

**FONDATION  
LALLA SALMA**  
PRÉVENTION ET TRAITEMENT  
DES CANCERS



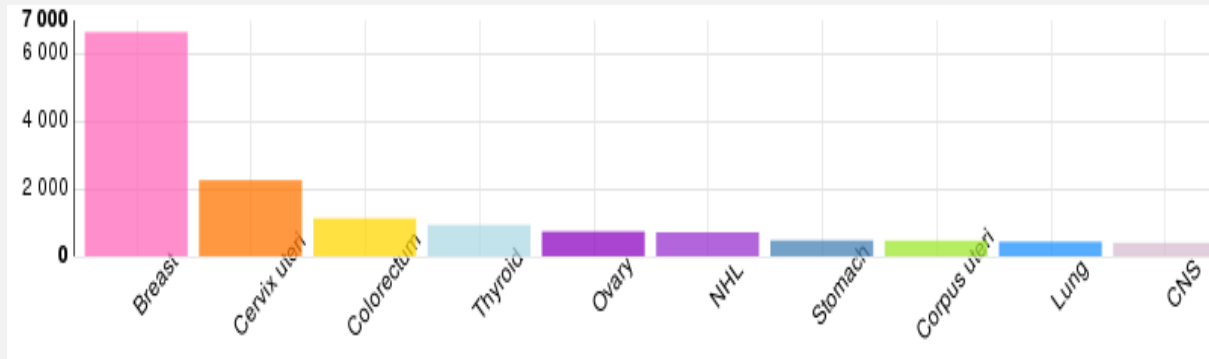
مؤسسة  
للإسلامي  
للوقاية وعلاج  
السرطان

# SURGICAL MANAGEMENT OF EPITHELIAL OVARIAN CANCER

SURGERY SERVICE FOR GYNECOLOGIC AND BREAST CANCER  
CENTER MOHAMED VI FOR CANCER TREATMENT  
**CASABLANCA, MOROCCO**

**PARSGO, MARRAKECH 2018**

## ❖ 5th female cancer (4.7%), 4th origin cancer mortality



Estimated number of incident cases  
register cancers of Casablanca 2012

## Problem of management of ovarian cancer in Morocco

### Diagnostic delay:

- Erroneous diagnosis (tuberculosis?)
- Inaccessibility to care (rural)
- Delay in carrying out the extension check

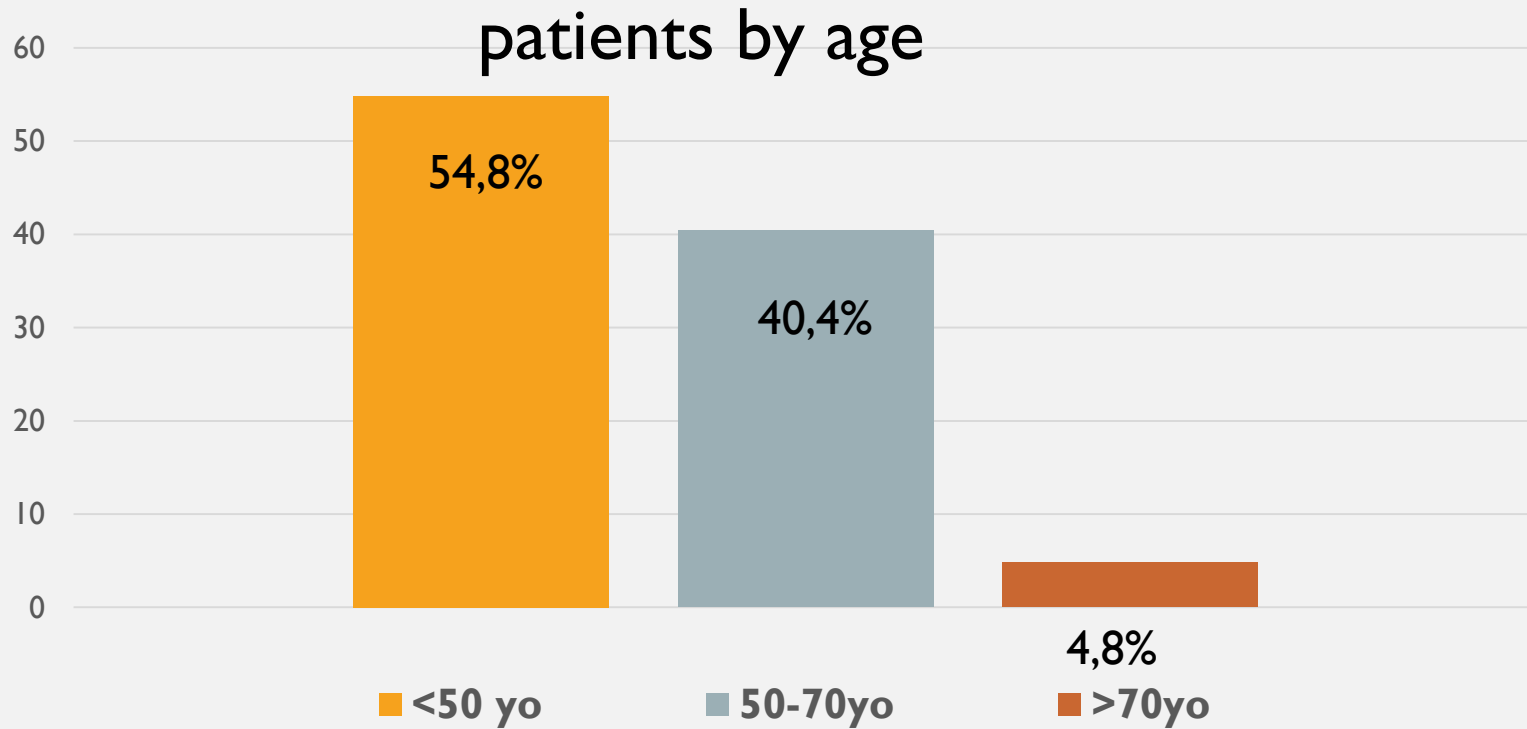
### Problem of unambiguous strategy:

