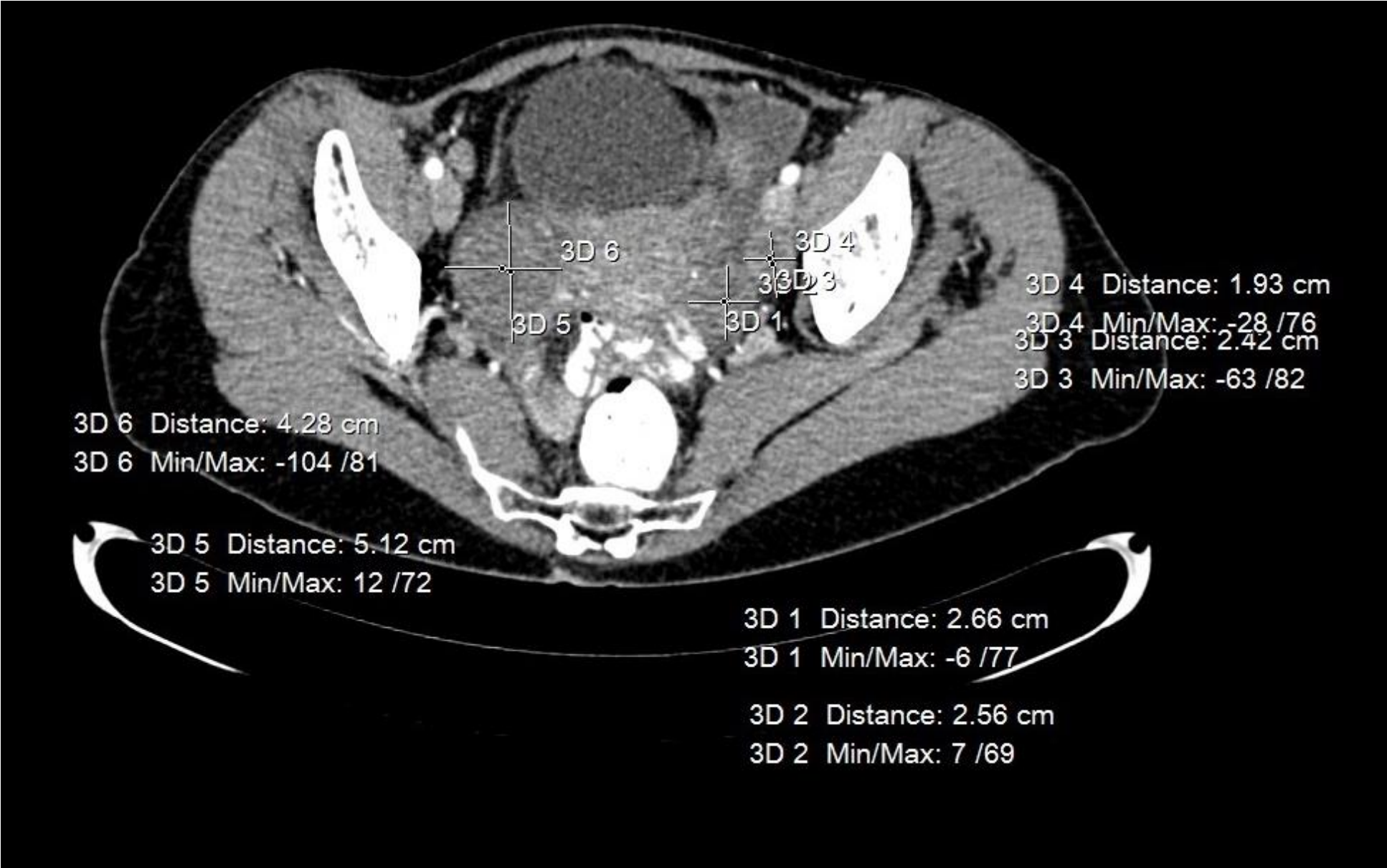


Ivana Durutovic, MD

Clinic for Oncology and Radiotherapy, Montenegro

Ovarian cancer- what after acquired platinum resistance

- ◉ Female, 48 years old, no significant personal or family history
- ◉ Jun 2014 - pain in right lower abdomen quadrant-appendectomy
- ◉ Pathology: infiltration of serosa and external muscle wall of appendix, CK7+, CK20-, N-catherin +, E- catherin- Adenocarcinoma most likely ovarian origin



3D 6 Distance: 4.28 cm
3D 6 Min/Max: -104 / 81

3D 5 Distance: 5.12 cm
3D 5 Min/Max: 12 / 72

3D 4 Distance: 1.93 cm
3D 4 Min/Max: -28 / 76
3D 3 Distance: 2.42 cm
3D 3 Min/Max: -63 / 82

