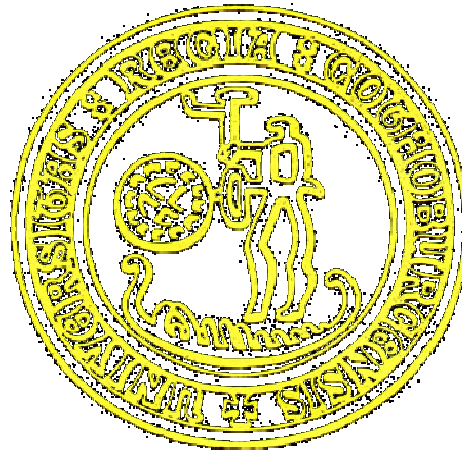


Gynekologisk Tumörkirurgi



Pernilla Dahm Kähler

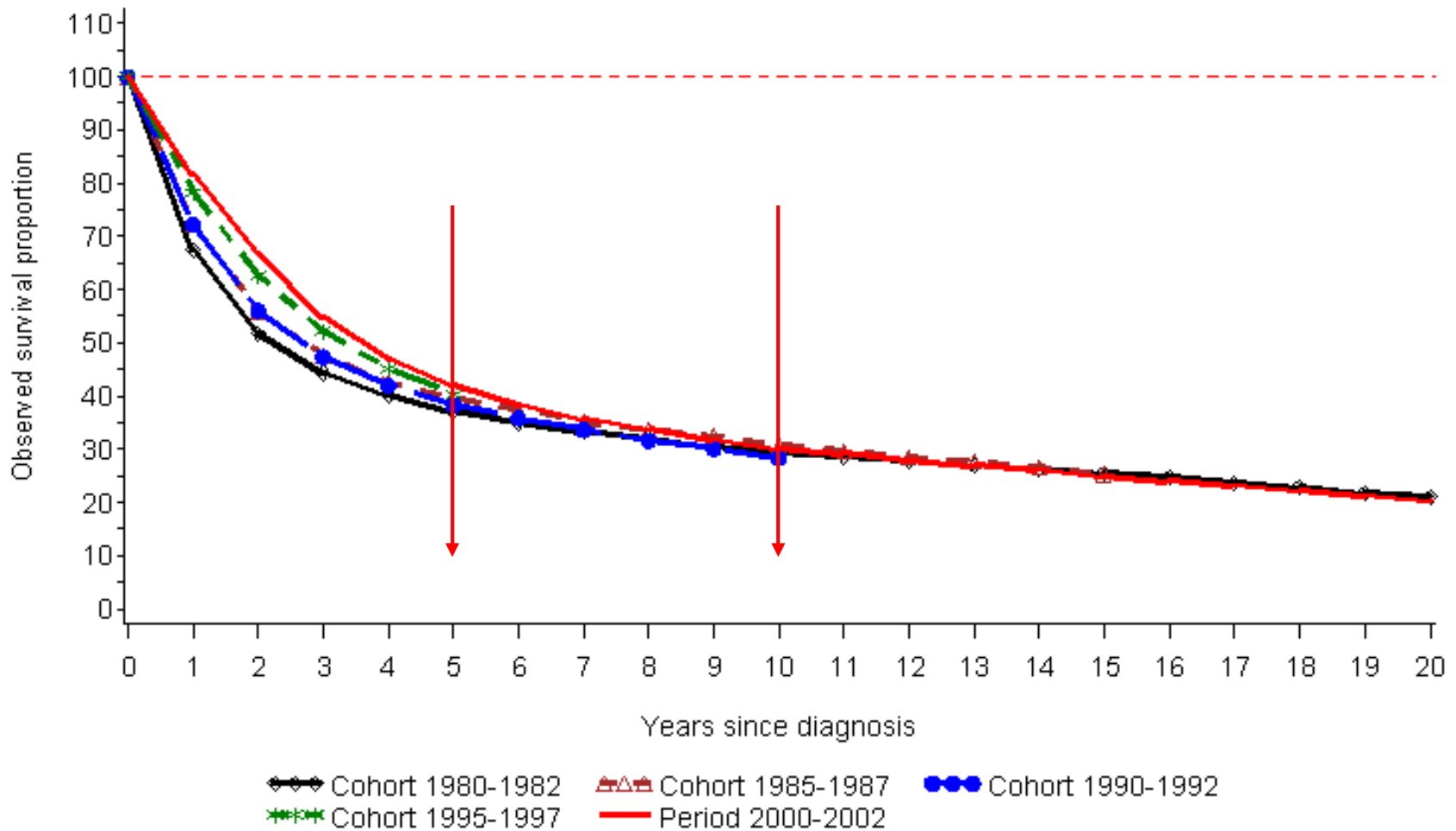
Överläkare, Med.Dr.
Sektionschef Gynekologisk Tumörkirurgi
Sahlgrenska Universitetssjukhuset

Ovarialcancer

- Antal nya fall per år 780st
- Procent av alla cancerfall 3%
- Relativa 5-års överlevnaden 47,9%
- Relativa 10-års överlevnaden 36,8%
- Dödsfall per år 620st
- Cirka 65% diagnostiseras stadium >III

