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# Relapse of ovarian cancer case presentation

# 50 years old patient presented

- ◉ Primary diagnosis january 2014
- ◉ Stage 3 c pT3cN1M0 high –grade serous ovarian cancer CA 125=825 UI/ml
- ◉ No antecedents
- ◉ Primary treatment
- ◉ Debulking surgery consisting of hysterectomy, bilateral salpingo-oophorectomy, omentectomy, and peritoneal stripping ( up max 12 mm diameter residual disease in porta hepatis)

Baseline CT Confirms measurable disease CA125=81 UI/ml

- ⦿ Mars 2014- 6 courses of chemotherapy paclitaxel +carboplatin +bavacizumab then
- ⦿ 11 months of bevacizumab 15 mg/kg 3 weeks
- ⦿ Last treatment with bevacizumab june 2015
- ⦿ Ca 125 normalized after two courses of paclitaxel+carboplatin +bevacizumab and remained normal during whole tratment period

- ◉ CR on CT-scan after 3 courses of paclitaxel-carboplatin-bevacizumab
  - Follow up 4 months post bevacizumab(october 2015)
- ◉ CT scan demonstrates 2 lesions: one in porta hepatis(16 mm); other aorto-caval node (13 mm )
- ◉ •Patient insists on surgical evaluation, therefore PET-CT is performed which confirms these two lesions. No other pathology.
- ◉ Gynaesurgeons feel that the patient is operable
- ◉ •Ca-125: 41 U/mL octobre 2015 (increased from 10 U/ml march 2015)

- ⦿ Would you consider secondary cytoreduction ?
- ⦿ Yes
- ⦿ No

- ⦿ What chemotherapy would you choose for this patient with free interval of platinum = 14 months?
- ⦿ A. Carboplatin-PLD
- ⦿ B. Carboplatin-gemcitabine
- ⦿ C. Carboplatin-paclitaxel

- ⦿ Question : Would you consider adding bevacizumab?
- ⦿ A. Yes
- ⦿ B. No