



The effect from Paclitaxel/Carboplatin regimen to advanced ovarian carcinoma

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Introduction

Ovarian cancer is the leading cause of death from gynecological malignancies in developed countries and fifth most common cause of mortality in female population.

Diagnostic consideration

Due to non specific symptoms, generally related to neighbouring structures, compression of bladder and/or rectum it is usually diagnosed in later stages of the disease. Approximately 70% are initially diagnosed in late stage III with ascites.

Treatment outcome is related, as in other malignancies, with the stage. Clinical exam, abdominal ultrasound, CT scans and laboratory (including tumour marker CA 125) are minimal requirements for initial diagnosis.

MR may be useful before the operation.

Treatment

Surgery should be the first treatment option. The aim of surgery is to achieve optimal debulking (total abdominal hysterectomy with bilateral salpingoophorectomy, removal of omentum and all respectable masses with peritoneal cavity), at the same time providing tissues for histopathology analysis.

Further treatment depends on definitive staging, usually chemotherapy of paclitaxel/carboplatin. The number of cycles administered depends on estimated risk of recurrence.

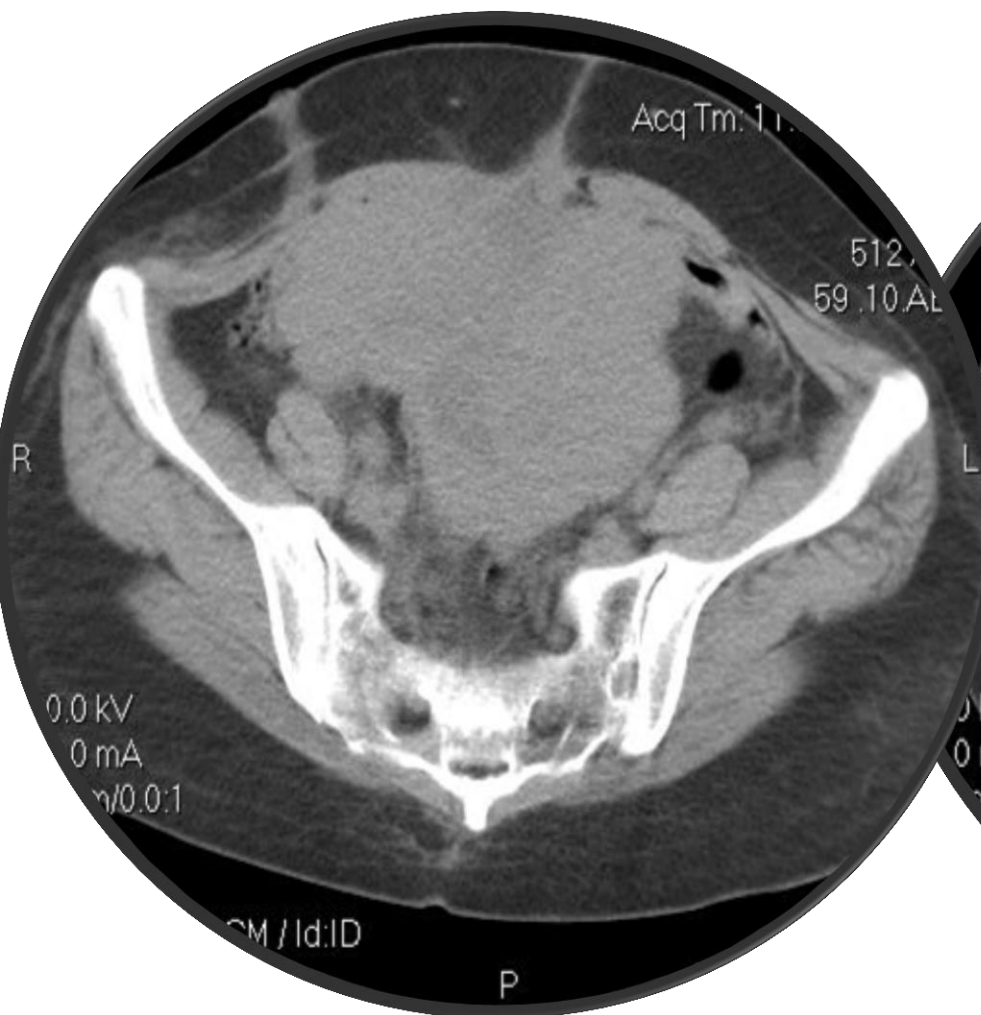
Results (follow up)


This pattern can be modified according to the individual characteristics of certain patients at the presentation.

Patient G.F. at the age of 28 years, referred to our Institution in decreased performance status, ECOG=1, for chemotherapy treatment with advanced ovarian carcinoma. Her operation was finished as explorative laparotomy with multiple biopsies from otherwise, technically inoperable tumour.