- second-hand patients
- broken center in the management of insufficient ovarian cancer.

- Retrospective study
- Gynecologic and Breast Cancer Surgery Department - Mohamed VI Center for Cancer Treatment (opened in April 2013)
- Patient's numbers: 45
- Period: January 2014 - December 2015
- Inclusion: ovarian epithelial tumors  
Exclusion : borderline-tumor, germinal-tumor, second tumor
- Strategy: French Society of Oncogynecology

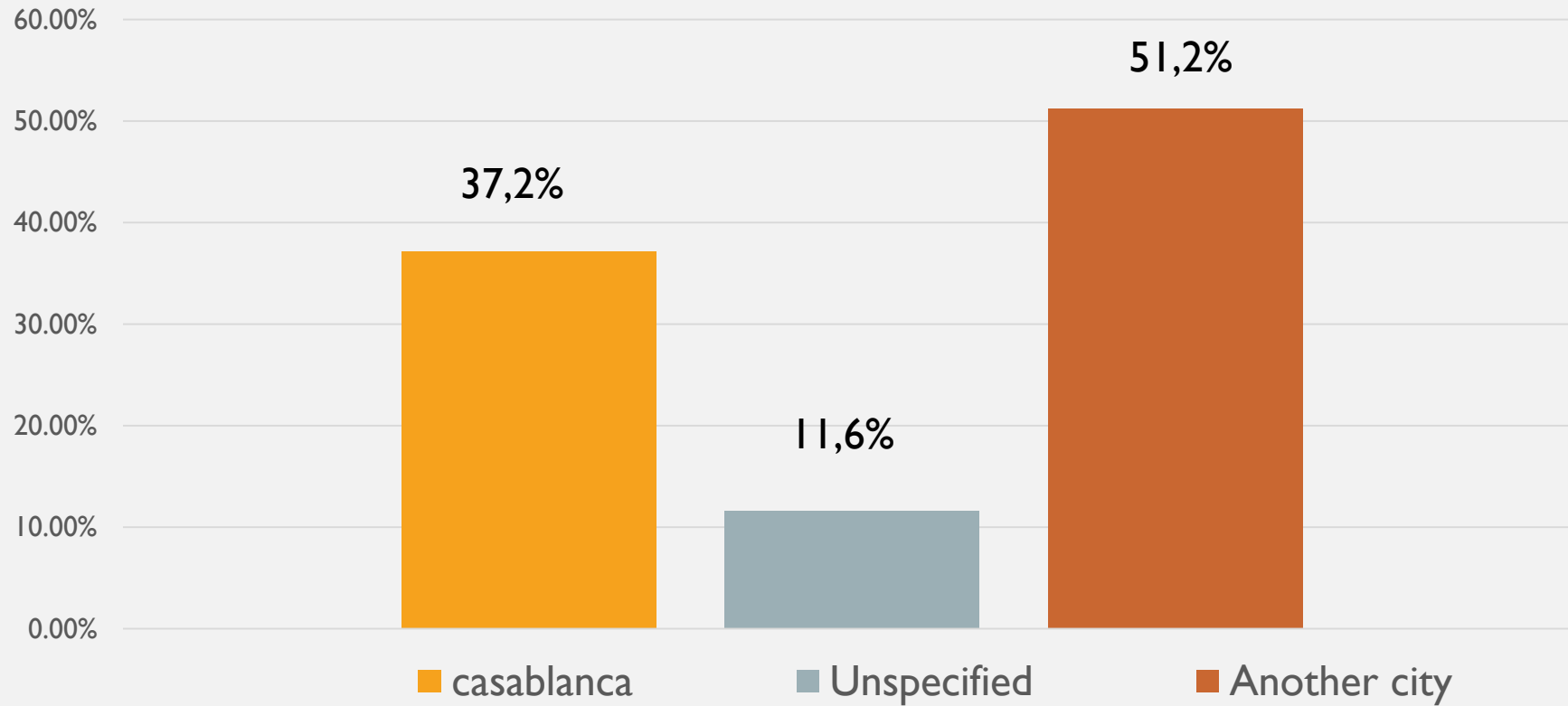
The data needed to complete this work was collected from the patient's medical records, operative reports, and reports of the final pathology examination.