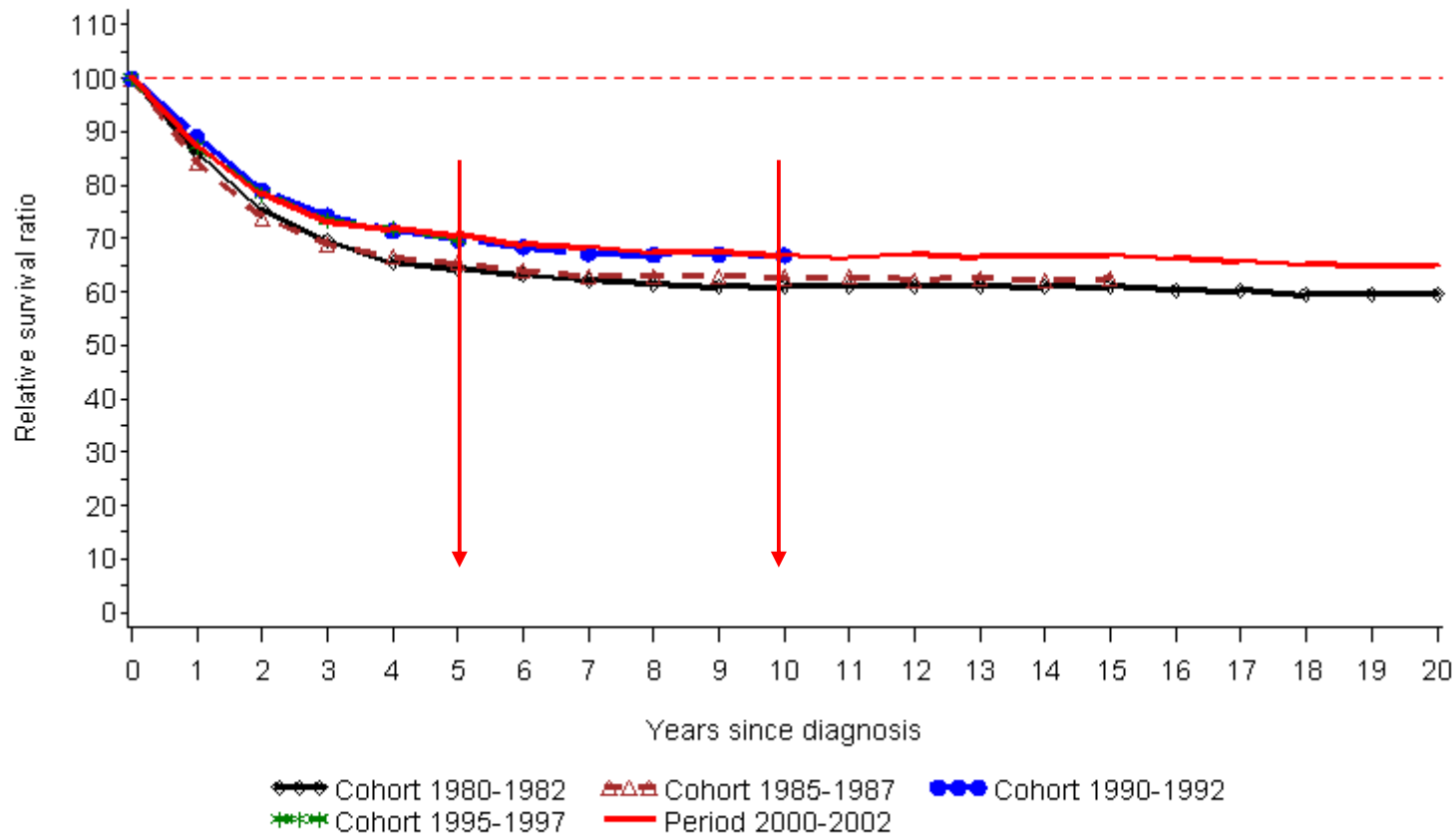
Cancer survival in Sweden 1980-2002

Cumulative observed survival
Ovary. Females age 0-89



Cancer survival in Sweden 1980-2002

Cumulative relative survival
Cervix uteri. Females age 0-89

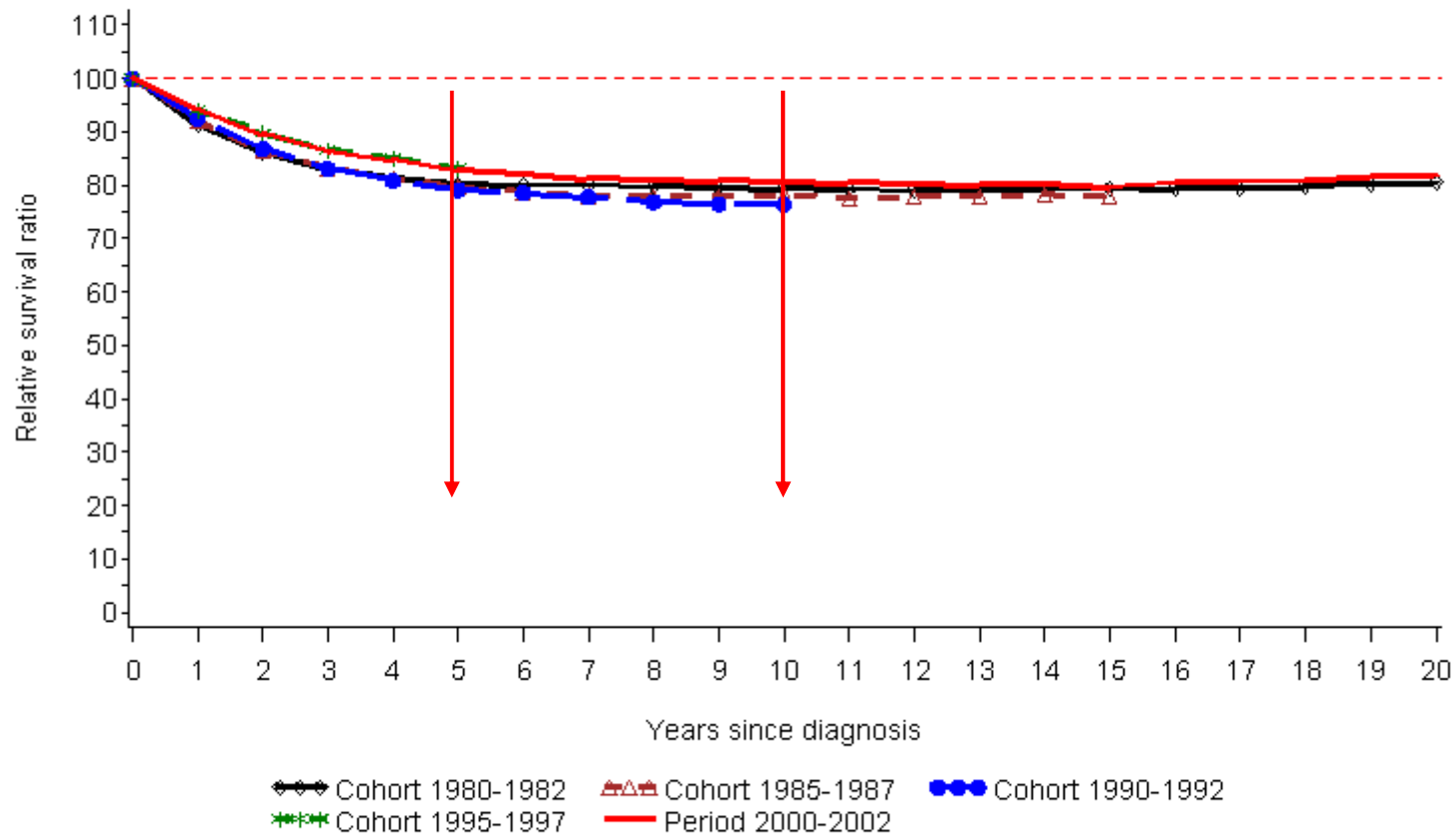


Centre for Epidemiology
The National Board of Health and Welfare, Stockholm, Sweden

