

Gynecologic Oncology In Depth Report

Gynecologic cancers are diagnosed in approximately 80,000 women in the United States each year. This makes up 10% of all cancers diagnosed in the US annually. The most common of these include endometrial cancer with an estimated 40,100 new diagnosis this year, ovarian cancer in 21,650 women and cervical cancer in an estimated 11,070 individuals (www.cancer.gov). Current treatment of gynecologic cancers requires a multidisciplinary approach utilizing surgery, radiation and chemotherapy to improve survival rates.

Surgical Oncology in Gynecologic Cancer

Surgery for gynecologic cancer is tailored to the disease site along with the potential route of metastases. Surgical incisions range from long vertical abdominal incisions most commonly used in ovarian cancer cases to small laparoscopic ports often used with robotic surgery. Although these incisions are not visible to others, they can be psychologically disturbing to the patient. This is often the case with vulvar cancer which may require removal of a significant portion of the vulva and resulting in disfigurement, edema and sexual problems. A more conservative and tailored approach is now acceptable in contrast to the historic radical vulvectomy. This has greatly improved the psychological effects of this cancer without sacrificing survival.

Ovarian, tubal and primary peritoneal cancers are already metastatic in over seventy percent of patients at the time of diagnosis. Often, carcinomatosis is present throughout the entire peritoneal and mesenteric surfaces. Adequate exposure is necessary to explore all the intra-abdominal organs looking for these metastatic sites. An optimal surgical debulking,

defined as all remaining tumor nodules less than or equal to 5mm, improves patient survival.

Tumor nodules not amenable to removal by standard dissection techniques may be removed via an ultrasonic surgical aspirator. This tool allows for efficient excision of the carcinomatosis and greater chance for preservation of the underlying bowel and intra-abdominal organs.

Medical Oncology in Gynecologic Cancer

Chemotherapy continues to play a vital role in the multimodality treatment of gynecologic cancers. Single and multi-agent drug combinations are used as a primary treatment and for recurrent disease. Chemotherapy is also used as a radiation sensitizer. Multiple studies have confirmed that using agents such as cisplatin in low doses concurrently with radiation improve the survival rates in cervical cancer.