3D 1 Distance: 2.66 cm
3D 1 Min/Max: -6 / 77

3D 2 Distance: 2.56 cm
3D 2 Min/Max: 7 / 69

- ⊙ Surgery(beginning of August 2014): hysterectomy with bilateral salpingo-oophorectomy, omentum biopsy

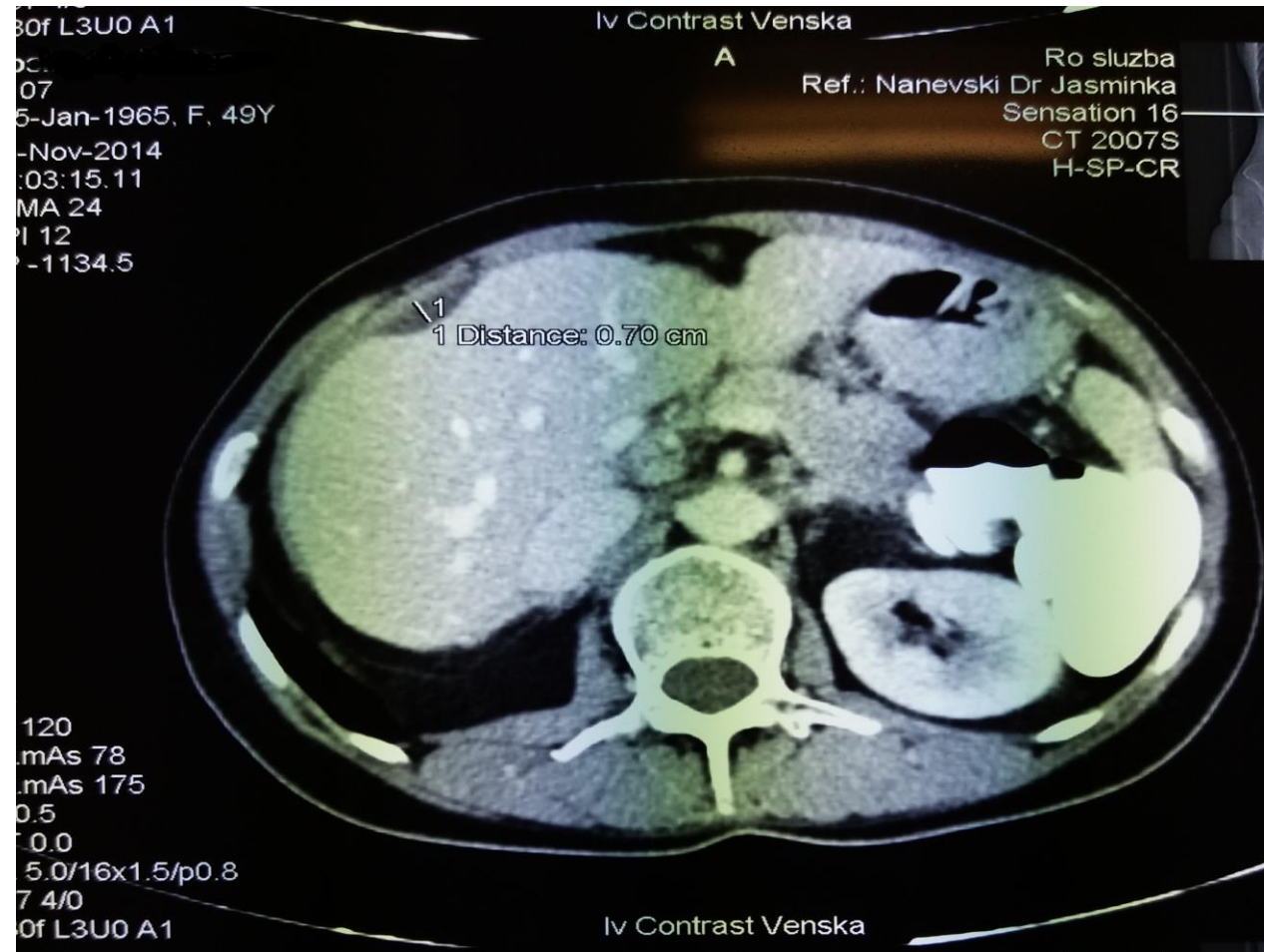
- ⊙ Intraoperative findings:
 - enlarged ovaries (right 10 cm, left 6 cm)
 - ascites
 - omentum infiltrated with tumor, fixed with great stomach curvature and spleen
 - infiltrated mesentery of transverse colon
 - diaphragm infiltrated with deposits

- ⊙ Pathological report: Cystadenocarcinoma serosum bilateral ovarii HG3, HG3, with positive biopsies and ascites