October 2004

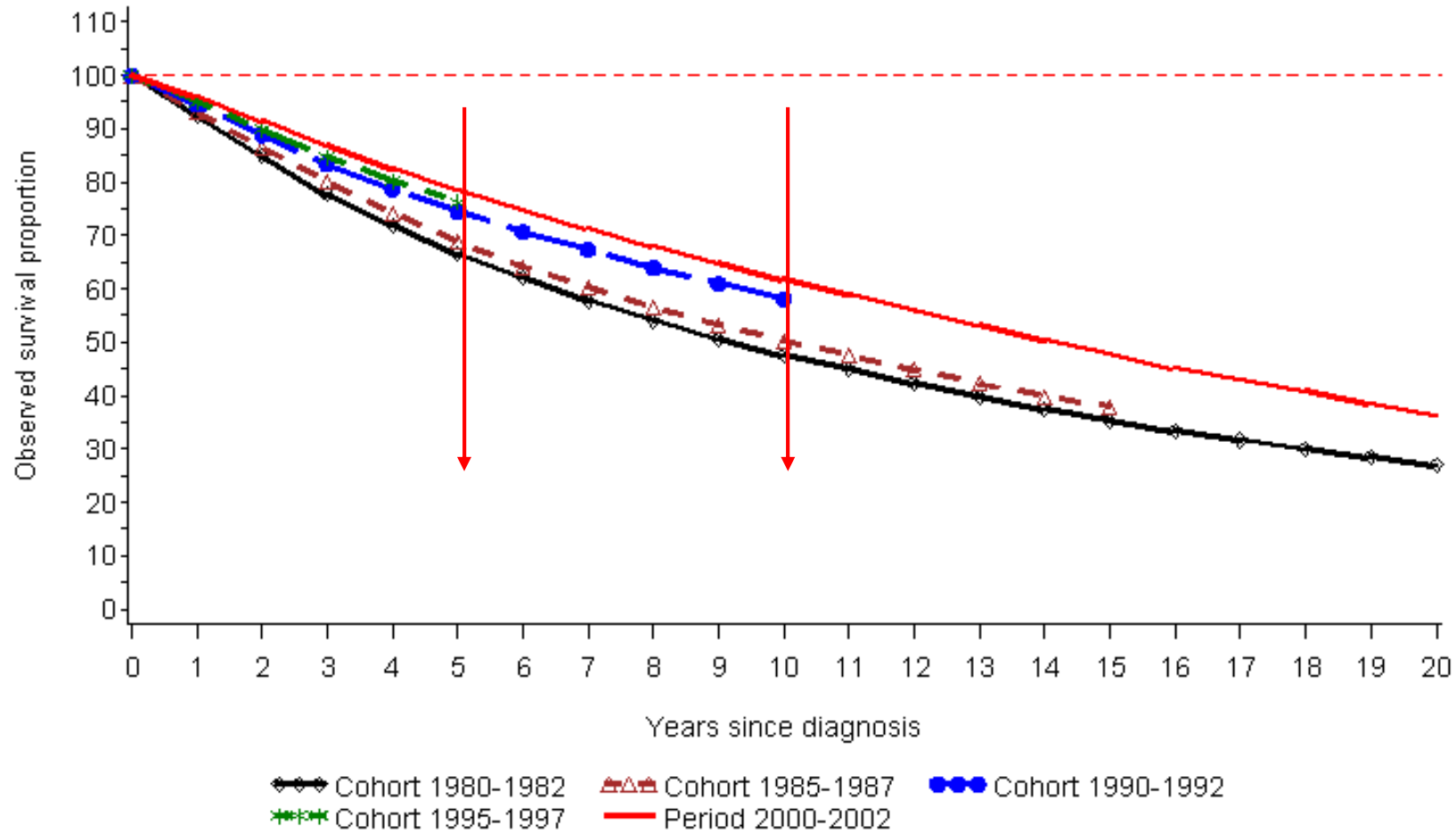
Cancer survival in Sweden 1980-2002

Cumulative relative survival
Corpus uteri. Females age 0-89



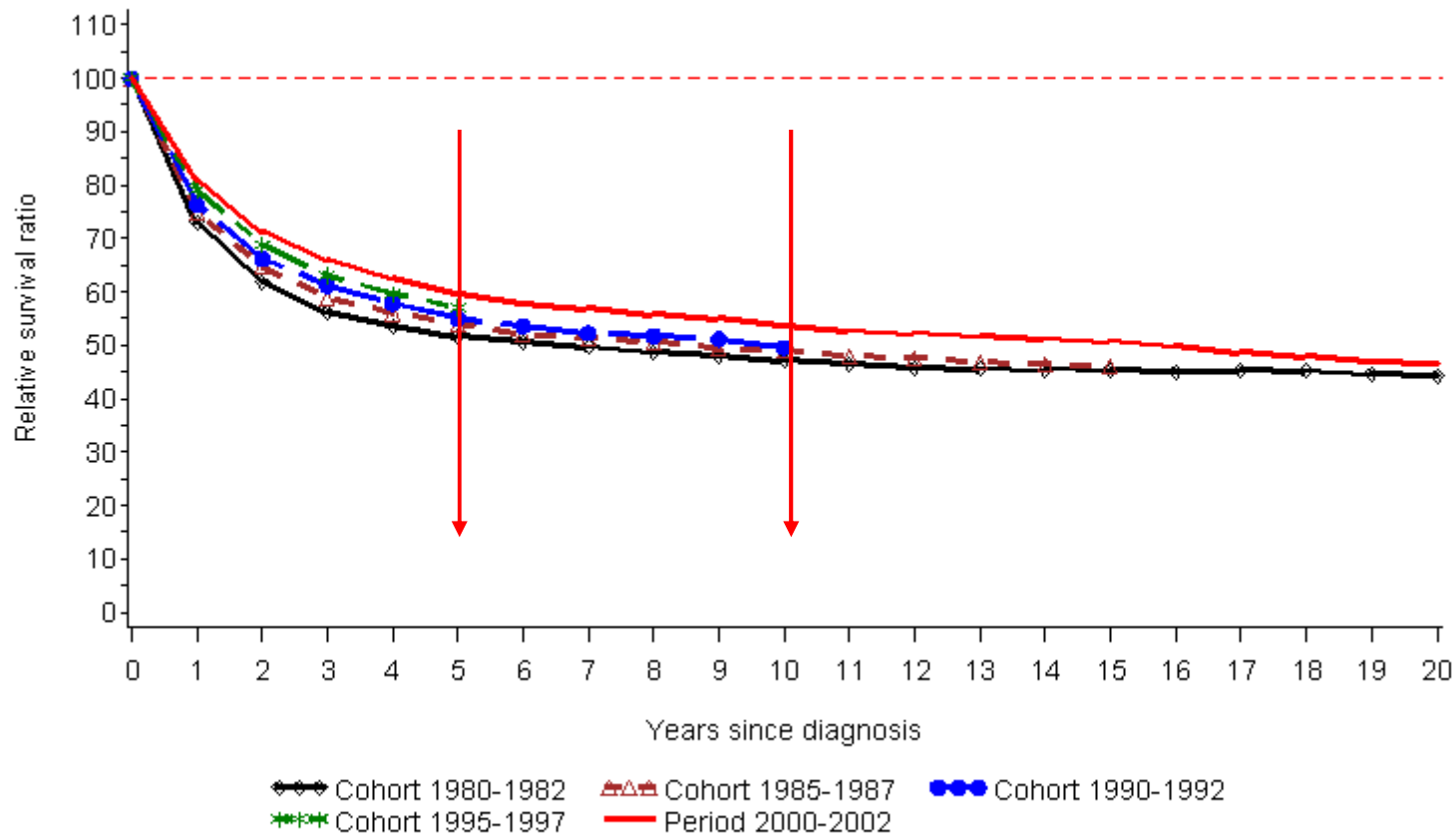
Cancer survival in Sweden 1980-2002

Cumulative observed survival
