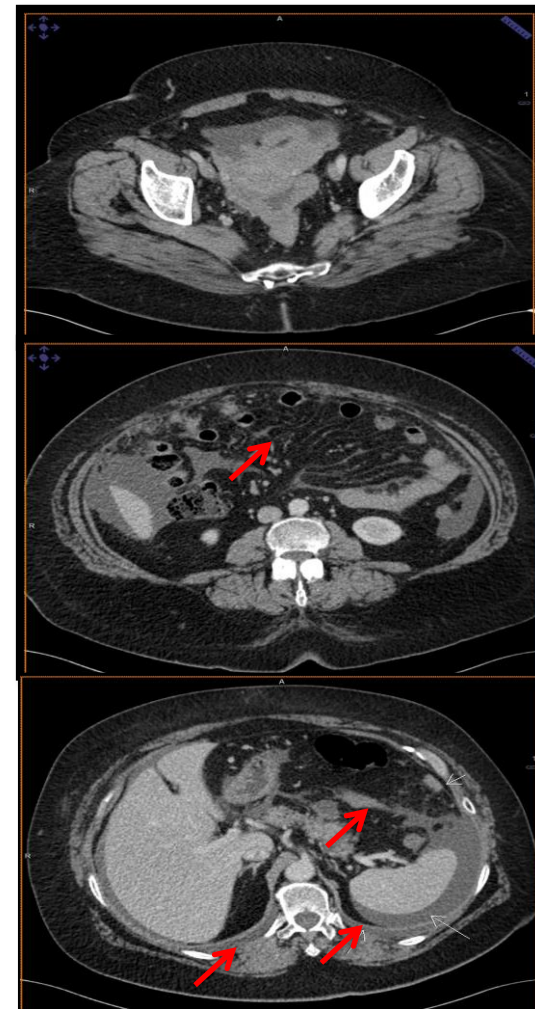
- 69y/o, ECOG 0
- Past medical history:**
  - Hypertension (Hydrochlorothiazide)
  - Dyslipidemia
  - Appendectomy 54y/o

- No family history of cancer**



- April 2015: abdominal pain over 1 month**

- Physical Examination:** ascites, abnormal upper abdomen palpation, mass in LIF
- CT Scan:** pleural effusion; ascites, diffuse multiple nodules “omental cake”; bilateral enlarged and heterogeneous ovaries; no lymph node enlargement
- CA125** = 3653.7 UI/MI



# Treatment/Evolution

## ○ Diagnostic laparoscopy (14/05/2015):

- frozen pelvis with extensive peritoneal carcinomatosis (>2cm), enlarged ovaries (>5cm) with tumour adhesion to sigmoid colon; 5 cm mass next to splenic flexure
- diaphragmatic implants (left and right)
- 5l ascites



**Peritoneal biopsies and peritoneal washing cytology:**  
**high grade ovarian serous papillary carcinoma**



**Primary Debulking Surgery *versus* Neoadjuvant Chemotherapy**



# Treatment/Evolution

## ◉ Diagnostic laparoscopy (14/05/2015):



**Peritoneal biopsies and peritoneal washing cytology:**  
**high grade ovarian serous papillary carcinoma**

## ◉ Primary cytoreductive surgery (28/05/2015):

- Pelvic peritonectomy with en bloc resection of uterus, adnexa, rectum and sigma
- Accidental bladder injury – continuous vicryl 3.0 suture
- Omentectomy, left flank peritonectomy, splenectomy
- Hepatic ligament resection. Right diaphragm stripping
- Bilateral pelvic and para-aortic lymphadenectomy
- Sigma-rectum anastomosis with mechanical suture

**residual disease < 1 cm (~2mm)**



# Treatment/Evolution



## ◉ Pathology Report:

- Both ovaries with multiple superficial nodules
- Multiple implants in the fallopian tubes, uterus serosa, colorectal
- Biopsies of peripancreatic tissue, transverse colon, ileum, sigma, left and right diaphragm, hepatic ligament with extensive carcinoma infiltration
- Epiplon (massive infiltration)
- Tumor implants in the fat tissue of splenic hilum
- Cecum adhesion; no infiltration
- Right pelvic lymphadenectomy: 1/19
- Left pelvic lymphadenectomy: 0/12
- Para-aortic lymphadenectomy: 7/16

**High grade ovarian serous carcinoma**  
**FIGO Stage IIIC**

# Treatment/Evolution

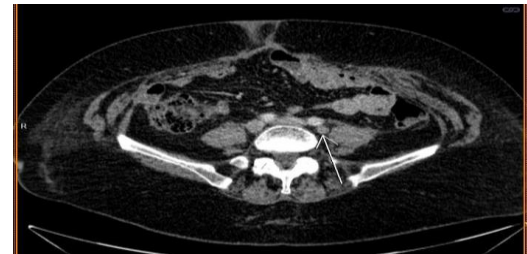
## ⊙ Post-op complications:

- pleural empyema (Klebsiella pneumoniae S/imipenem; **positive cytology for malignant cells**)
- surgical wound infection (Kl pneumoniae S/ imipenem)

## ⊙ Post-op CA125 = 583.6 UI/MI

## ⊙ CT scan (13/07/2015):

- bilateral pleural effusion; right pleural nodules
- cardiophrenic lymph node enlargement ~1cm
- small intra abdominal collections



# Treatment/Evolution

- ◉ Carboplatin AUC 6/Paclitaxel 175mg/m<sup>2</sup> + Bevacizumab C2 every 21d
  - 1st cycle 23.07.15 (~2 months after surgery!)



## July – November 2015:

- 6 cycles carboplatin/paclitaxel (5 of Bevacizumab)



- CA125 = 16.1 UI/MI
- CT Scan 11/12/2015: very small left pleural effusion; no other evidence of disease
- Neurotoxicity G2, Asthenia G1

- ◉ Bevacizumab maintenance 15 mg/kg (17.12.2015)
- ◉ BRCA testing (10/03/2016): no mutation detected

# Treatment/Evolution

## ◎ Follow up

### ◆ November 2016 – C16 Bevacizumab

- ✦ CA 125 = 153 UI/MI (March 2016 CA 17.6 UI/MI)
- ✓ CT scan: small increase left pleural effusion
- ✓ cNED

### ◆ February 2017 – C20 Bevacizumab

- ✦ CA 125 = 567 UI/MI
- ✦ CT scan: increased bilateral pleural effusion; peritoneal carcinomatosis
- ✦ Diffuse abdominal pain



**Disease Progression**

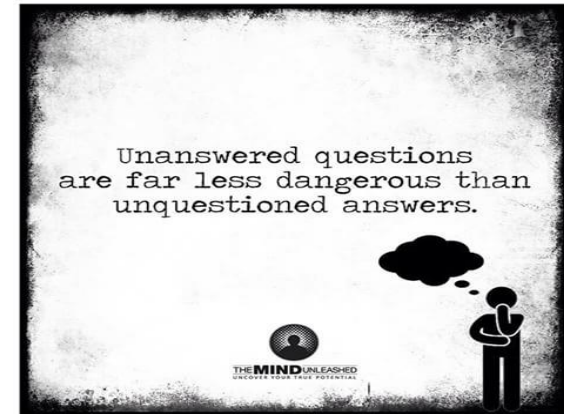


**2nd line treatment  
Carboplatin/PLD**



# Discussion points

- **Benefit of primary surgery versus neoadjuvant therapy - Was this the best candidate for primary debulking surgery?**
- **Implications of delaying systemic therapy due to postoperative complications?**
- **Bevacizumab first-line and/or recurrence?**



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