ISP-5-4 Distal pancreatectomy as parts of cytoreductive surgery in patients with ovarian cancer: Morbidity and evolution of a surgical technique

Gynecologic Cancer Branch and Center for Uterine Cancer, Research Institute and Hospital, National Cancer Center, Goyang-si, Korea

Myong Cheol Lim, Se Ik Kim, Yong Jung Song, Sang Soo Seo, Sokbom Kang, Sang-Yoon Park

[Objective] To investigate the postoperative morbidity after distal pancreatectomy as parts of cytoreductive surgery in patients with ovarian, primary peritoneal, and tubal cancer. [Methods] Medical records for primary advanced or current ovarian cancer patients who were treated at NCC between Dec 2000 and Jul 2012 were retrospectively reviewed. Postoperative outcomes of distal pancreatectomy with visceral and/or parietal peritonectomy to minimizing residual tumor were reviewed. [Results] The median age of the patients was 55.6 years (range, 39.3-71.3 years). Serous adenocarcinoma is the main histology (n = 29, 76.3%). Preoperative CA125 was 1635.5 U/mL (range, 465-18300 U/mL). Thirty-four patients underwent distal pancreatectomy as parts of cytoreduction: twenty-five, 8, and 1 for primary, secondary, and tertiary cytoreductive surgery (Figure), respectively. Of 34 patients, 2 patients (5.9%) developed pancreatic enzyme leakage requiring percutaneous drainage and delaying adjuvant chemotherapy. These cases developed in earlier surgical experience. Better postoperative recovery in recent cases might be explained by improved surgical technique of using a minimizing-touch for remaining pancreatic tissue, reinforcing pancreatic duct, secure placement of a peri-pancreatic drain, and adequate glue apply. [Conclusion] Distal pancreatectomy can be incorporated into upper abdominal cytoreductive surgery in the surgical management of ovarian cancer with acceptable morbidity.

ISP-5-5 Prognostic significance of treatment-induced pathologic remission and adjuvant management after interval cytoreduction following neoadjuvant chemotherapy in epithelial ovarian cancer

College of Medicine, University of Ulsan, Asan Medical Center, Seoul, Korea', Department of Pathology, College of Medicine, University of Ulsan, Asan Medical Center, Seoul, Korea'


[Objective] The objective of the study was to analyze the prognostic role of pathological response to neoadjuvant chemotherapy (NACT) and adjuvant management in unresectable advanced ovarian cancer (AOC) patients. [Patients and Methods] We retrospectively evaluated 94 unresectable AOC patients treated with NACT followed by interval debulking surgery (IDS). Pathologic response was classified as: complete remission (CR) in the absence of residual disease, microscopic (microPR) in the presence of microscopic tumor foci, and macroscopic (macroPR) when macroscopic residual disease was detected. Adjuvant management was classified to two groups: the one was treated with 3 cycles of adjuvant chemotherapy (3ACT) and the other was treated with more than 3 cycles (6ACT). [Results] No differences were observed in the distribution of baseline clinicopathological characteristics among 3 pathologic groups. Median progression-free survival was 28 months CR, 16 in microPR, and 13 in macroPR (P < 0.05). Median overall survival was 52 months in CR, 32 in microPR, and 21 in macroPR (P < 0.05). Median PFS was not different between 3ACT and 6ACT, but median OS was significantly longer in 6ACT when the analysis was conducted in platinum-responders (28 months vs. 34 months). [Conclusion] The pathologic response to NACT is associated with a favorable prognosis. Additionally, the sufficient adjuvant chemotherapy was important. The careful clinical setting is necessary for the patients treated with IDS following NACT.

ISP-5-6 Impact of early genetic counseling about BRCA mutation on ovary carcinoma patients by surgeon

Samsung Changwon Hospital, Sungkyunkwan University of Medicine, Korea

Min Kyu Kim, Su Jin Han

[Objective] Hereditary breast and ovarian cancer (HBOC) are the most common hereditary cancer syndromes in ovary carcinoma. Genetic counseling and test after cancer diagnosis is important for detection and prevention of second cancer. The objective of this study was to investigate participation rate after early genetic counseling by surgeon among patients with ovary carcinoma patients. [Methods] This study examined 29 patients diagnosed with ovary carcinoma by single surgeon. All patients were provided genetic risk assessment counseling based on complete family history of cancer after one week of staging operation. Additionally, genetic sequencing to verify germ line mutations was performed after patient consent and obtained about one month after surgery. [Results] Median age was 54.6 (20-73). Advanced stage (III-IV) was 59 percent (17/29). About seventy percent had serous papillary adenocarcinoma (20/29). Preoperative CA 125 was 1444 U/ml (11-16009). All patients received genetic risk assessment counseling after one week of operation. 3 patients refused after counseling. 16 percent (4/29) of germline mutation patient were found. Six patients were found VUS (Variation of Unknown Significance). Two of germline mutation patients approved family sequencing. There were two germline mutation carriers among 1st degree relatives. [Conclusion] Comprehensive treatment and genetic counseling is feasible by gynecologic oncologist. Early genetic counseling can enhance early detection of BRCA mutation carrier among ovary carcinoma patients family.