Breast. Females age 0-89



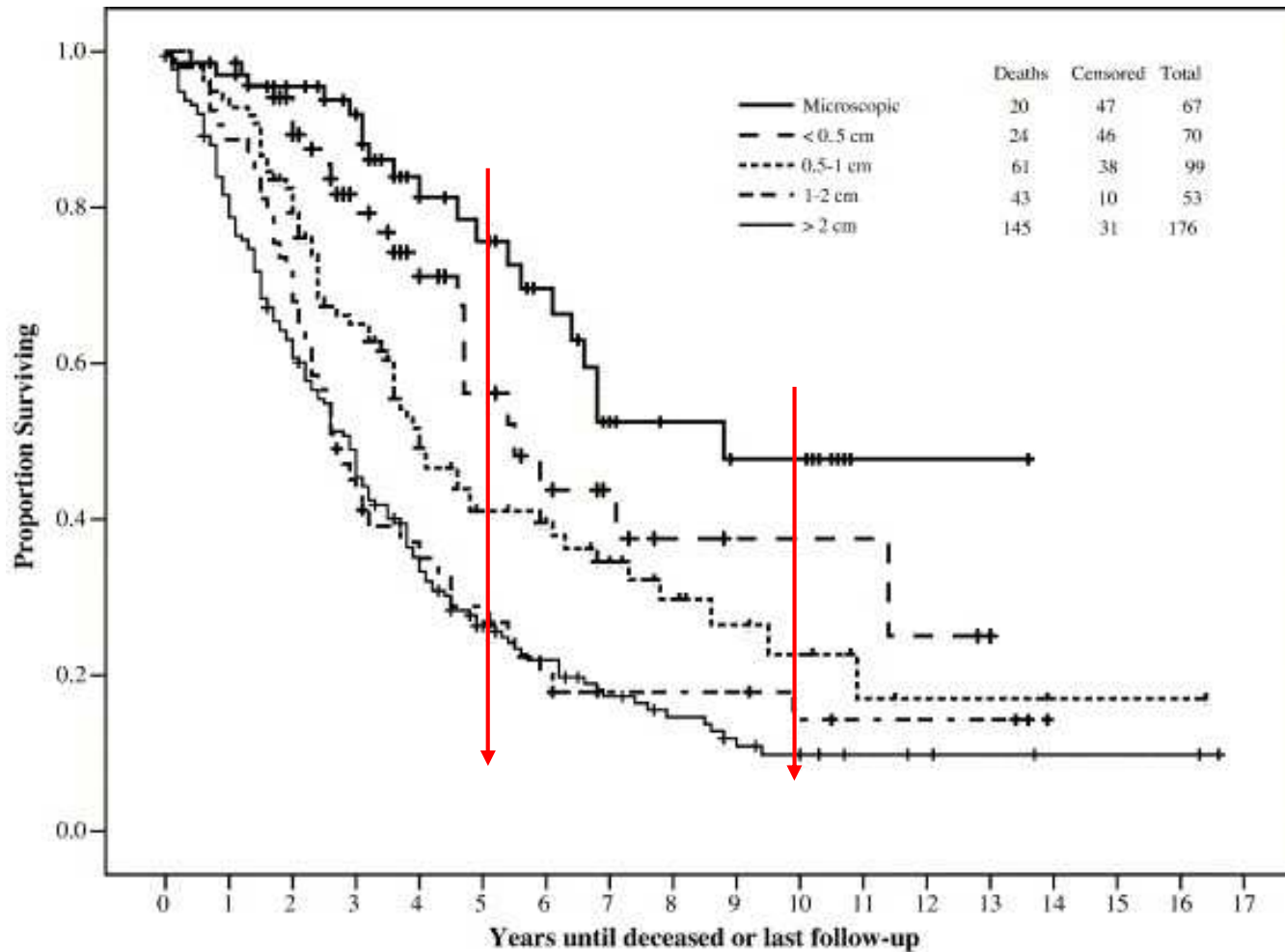
Cancer survival in Sweden 1980-2002

Cumulative relative survival
Colon, adenocarcinoma. Females age 0-89

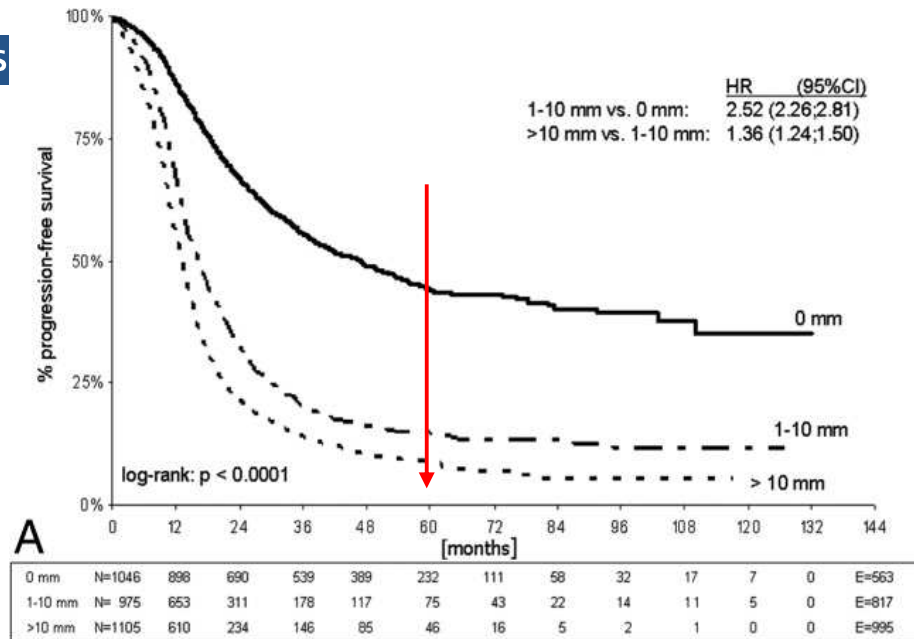


Vad är viktigt?

