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GOC Statement Regarding Criteria for Secondary Surgical Debulking

When a woman is initially diagnosed with what is commonly referred to as ovarian cancer (today many of these cancers are believed to originate outside the ovary), she is treated with surgery and if required chemotherapy, and in rare circumstances radiotherapy. If a woman experiences a recurrence of her cancer, various treatment options are available. The most common treatment is systemic therapy (meaning chemotherapy and more recently targeted therapies), however depending on the subtype of cancer and the specific situation, surgery may be an option.

Surgery to treat a cancer recurrence is called secondary debulking or secondary cytoreduction. The value of such surgery is not established, though specialist gynecologic cancer surgeons have observed that in certain circumstances it does help, but the scientific evidence available regarding its use is limited. A multi-national study is underway to investigate its true value. The purpose of surgery in this context is generally twofold. The first is to prolong the period where one does not have symptoms from the cancer by removing the tumors; the second is to immediately deal with a particular symptom (for example, remove a mass that is causing pressure in the pelvis). Although secondary debulking surgery may be possible, it is not always helpful. The potential complications related to this surgery must be weighed against the potential benefits, and in many instances of these recurrent cancers, the risks outweigh the benefits. The decision to offer surgery as part of a treatment plan needs to be individualized for each patient.

In general, the following details are the most important when a surgeon and the cancer treatment team are considering whether to offer secondary debulking surgery:

-Length of time since original cancer diagnosis and treatment – The longer a cancer has been in remission, the more likely it is that it will respond to treatment again, ie the bigger the potential benefit. It is especially unlikely that surgery will provide any benefit in women whose cancer recurs within 6 months of completing initial chemotherapy.

-Amount and location of tumor sites and previous surgical success – Surgery is a local treatment and usually is not beneficial when treating multiple or widespread sites of recurrent cancer. Ideally, surgery is used for a single site of recurrence that appears to be surgically removable, and this is usually determined with some type of imaging (ie. CT scan). As with initial surgery, the benefits of secondary debulking surgery are greatest when removal of all visible disease is possible. The complete removal of the cancer at

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the initial surgery may assist in predicting the potential success of a secondary debulking surgery. The absence of ascites (fluid build-up in the abdomen) also helps to predict for surgical success. Other factors that may be considered include CA-125 levels, presence of cancer-related symptoms, tumor burden (amount of tumor).

-Functional/performance status – How healthy or how well a woman is, aside from her cancer, is extremely important as this determines whether or not her body will tolerate and recover from a surgery.

-Ovarian cancer subtype – Certain pathological subtypes of ovarian cancer are treated with further surgery rather than chemotherapy. The pathologist, when examining the tumor from the initial surgery or biopsies, determines this subtype.

This statement was prepared by Dr. Murette Lee and Dr. Shannon Salvador with input from the GOC Executive.

References

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2. D. Lorusso, M. Mancini, R. Di Rocco, R. Fontanelli, and F. Raspagliesi. The Role of Secondary Surgery in Recurrent Ovarian Cancer. *International Journal of Surgical Oncology* 01/2012; 2012:613980.
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Our Mission

The Society of Gynecologic Oncology of Canada is a nonprofit organization consisting of physicians, nurses, scientists and other health care professionals specializing in gynecologic oncology. Its purpose is to improve the care of women with or at risk of gynecologic cancer by raising standards of practice, encouraging ongoing research, promoting innovation in prevention, care and discovery, and advancing awareness. GOC also seeks to disseminate knowledge to practitioners, patients and the general public on gynecologic cancer as well as cooperate with other organizations committed to women's health care, oncology, and related fields.