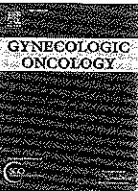




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The clinical outcome of epithelial ovarian cancer patients with apparently isolated lymph node recurrence: A multicenter retrospective Italian study

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ABSTRACT

Objectives. To assess the clinical outcome of epithelial ovarian cancer patients who developed an apparently isolated lymph node recurrence after primary therapy.

Methods. The authors retrospectively assessed 69 patients with epithelial ovarian cancer who were clinically or pathologically free of disease after primary therapy and who subsequently developed an apparently isolated lymph node recurrence. The median follow-up of survivors was 74.5 months.

Results. Median age was 58 years, FIGO stage was III–IV in 52 (75%) patients, residual disease after primary surgery was >1 cm in 36 (52%), first-line chemotherapy consisted of paclitaxel-/platinum-based chemotherapy in 44 (64%), time to recurrence was >12 months in 43 (62%), recurrence was pelvic and/or para-aortic in 41 (59%), and treatment at recurrence consisted of chemotherapy alone in 44 (64%), surgery plus chemotherapy in 22 (32%), surgery alone in one patient, surgery plus irradiation in one, and irradiation alone in one patient. Survival after recurrence was significantly related to the type of treatment (chemotherapy alone versus surgery plus chemotherapy, median: 20.8 months versus not reached, $p=0.0002$), and patient age (>58 versus <58 years, median: 26.8 versus 44.0 months, $p=0.02$). Overall survival was significantly related to the type of treatment (chemotherapy alone versus surgery plus chemotherapy, median: 45.4 months versus not reached, $p=0.0001$), patient age (>58 versus <58 years, median: 45.4 versus 62.9 months, $p=0.03$) and time to recurrence (<12 months versus >12 months, median: 45.4 versus 66.9 months, $p=0.01$). Cox model showed that treatment at recurrence was the strongest independent prognostic variable for both survival after recurrence (hazard ratio [HR]=0.277, $p=0.0003$) and overall survival (HR=0.249, $p=0.0002$).

Conclusion. Patients who underwent surgery plus chemotherapy had a 72% reduction in the risk of death after recurrence and a 75% reduction in the risk of death after initial diagnosis when compared with those treated with chemotherapy alone. Secondary cytoreductive surgery appears to be able to prolong survival in epithelial ovarian cancer patients with apparently isolated lymph node recurrence.

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Epithelial ovarian cancer spreads by direct extension, trans-peritoneal route, lymphatic route, and more rarely by blood stream [1]. Pelvic and /or para-aortic lymph node involvement occurs in 4% to 25% of women with apparently stage I disease, 20% to 50% of those with stage II disease, and 33% to 88% of those with stage III–IV disease [1–7].

The incidence of metastatic lymph nodes increases with advanced stage, serous histology, high tumour grade, large residual disease, and increased number of lymph nodes removed and examined [3–5,7,8].

Several authors have reported that patient survival is clearly better for stage IIIC epithelial ovarian cancer with only retroperitoneal spread than for stage IIIC disease with intra-peritoneal dissemination [4,5,9].

Recent published data show that epithelial ovarian cancer recurs in 17–35% of the patients with early disease [10–13] versus 30–75% of those with advanced disease who have achieved a complete response [14–20].

Most recurrences involve pelvis and abdomen, whereas isolated retro-peritoneal relapses are uncommon [21]. Indeed, pelvic and/or para-aortic lymph node metastases usually occur concomitantly with peritoneal carcinomatosis and/or with metastases in distant sites. Isolated inguinal [22,23], axillary [24,25] or supra-clavicular [21] lymph node recurrences are anecdotal.

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