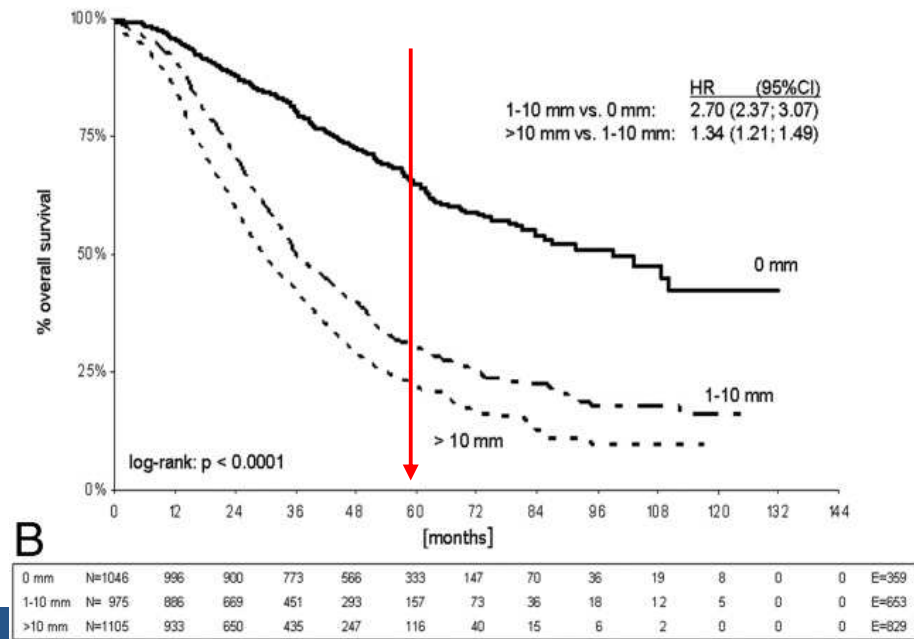
Mängd kvarvarande tumörvävnad



S



A



B

Europa:

1995- 2003

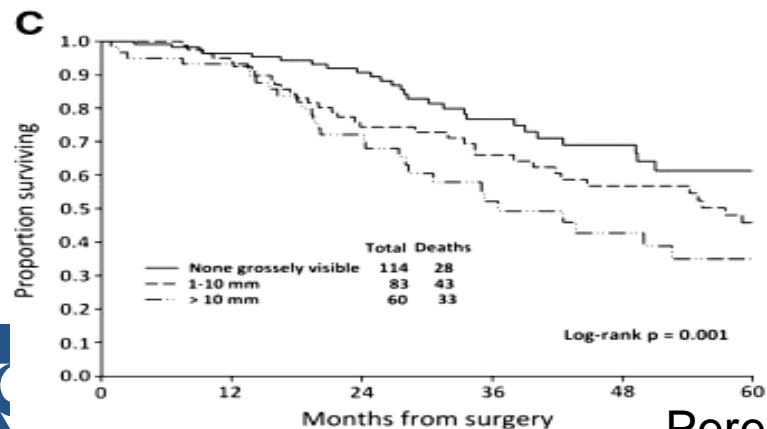
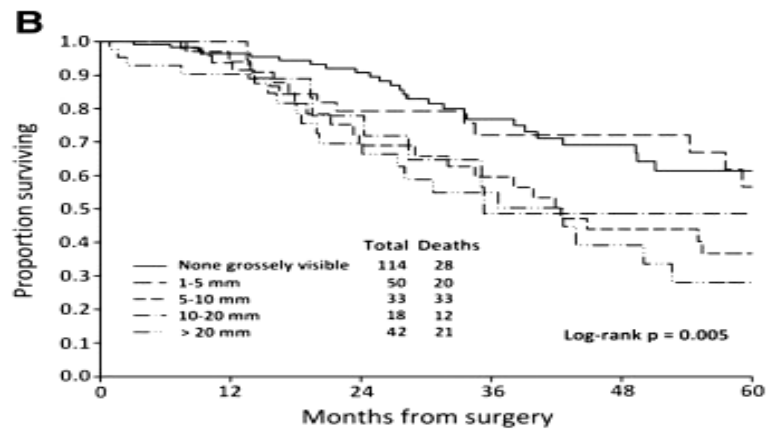
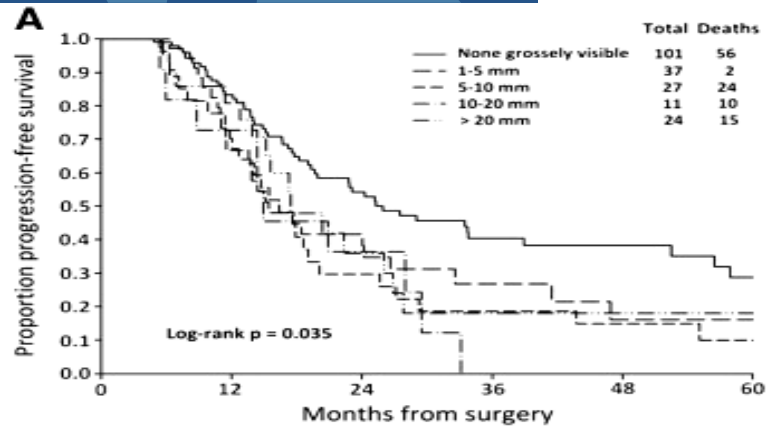
3126 patienter