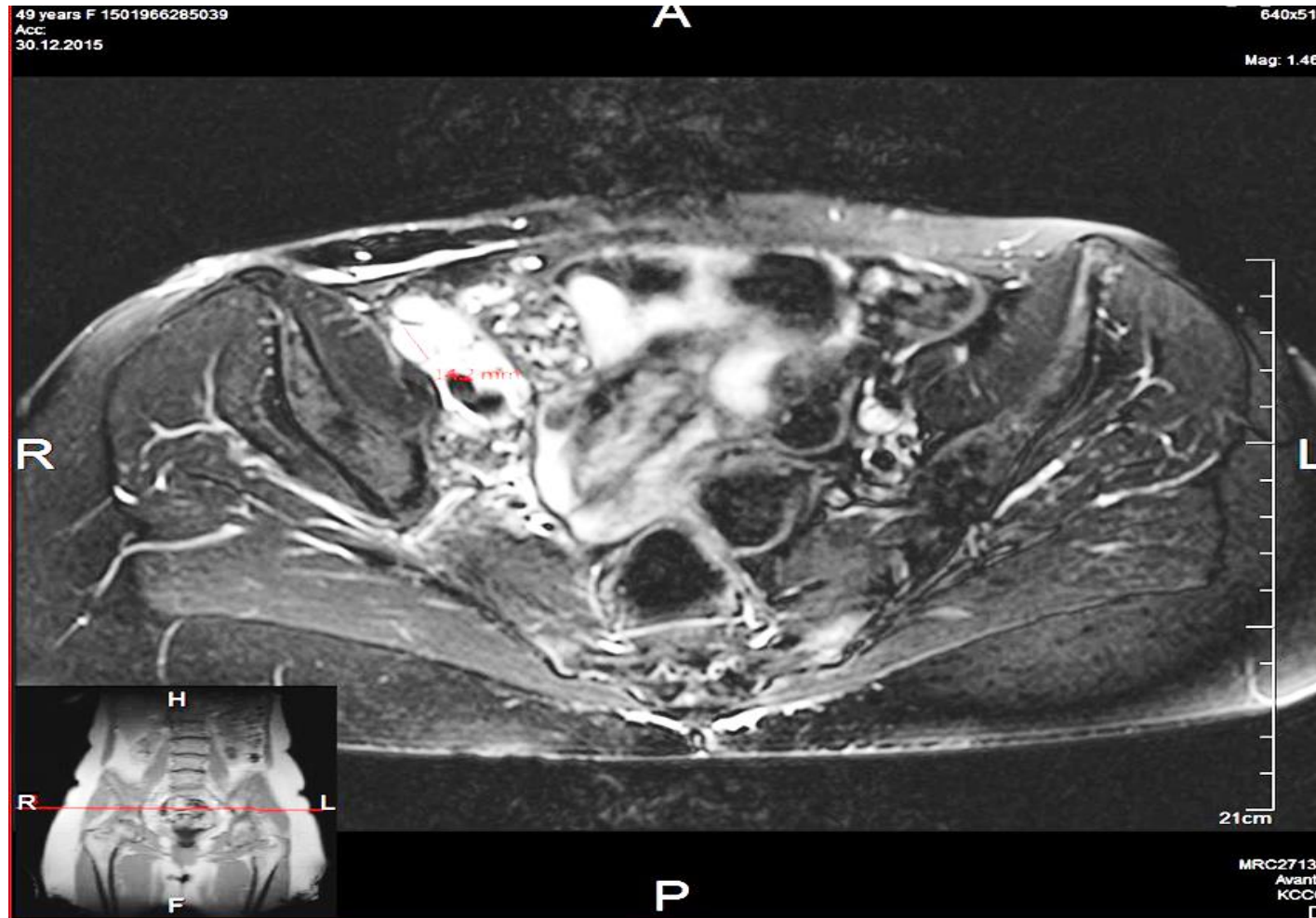
SUBOPTIMAL DEBULKING SURGERY STAGE III OVARIAN CANCER

- ◉ ***Tumor Board decision: chemotherapy paclitaxel+CBDCA***
- ◉ Due to time from surgery till start of treatment (7 weeks), new CT of thorax, abdomen and pelvis was done- relapse in both ovarium places
- ◉ Ca 125 145 mU/L (preoperatively 238)

After III cycles: normal Ca 125, normal finding on abdomen and pelvic CT
except perihepatic liquid 7 mm
After VI cycles paclitaxel+CBDCA **complete remission**



December 2015: rise of Ca 125 127 mU/L, MR detected enlarged retroperitoneal LN (22 mm) and several enlarged LN near right external iliacal artery (up to 27 mm)



ESMO PRECEPTORSHIP PROGRAM

Tumour Board: ***recurrent ovarian cancer, to continue with gemcitabine+CBDC/ bevacizumab 3w***