# AGE



☐ The average age of ovarian cancer is 46.6 years

# ORIGIN OF PATIENTS



## HISTORY: PERSONAL/FAMILY

	NUMBER OF CASES	%
Personal history of breast cancer	2	4,44%
Family history of breast cancer	5	11,1%

No cytogenetic research in our patients : BRCA 1 and 2

# CLINICAL PROFILE

Consultation period

< 3 Month : 10 patients

3-6 Month : 20 patients

> 6 Month : 15 patients

Circumstances of discovery	Nombre of patients	%
Pelvic pain	30	66,66
Abdominal distention	14	31,11
Signs of compression	12	26,66
• Digestive	10	22,22
• urinary		
Adventitious	8	17,77
Alteration of the general condition	28	62,22

# RADIOLOGICAL AND ENDOSCOPIC ASSESSMENT

	Nbrs. Of case	%
scan (%)	45	100
TDMAP (%)	42	93,3
MRI (%)	2	4,4

- TDMAP : sometimes carried out secondarily to the diagnosis
- fibroscopy : 3 patients - colonoscopy : 2 patients
- Pet scan: 0
- 85% of assessments are done in the hospital with appointments sometimes of long duration



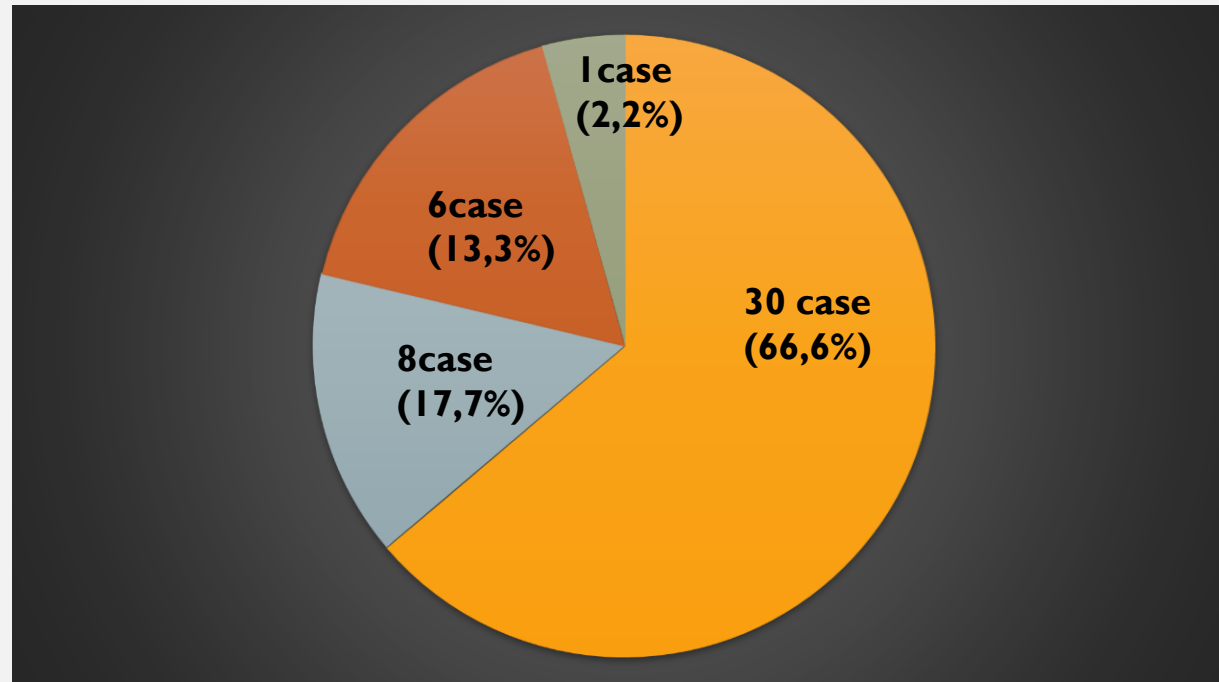
# BIOLOGICAL MARKERS

- CA 125

CA 125	< 35	35-100	100-500	>500
Nbs of patients (%)	20 (45%)	5 (11%)	10 (22%)	10 (22%)

- *CA19.9*: 2 case (-)
- *ACE*: Unrealized
- Markers made sometimes after diagnosis

# HISTOLOGICAL PROFILE



- Serous tumors **66,6%** - endometroid **15,5%** - mucinous **13,3%** - clear cell **2,2%**

# CLASSIFICATION FIGO

STAGE	NUMBER	%
STAGE I	13	28,8%
STAGE II	2	4,44%
STAGE III	24	53,3 %
STAGE IV	6	13,3%

➤ Prevalence of late stages 66,5%

# MANAGEMENT OF EARLY STAGES (15 CASE)

Surgical attitude	middle age	Number of case
laparoscopy	48,8 yo	8 case (17,77%)
Laparotomy	57,4 yo	7 case (15,55%)

➤ 3 patients have been multi-operated,  
➤ 4 cases have masses > 20cm

- A surgical revision was performed for 7 cases who had had a conservative procedure initially outside the center to complete staging and surgical treatment.
- 5 staging surgery
- 3 diagnosis surgery
- 1 case of conservative surgery
- Extemporaneous : 4 cases