HP diagnosis revealed ovarian **CYSTADENOCARCINOMA**. Initially she had extremely high value of CA 125 marker (over 1000 U/ml). Other laboratory findings were in referent ranges, thus allowing the use of chemotherapy according carboplatin-taxol regimen.

Pre-treatment CT (Jan 2017) showed bulky abdominal and pelvic tumour mass with enlarged lymph nodes.

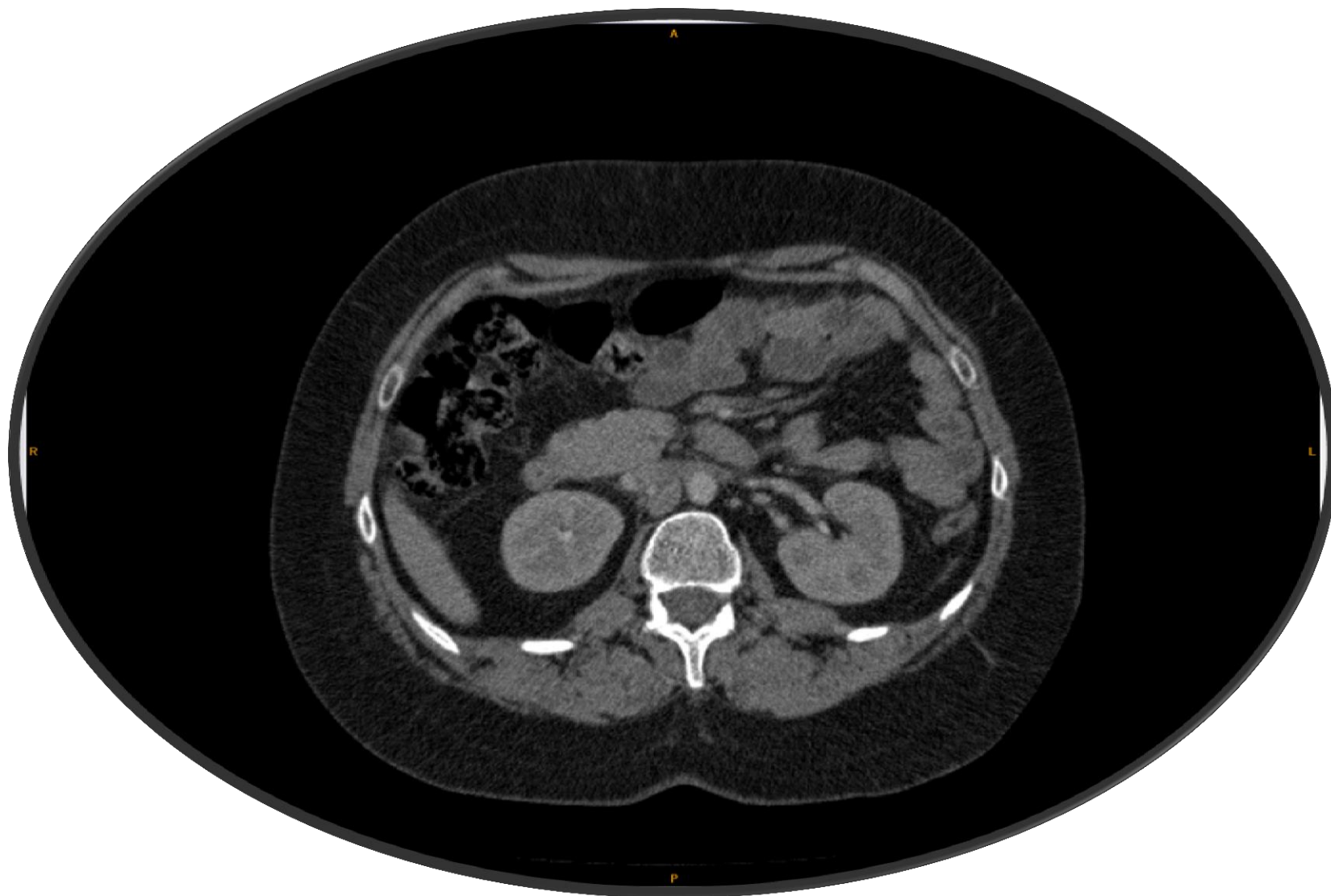




Her performance status improved shortly after the start of chemotherapy. Tumour marker was reassessed after two cycles of chemotherapy measuring less than half of initial value (CA 125=473 U/ml), suggesting good response. The level of CA 125 entered normal range values after the fourth cycle of chemotherapy.


After the administration of planned six cycles of chemotherapy, she was in good performance status, without any symptoms or complains.

**CT scan form (May 2017) revealed complete response,
without radiological signs of the disease.**



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Subsequent surgery (Jun 2017) was carried out and she had confirmed complete response according the histopathology analysis.

First follow up, three months after the treatment (Sept 2017) consisted of clinical exam, abdominal ultrasound and measurement of tumour marker CA 125 showed no evidence of disease.