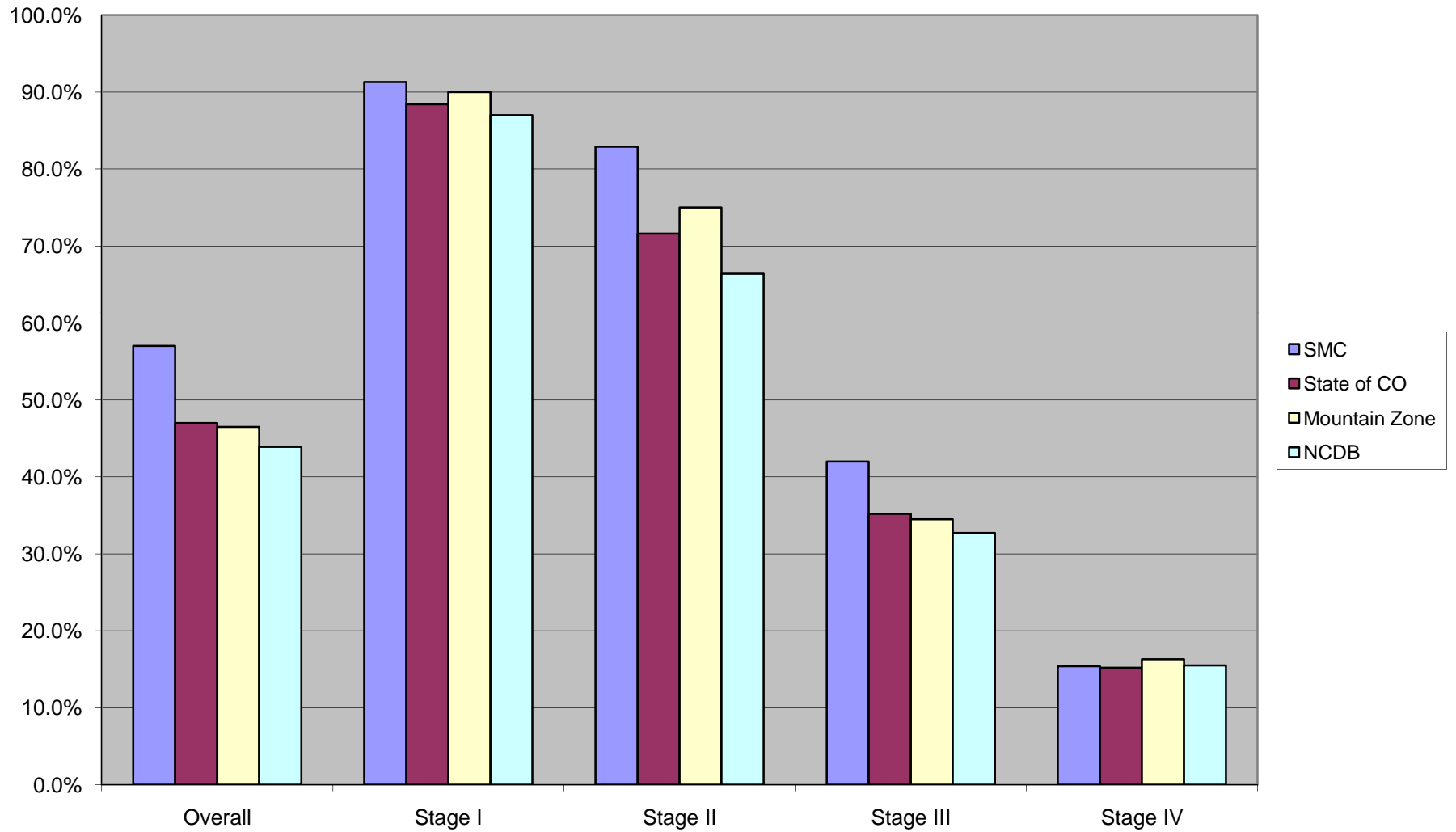
Large institutional studies in ovarian cancer patients confirm longer survival with combination intravenous and intraperitoneal chemotherapy. The Gynecologic Oncology Group (GOG) study number 172 randomized over 400 patients to two different types of chemotherapy. This prospective study included two distinct arms. The first arm consisted of paclitaxel and cisplatin given intravenously. In the second arm, a combination of intravenous and intraperitoneal paclitaxel along with intraperitoneal cisplatin was used. The study concluded that patients receiving the regimen containing the intraperitoneal dosing had a 16-month improvement in overall survival. However, there was a significant rate of hematologic, gastrointestinal and neurologic toxicity in this arm. Quality of life was worse for the intraperitoneal treatment arm during the first year of the study. Also, the neurologic symptoms persisted after the first year in patients who received the combined intravenous and

intraperitoneal chemotherapy. Of note, only 42% of patients randomized to the intraperitoneal treatment arm were able to complete all six cycles of combination intravenous and intraperitoneal chemotherapy. In January, 2006 the results of GOG-172 prompted the National Cancer Institute to issue a clinical announcement encouraging the use of combination intravenous and intraperitoneal paclitaxel and cisplatin.

