Timing and Extent of Surgery in the Elderly with Ovarian Cancer

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Surgery

• The treatment of ovarian cancer consists of surgery and chemotherapy
• Primary cytoreductive surgery w/ platinum based chemotherapy
• Recent studies: Chemotherapy may be of benefit in patients with advanced ovarian cancer prior surgery (neoadjuvant)

» GOG 52 and 97, ICON
Surgery

• However, the removal of all tumor is the most important prognostic factor and is strongly dependent on the **surgical expertise**
  — The goal of **debulking** is to macroscopic/microscopic disease
• Elderly women with ovarian cancer are less likely to undergo primary cytoreduction and more likely to receive neoadjuvant chemotherapy
  — Why?

  Uyar D, et al. Gynecol Oncol 2005
Surgery

• The elderly have the same desire for curative surgical attempt as younger patients

• Significant variables in operating on the “elderly”
  – Age
  – Comorbidity
  – Stage
  – Acute or elective
  – Number of procedures
Surgery – Defining Limits

• Nationwide inpatient sample; total 28,651
• Complications rates increased with age
• Comorbidity, poor outcomes
• The number of extended procedures predicted complications
• For > 80, complications 18% for 0 procedures, 33% for ≥ procedures

In sum, prospective trials in this high-risk population are needed

Wright JD, et al. Gynecol Oncol 2011
EORTC 55971: Neoadjuvant Chemotherapy

Stage IIIC/IV Ovary Peritoneal Fallopian tube

Randomize

Maximal cytoreductive effort

Optimal

Standard Chemotherapy x 6

Suboptimal

Induction chemotherapy x 3 Followed by Interval cytoreduction Followed by chemo x 3 cycles

Primary Chemotherapy x 3 cycles

Disease stable or responding

Interval cytoreduction Followed by chemo x 3

Progression

Remove from Protocol

Chemotherapy
Taxane (paclitaxel or docetaxel) Platin (cisplatin or carboplatin)

PROTOCOL GOG 273
Chemotherapy Toxicity in Elderly Women with Ovarian, Primary Peritoneal or Fallopian Tube Cancer

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The elderly have historically been underrepresented in clinical trials.

It is a prospective elderly observational study in which the physician and patient choose between primary surgery versus chemotherapy then between Carboplatin and Paclitaxel plus G-CSF versus Carboplatin alone.
The primary objectives

- Instrumental Activities of Daily Living (IADL) at entry is associated with the ability to complete chemotherapy
  - Sequential Pros (patient-related outcomes)
- Estimate by regimen the % pts who are able to complete chemotherapy w & w/o dose reductions and delays and
- to compare actual and calculated Carboplatin
  - Lichtman et al. w/CALGB, paclitaxel

Eligibility - Bx, all stages ≥ 75, PS 0-3
Clinical Stage I-IV Ovarian, Peritoneal, or Fallopian Tube cancer with confirmed adenocarcinoma at age ≥ 75, PS 0-3. Investigator decides primary surgery vs. chemotherapy. Physician choice of 2 different chemotherapy regimens.

Regimen 1
Carboplatin AUC 5
Paclitaxel 135 mg/m²
Plus G-CSF
every 3 weeks X 4

Regimen 2
Carboplatin AUC 5 every 3 weeks X 4

Interval surgical cytoreduction (if no prior primary surgery), and/or further chemotherapy at the discretion of the physician.
Surgery? Ever?

- Those patients so frail that it is not an option
- Platinum resistant during neoadjuvant
- PS decline or problems with side effects/complications
- Surgery for palliative intent; not radical/optimal debulk
Theoretic trajectory of dying in patients with recurrent ovarian cancer.

PROTOCOL GOG 267
QoL and Care Needs in Patients with Persistent or Recurrent Platinum-Resistance/Refractory Ovarian, Fallopian Tube, and Peritoneal Cancer

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