
Adjuvant vs Neoadjuvant Chemotherapy In Advanced Ovarian Cancer

MUSHTAQ AHMAD, ABDUL RASHID LONE, SHIEKH AEJAZ AZIZ, S. JEELANI, SANDEEP KAUR, MANZOOR AHMAD BANDAY

ABSTRACT

Ovarian cancer presents a therapeutic challenge because of its mode of dissemination and late diagnosis. Primary treatment for presumed ovarian cancer consists of appropriate surgical staging and cytoreduction, followed in most patients by systemic chemotherapy. However, in advanced disease, the surgeons are reluctant to operate upon these patients and neoadjuvant chemotherapy has been given in these patients. The proportion of patients optimally cytoreduced depends upon the attitude and experience of the surgical team. The survival of patients who were cytoreduced with a maximum residual diameter of 1.5 cm or less were comparable to the patients who presented with the minimum disease having tumor of 1.5 cm or less.

The present trial was undertaken to study and compare the impact of primary cytoreductive surgery and secondary cytoreductive surgery in terms of survival in advanced ovarian carcinoma. A total of 44 patients were enrolled for the present study of which 23 patients were randomly assigned to primary cytoreductive surgery (group A) followed by adjuvant chemotherapy comprising of Cisplatin and Taxol and 21 patients to neoadjuvant chemotherapy with same drugs followed by secondary cytoreductive surgery (Group B).

The histopathological subtyping in both the groups was comparable with majority of patients having serous cytoadenocarcinoma. The pretreatment CA-125 level were elevated in the majority of the patients in both groups (86.9% and 85% respectively). The most of the patients in both the groups had stage III disease 82.5% in group A and 70% in group B.

The overall survival pattern revealed that 61% patients were surviving in group A and 50% patients in group B ($p > 0.05$) at 2 years. As far as the median survival with respect to the prognostic variables is concerned, the significant factors were i) age < 50 years, ii) CA125 levels and iii) optimal cytoreduction.

These data suggest that patients with advanced epithelial ovarian cancer benefit from optimal cytoreductive surgery performed either as a primary step or after receiving neoadjuvant chemotherapy. For patients with clinical stage III or IV disease, the usual recommendation continues to be cytoreductive surgery. Resection of bulk tumor before the administration of chemotherapy for epithelial ovarian malignancies has been suggested as a significant independent variable determining the primary response to antineoplastic agents.