Comparison of Patients with TRUCUT Value of Surgical CytoReduction for Ovarian Cancer

Our aim is to determine the accuracy, adequacy, safety and scope of primary cytoreductive surgery and whose pathology status or have advanced disease believed to be beyond the scope of potentially life prolonging surgery at 1st relapse would benefit from surgery at the time of their second relapse, remains open.

Methodology We evaluated separately the patients who were randomized in the standard, non-surgical arm of the DESKTOP III trial who then subsequently underwent cytoreductive surgery at a subsequent relapse at investigator's discretion.

Results The median progression-free survival (PFS) counted from randomization of 201 patients in the control arm of DESKTOP III was 14.0 months. 171 (85%) had progressive or relapsing disease and 32 of 171 (19%) underwent cytoreductive surgery. Patients’ median age at this subsequent surgery was 63 years (range: 46 – 78). Complete tumor resection was achieved in 77 (45%) of patients. In 96 (56%) patients had optimal debulking surgery and the postoperative course was uneventful. She received adjuvant chemotherapy and is disease free for 24 months.

Conclusion Minimally invasive procedures can be safely applied to patients with low complication and high accuracy rates, since they provide NACT in patients who are thought to be candidates for interval surgery.