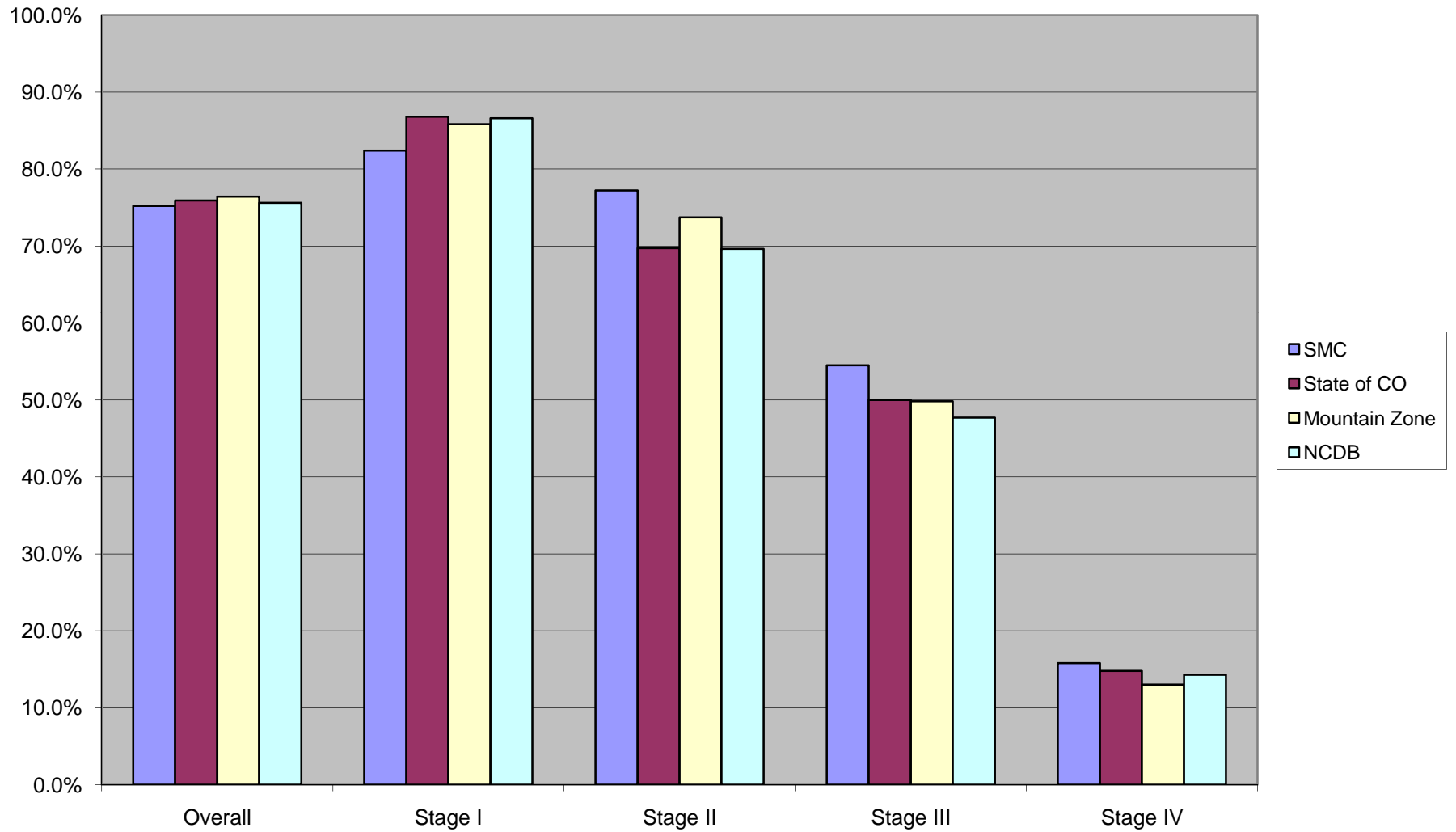
Research continues in gynecologic oncology cancer both in the large oncology groups such as the GOG and in private industry. With this continued research and a multidisciplinary approach, we strive to improve our patient's quality of life and to prolong survival in gynecologic cancers. It is our hope that in the end this will result in not only improved patient care but the ultimate goal of curing all cancers.

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Ovarian Cancer 5 year Survival Rate



Uterus 5 year Survival Rates



% of Total Cases in Colorado Diagnosed or Treated at SMC

