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Gynaecological Oncology News

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Clinical trials improve survival

Participation in a clinical trial improves patients' outcomes

"Women with ovarian cancer who participate in clinical trials have improved survival compared with those who are treated with standard therapies". This is the outcome of a Texan research paper published a couple of months ago (1).

In this audit, 158 patients with ovarian cancer were identified who received treatment at the Harrington Cancer Center in Texas. Of these 53 participated in one of four clinical trials and 105 were treated of-study. Patients on-study were similar to off-study patients in regards to age, ethnicity, stage, cell type and percentage of optimally debulked or surgically staged patients. Overall survival was 46 months in clinical trial participants and 25 months in patients treated with standard treatment (off-study).

Until now the benefits of clinical research to society were undisputed but the decision to participate in a clinical trial is sometimes difficult to make on an individual patient level. The above mentioned study should make the decision to participate much easier for patients.

In Queensland all gynaecological oncologists are very positive about clinical trials; almost all clinical trials run in both, private and public hospitals, well cleared by ethics committees and other regulations.

LACE – Laparoscopic Approach to Carcinoma of the Endometrium is our flagship trial with 550 patients enrolled since October 2005. The trial has been established by the Queensland group and has been rolled out to almost every state in Australia, and also to New Zealand and Hong Kong. We aim to enrol 750 patients till May 2010. The main aim of the trial is to prove that disease-free survival of patients who have laparoscopic treatment is the same as for patients who have surgery done by laparotomy.

LEGS – Lymphoedema Evaluation in Gynaecological Cancer Surgery has been opened last year and has enrolled more than 100 patients with all types of gynaecological cancer so far. Our study nurses measure leg circumference and leg impedance on patients before and after pelvic surgery. As no study ever looked at the incidence of lymphoedema after surgery for gynaecological cancer, this research is a world's first in lymphoedema research.

Ovarian Cancer in the Elderly

Hard decisions for or against radical treatment

As our population ages, the number of patients with advanced ovarian cancer who are 80 years of age or older will steadily increase.

Elderly patients presenting with advanced ovarian cancer often battle with co-existing medical co-morbidities, such as heart failure, COPD, etc. We have shown recently that those patients with massively advanced ovarian cancer and a high number of co-morbidities face a much higher risk of perioperative death (30 days from surgery) than younger patients or patients with no co-morbidities (2). The number of medical issues is directly correlated with the death rate. Patients with renal failure did worst.

In contrast, elderly patients are still very keen to receive radical treatment. The solution could lie in upfront chemotherapy followed by interval surgery.

Mrs JM was diagnosed with ascites and omental caking on 2nd DEC, 2008; she is 88 years of age, frail and hardly could only get around in a wheelchair. Her CA125 serum marker was 600 U/ml and her CEA was normal. An ascites tap confirmed adenocarcinoma; immunostains supported a diagnosis of ovarian cancer. Instead of upfront surgery she was offered upfront chemotherapy. After only two cycles of Carboplatin, her CA125 dropped to 32 U/ml (normal). She had interval surgery at which the omental cake was removed and she was left with only tiny bits of tumour in areas not accessible for surgery. She made an uneventful recovery from surgery leaving hospital after only six days. She can enjoy life again. With four more cycles of chemotherapy she has a fair chance to live for another couple of years or more.

In ovarian cancer, surgery and chemotherapy complement each other. Sometimes we need to be creative to find ways combining chemotherapy and surgery in those women.

Our **Nutrition Intervention Trial** will focus on outcomes (length of hospital stay, surgical complication rates) of malnourished patients diagnosed with ovarian cancer who receive nutrition through a feeding tube after major ovarian cancer surgery.

(1) Robinson W et al: Int J Gynaecol Cancer 2009;
(2) Janda M et al: Int J Gynaecol Cancer 2008

Please do not hesitate to give me a call if you wish to discuss an aspect of the above or a specific patient with me.
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