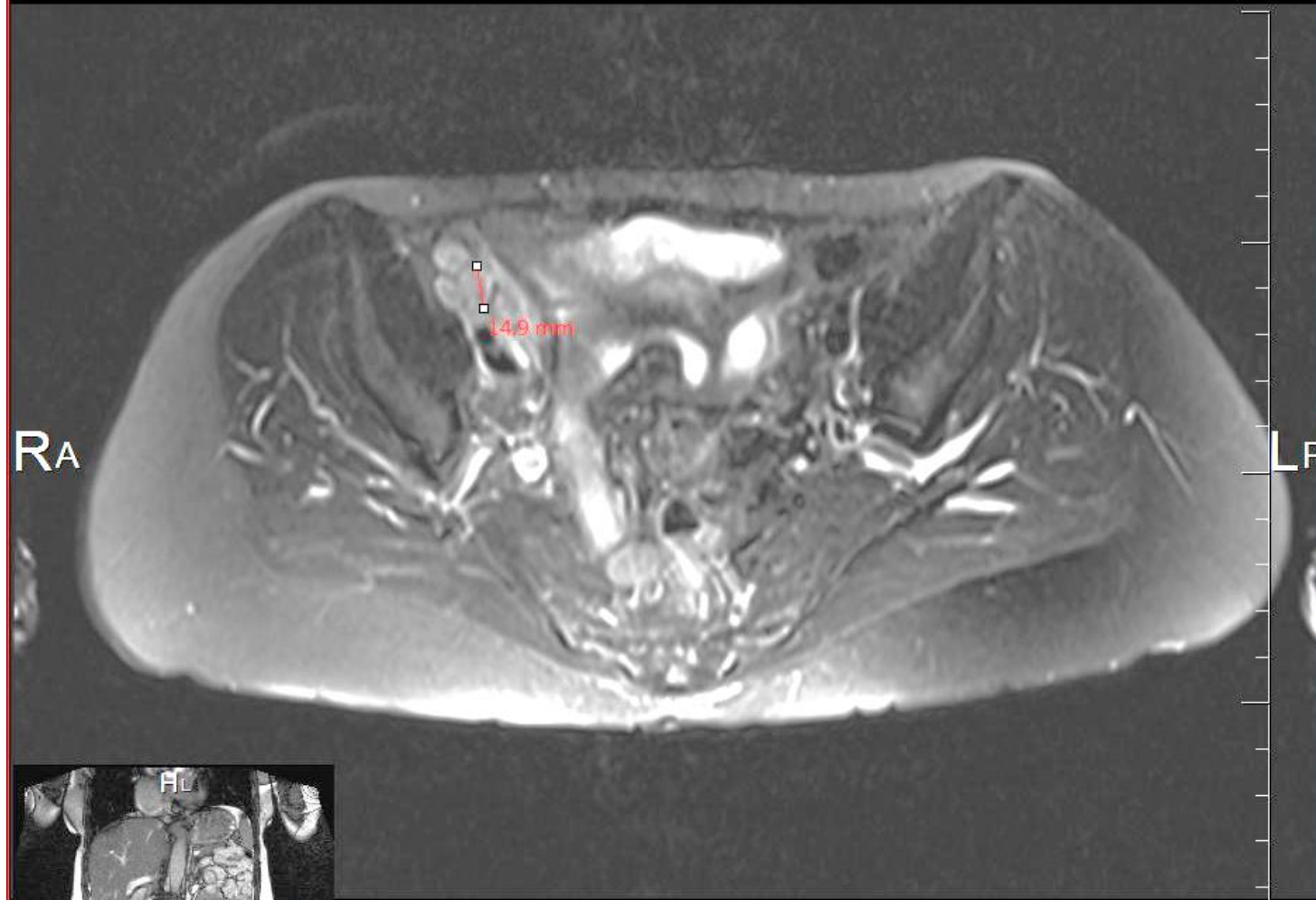
- ⦿ After 6 cycles serological response Ca 125 40mU/L, morphologically stable disease
- ⦿ Received IX cycles of CHT/ bevacizumab
- ⦿ End of August 2016-serum Ca 125 increase (83mU/L), while morphologically SD (MR)

50 years F 8682
Acc:
31.8.2016

AL

640x448

Mag: 1.46x



32cm

PR

MRC27136
Avanto
KCCC
□

- ◉ Continued with CHT/bevacizumab 3w for two more months
- ◉ Rise of Ca 125 528 mU/L
- ◉ Abdominal and pelvis MR (December 2016): tumor mass in right iliacal region enlarged to 61x31 mm, surrounding internal and external iliacal artery
- ◉ ***Disease progression, PS 0-1***

What would be your suggestion for the next treatment line?

Thank you for attention!