- Komplett tumörreduktion
- 1-10 mm rest tumör
- >10mm rest tumör

Ytterligare prognostiska faktorer:

- Ålder
- Habitualstatus
- Differentieringsgrad
- Stadium
- Histologi





Peiretti et al 2010

- Milano
- Jan 2001- dec 2008
- Retrospektiv
- 288 pat
- IIIC-IV

Faktorer som sänkte PFS

- >60år
- Stadium IV
- >1000ml ascites
- Diffus peritoneal carcinomatos
- Diameter av tumör

Radikalitet och överlevnad

- Bristow et al 2002

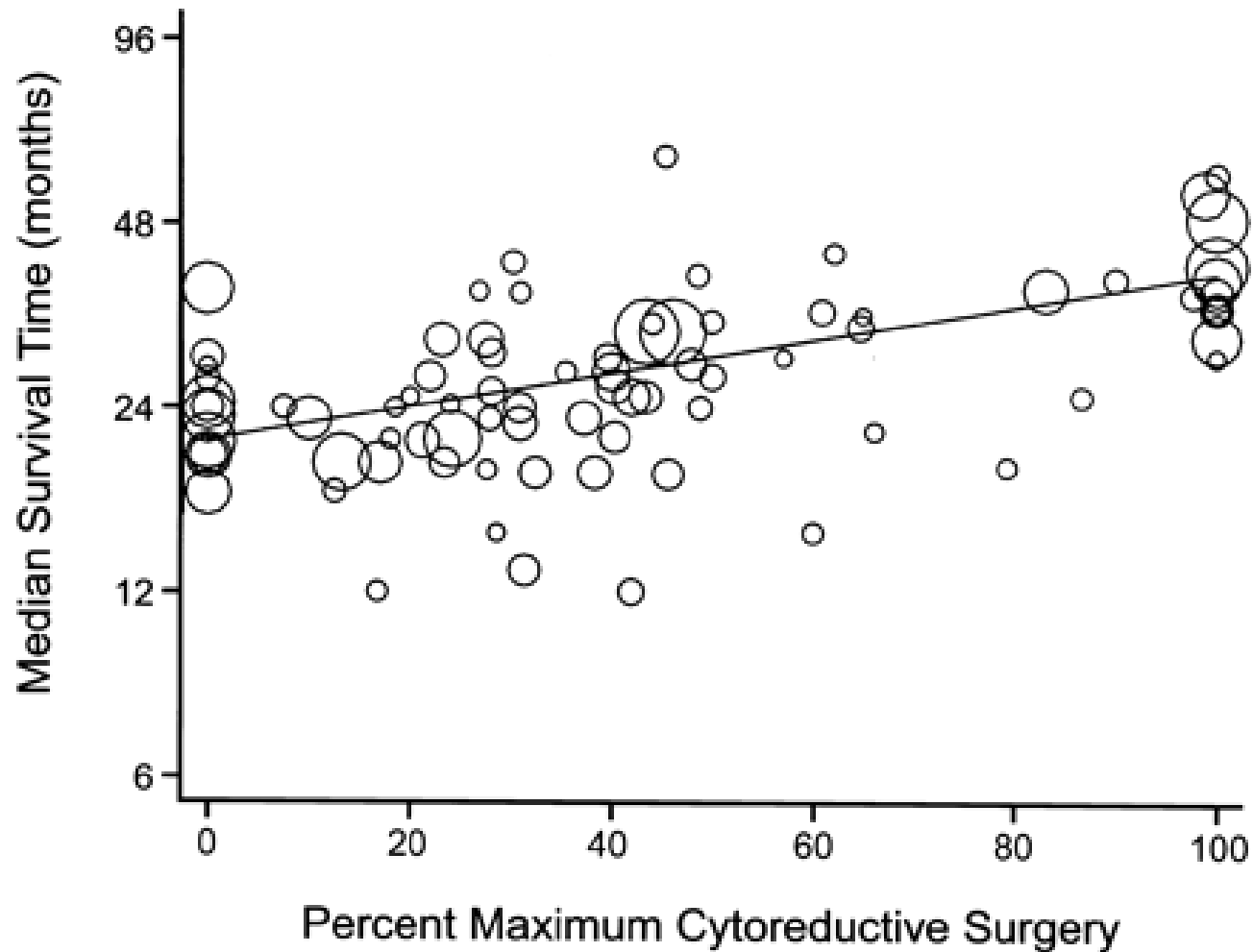
(J Clin Oncol Vol20, No5 (2002) pp1248-1259)

