

Treatment of ovarian cancer: standard of care

Abstract

In early stages, the surgical management consists in bilateral salpingo-oophorectomy, hysterectomy, peritoneal cytology, peritoneal biopsies, omentectomy and systematic pelvic and paraaortic lymphadenectomy. Surgery in early disease has more a staging purpose with evaluation of the whole abdominal cavity as well as the lymph node status as this may affect the consequent adjuvant therapy in case of upstaging. In advanced stages, the main goal of the surgery is the complete macroscopic resection of the tumor, which is the single most important independent prognostic factor. If resection of all macroscopic disease can be obtained based on pre-operative staging with an acceptable operative morbidity, upfront debulking surgery) followed by carboplatin/paclitaxel is the standard of care. Selection of patients for primary debulking surgery or neoadjuvant chemotherapy should be done in a multidisciplinary setting and in a specialist ovarian cancer center by an experienced gynecologic oncologist.

Adjuvant chemotherapy should be offered to stage I patients except those with low-grade lesions. Stage II patients benefit from a combination of carboplatin/paclitaxel. In advanced stages, the standard of care consists in the combination chemotherapy with addition of bevacizumab which should be administered up to 15 months. In case of high-grade lesions, HRD testing should be offered to all patients with advanced stage. In case of positive HRD status, the patient may benefit from the addition of PARP inhibitors (olaparib) after the chemotherapy. In case of contraindication to bevacizumab, a maintenance treatment with niraparib should be offered to all patients with high-grade ovarian cancer in advanced stage, regardless of HRD status.