

Early Stage Epithelial Ovarian Cancer (EOC): AIIMS Experience

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BACKGROUND:

Prognosis of patients with early stage EOC is good. Limited data is available from developing countries. We have retrospectively analyzed case records of patients with early stage epithelial ovarian cancer to determine the outcome.

PATIENTS AND METHODS: Between Jan 1991 and Dec 2008, 174 patients were diagnosed to have early stage EOC at our Institute. Patient's median age was 47 years, ranging from 14-76 years. Clinical presentation included - abdominal pain (69%), abdominal distension (46%), menstrual irregularities (31%), pelvic mass (85%), abdominal mass (60%), & ascites (15%). FIGO stage :IA - 50(28.7%), IB - 14(8%), IC-75(43.1%), IIA-4 (2.3%), IIB-11(6.3%), IIC-20 (11.5%). Histopathologic subtype was - serous in 50.6% of patients, mucinous -22.4%, endometrioid-10.3%, clear cell-4.6%, undifferentiated - 3.4% and adenocarcinoma (NOS) in 8.6% of patients. Information on histologic grading was available in 154 patients; Grade I-56(37.1%), II-26(16.9%), and III in 74(48.1%) patients. 24 (13.8%) patients underwent conservative surgery in view of young age and nulliparity. Post surgery, residual disease was nil in 90%, less than 1 cm in 9 (both Stage II C) and >1 cm in 9 patients (Stage IIB - 3, IIC-6). 132 patients received adjuvant chemotherapy using either cisplatin + cyclophosphamide (CP)-59 (45%), CP+Adriamycin(CAP)-16(12.2%), Taxol + Carboplatin -34 (26%), carboplatin alone - 17

(13%) and melphalan - 5(3.8%) as per the existing protocols during these years.

RESULTS : Currently, 136 (78.2%) patients are alive at a median follow up of 46 months. Kaplan and Meier probability of 5 and 10 years survival are 88% & 84% for stage I and 75% & 51% for stage II, respectively, the median not being reached for both stages. On both univariate and multivariate analysis, stage was the only factor found to have influence on survival (stage I vs stage II, $p=0.03$). Other factors including age, histology, grade, presence of ascites, residual disease after surgery, chemotherapy regimens and type of surgery did not have any influence on survival. Of 24 patients who underwent conservative surgery (stage I- 20, stage II- 4), 17 received adjuvant chemotherapy. 8 patients conceived & delivered healthy babies. Thirty-two (21%) patients have relapsed (Stage IA - 4, IC-15, IIA-1, IIB-7, IIC -5), the median time to relapse being 20 months (range 6-90). Currently 135 patients are alive and disease free, 5 patients are on salvage chemotherapy for relapse, 25 patients have died due to disease and 13 patients are lost to follow up.

Conclusions: Present study confirms the good outcome for patients with early stage EOC. A small number of adequately staged IA patients with careful selection can be considered for conservative surgery followed by chemotherapy with similar outcome.