- Meta-analys

- 81 kohort 6885pat

- \geq Stadium III

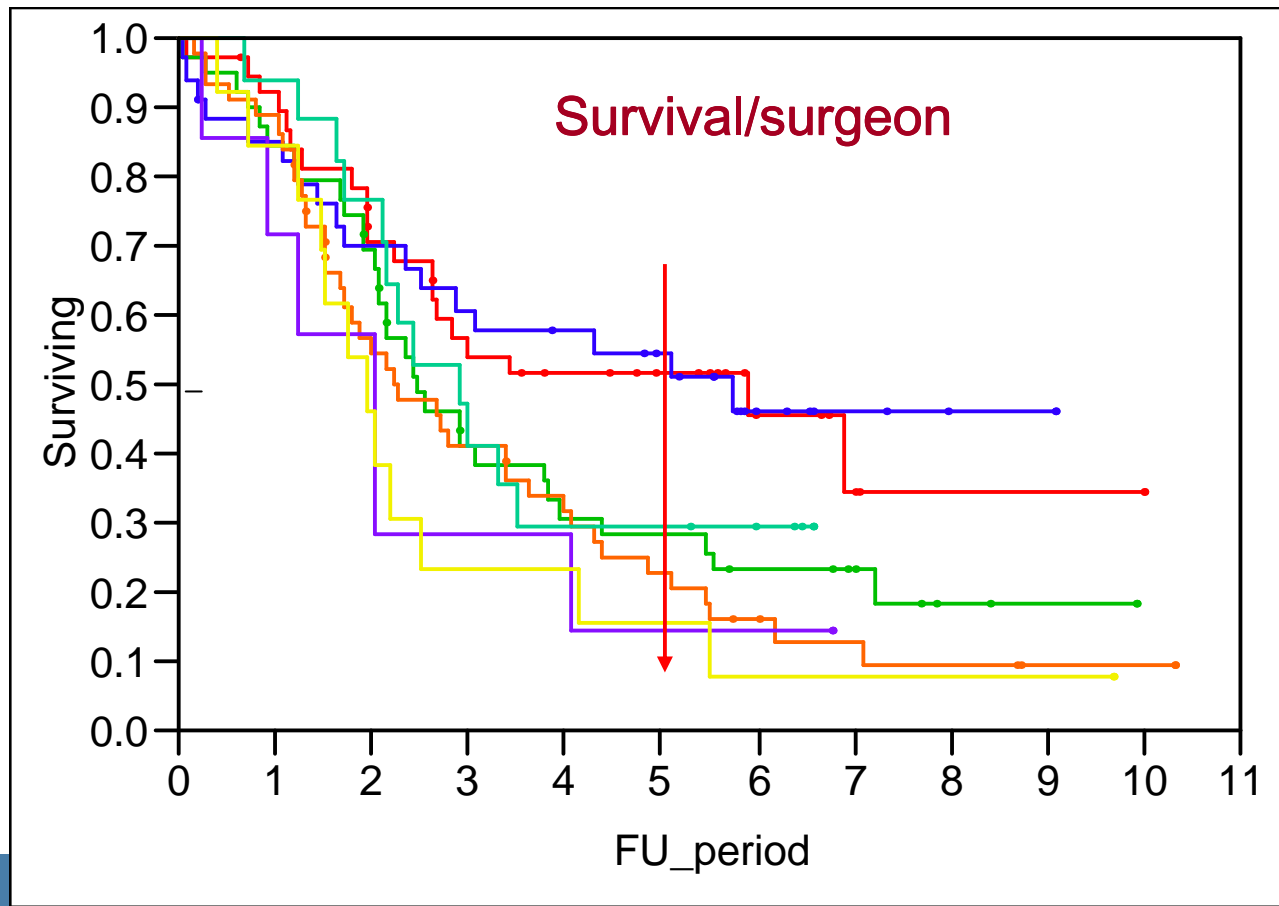
- 1988-1998



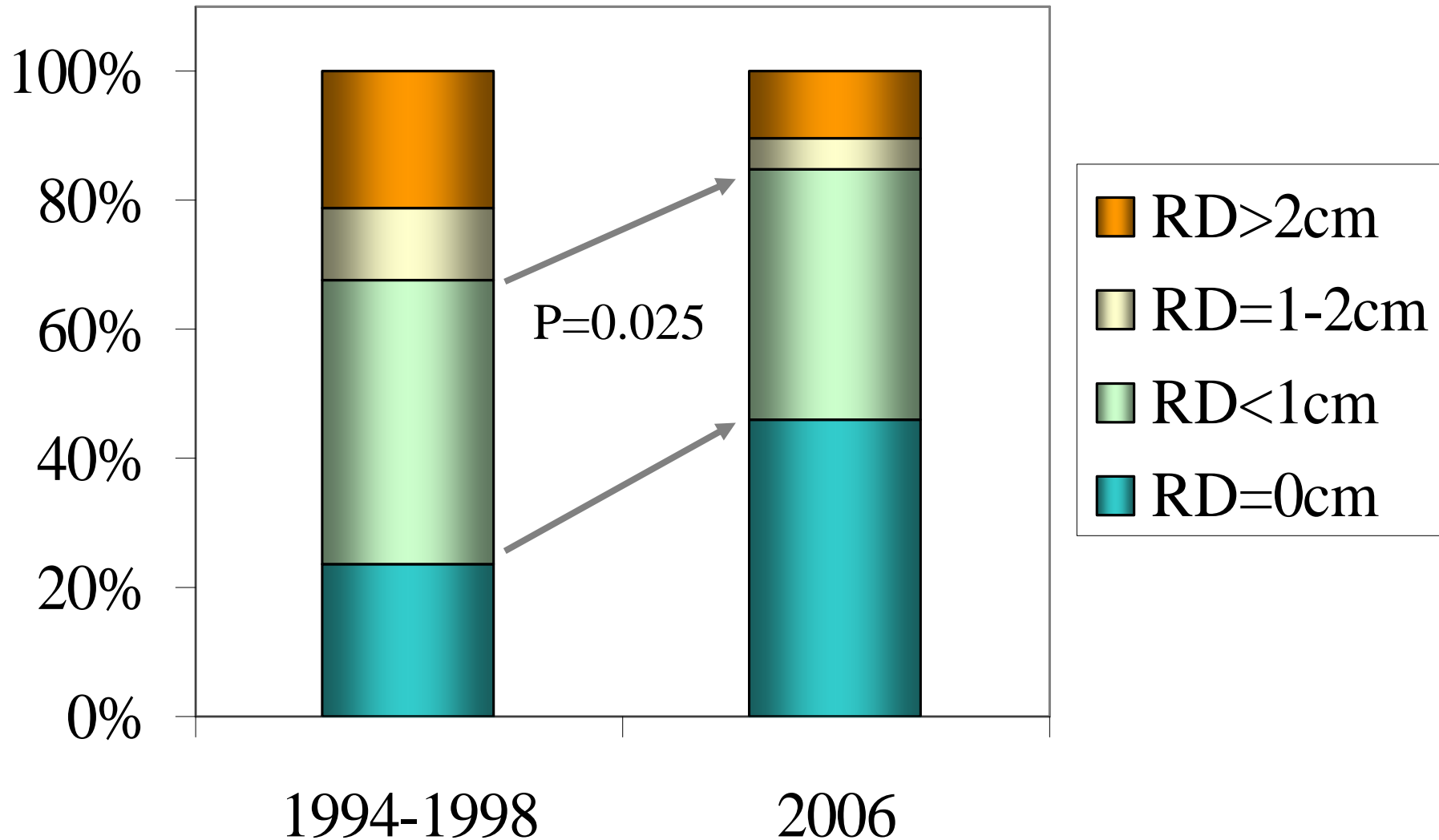
För varje 10% ökning i radikalitet ger 5.5% ökning i överlevnad

Kvalitetsförbättring: Mayo kliniken

Ovarialcancer stadium IIIC



Kvalitetsförbättring- Residual Tumör



Kostnadsberäkning kirurgisk primärbeh av Ovarialcancer

ProcedurePoints

TH-BSO

1

Omentectomy

1

Pelvic lymphadenectomy

1

Para-aortic lymphadenectomy

1

Pelvic peritoneum stripping

1

Abdominal peritoneum stripping

1

Recto-sigmoidectomy

3

Large bowel resection

2

Diaphragm stripping/resection

2

Splenectomy

2

Liver resection/s

2

Small bowel resection/s

1

*Complexity score groups*1 (Low)

