

17th World Congress of the Academy of Human Reproduction

15–18 March 2017
Rome, Italy

TITLE

CONSERVATIVE SURGERY IN HIGH-RISK OVARIAN CANCER: LONG-TERM ONCOLOGIC OUTCOMES

AUTHOR/S

Bogani G (IT) [1], Ditto A (IT) , Martinelli F (IT) , Signorelli M (IT) , Chiappa V (IT) , Lorusso D (IT) , Raspagliesi F (IT)

ABSTRACT

Context: Conservative surgery is a strategy often considered in young patients with low-grade early-stage ovarian cancer. However, this approach is still controversial in high-risk patients.

Objective: To investigate the role of conservative surgery in high-risk (IAG3 and more advanced stages) ovarian cancer patients

Methods: Data of consecutive patients undergoing surgery for apparent early stage ovarian cancer were analyzed. Patients undergoing conservative surgery were compared with patients who underwent radical procedures. Propensity-score was used to compare two homogenous groups of patients and avoid possible allocation bias. Survival outcomes were assessed using Kaplan-Meier and Cox models

Patients: Data from 430 patients, affected by apparent early stage ovarian cancer.

Interventions: Conservative (fertility-sparing) and radical (including hysterectomy and bilateral salpingo-oophorectomy) surgical staging.

Main outcome measure: Disease-free (DFS) and overall (OS) survivals

Results: Overall, 71 (17%) and 359 (83%) patients had conservative and radical staging, respectively. Mean (SD) follow-up was 141.7 (112.9) months. At univariate analysis, the execution of conservative approach did not influence the DFS (HR: 1.05 (95%CI: 0.55-2.02); p=0.80) and OS (HR: 1.94 (95%CI: 0.75-4.99); p=0.18). Similarly, focusing on high-risk patients, we observed that conservative surgery did not influence DFS and OS, even after balancing our population using a propensity-score matching (p>0.1).

Conclusions. Conservative staging upholds oncologic effectiveness of radical surgery, preserving reproductive and hormonal functions. Although patients affected by high-risk ovarian cancer experience worse survival outcomes than low-risk ovarian cancer, conservative approach per se does not influence the risk of recurrence and should not be denied even in this group of patients.

INSTITUTE

[1] National Cancer Institute