≤ 3

2 (Intermediate)

4–7

3 (High)

≥ 8

Jämförelser kostnad. Överlevnad, kirurgi

•Stadium III-IV

•1994-2003

•486 kvinnor

•Kostnad för all vård

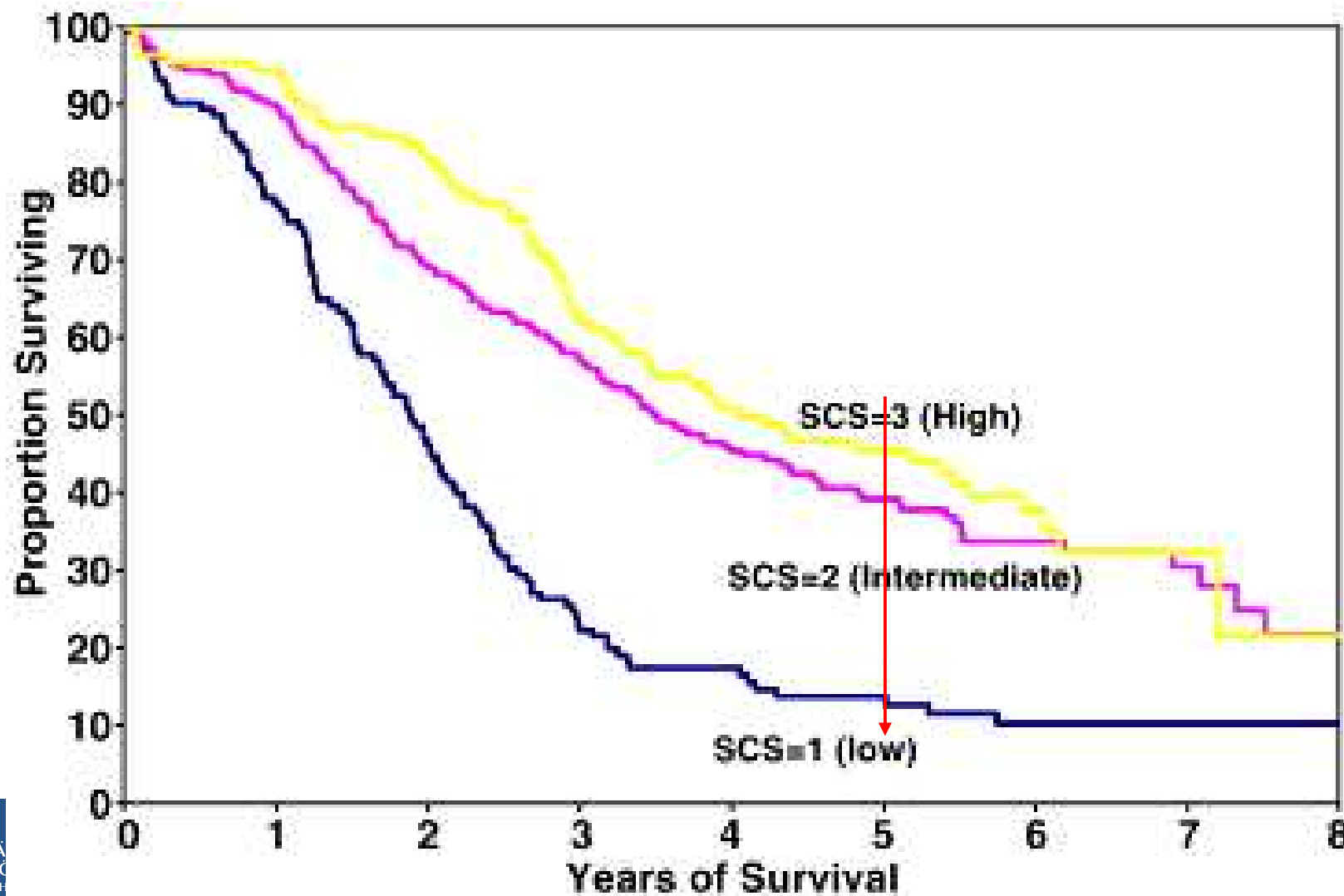
Kirurgisk operation

•Enkel

•Medel

•Svår

Överlevnad i förhållande till kirurgi



Kostnadsberäkning

	Medelkostnad Kostnad X år	År vunna	Ökad kostnad	
SCS 1	\$21,914	2.05 (1.80–2.30)		
SCS 2	\$27,408	3.16 (2.95–3.39)	\$5494	\$4950 (35000SEK)
SCS 3	\$33,678	3.48 (3.18–3.76)	\$11,764	\$8912 (63000SEK)

Cochrane

- http://onlinelibrary.wiley.com/o/cochrane/clsysrev/articles/CD006014/pdf_fs.html
Interval debulking surgery for advanced epithelial ovarian cancer

- http://onlinelibrary.wiley.com/o/cochrane/clsysrev/articles/CD007697/pdf_fs.html
Ultraradical surgery for the primary debulking of epithelial ovarian cancer (Protocol)

- http://onlinelibrary.wiley.com/o/cochrane/clsysrev/articles/CD007565/pdf_fs.html
Optimal primary surgical treatment for advanced epithelial ovarian cancer (Protocol)

■ CHORUS- J Oncol 2010 Martinek IE et al

- **When should surgical cytoreduction in advanced ovarian cancer take place?**
- [Martinek IE](#), [Kehoe S](#).
- Oxford Gynaecological Cancer Centre Surgery and Diagnostics, Level 0, Churchill Hospital, Oxford OX3 7JL, UK

■ KUMAR; 2006

- Indian J Cancer. 2006 Jul-Sep;43(3):117-21.
- **Neoadjuvant chemotherapy followed by surgical cytoreduction in advanced epithelial ovarian cancer.**
- 59 patienter
- [Deo SV](#), [Goyal H](#), [Shukla NK](#), [Raina V](#), [Kumar L](#), [Srinivas G](#).
- Source
- Department of Surgical Oncology, Institute Rotary Cancer Hospital, All India Institute of Medical Sciences, New Delhi, India. svsdeo@yahoo.co.in
- OS 32%

Resultat Sverige

- GynOp Registret Rapport 2008
 - 19% makroskopisk tumörfrihet
 - 41% <1cm
 - 54% <2cm

Danmark Centralisering av ovarialcancer

Mål: Makroskopisk tumörfrihet >40%