# MANAGEMENT OF LATE STAGES

## Laparoscopy (16 cases)

Gestures made	Nbs of Case	results
Multiple biopsies	13 cases ( 28,88%)	<ul style="list-style-type: none"><li>• 11 cases / chemotherapy + interval surgery</li></ul>
laparotomy conversion (after study of resecability)	3 cases (6,66%)	<ul style="list-style-type: none"><li>• HTSCA</li><li>• omentectomy</li><li>• peritoneal biopsies</li><li>• pelvic-lumbar spinal lymph node dissection</li><li>• appendicectomy</li></ul>

Using the fagotti score to judge the resecability

# MANAGEMENT OF LATE STAGES

## Laparotomy (14 cases)

Gestures made	Nbs of Case	results
<b>Interval surgery</b> (HTCA, omentectomy, pelvic / lumbar-aortic dissection and peritoneal biopsies, appendicectomy)	9 case ( 20%)	<ul style="list-style-type: none"><li>• 4 cases with positive pelvic lymphadenectomy,</li><li>• 2 cases have lumbar-aortic lymph node involvement</li><li>• Peritoneal involvement (7 cases)</li></ul>
surgery first	5 case ( 11,11%)	<ul style="list-style-type: none"><li>• 3 cases have ganglionic involvement</li></ul>

## SUPPORT OF PATIENTS 2ND HAND (15 CASES)

Number	Gesture was initially
Early stage: 7cases	<ul style="list-style-type: none"><li>• 3 cystectomies (benign)</li><li>• 4 adnexectomies</li></ul>
Late stage: 8 cases	<ul style="list-style-type: none"><li>• 3 peritoneal biopsies</li><li>• 1 cystectomy</li><li>• 2 adnexectomies</li><li>• 2 not operable</li></ul>

## MANAGEMENT OF LATE STAGES

	Number	%
Surgery first	8	26,6
Interval surgery	20	73,3
Not resectable	3	10
RO Surgery first	4	50
RO Interval surgery	15	75
Digestive resection	4	13
colostomy	2	6
Partial periteneotomy	10	33
Pelvic and LA lymphadenectomy	16	53
Partial bladder	1	3



## RESULTS

- Average duration of hospitalization: 8 days
- Blood transfusion: 6 cases
- Intensive care unit stay: 8 cases
- Deaths: 2 being treated
- Recurrence - Overall survival by stage: not evaluated, all patients are referred to the oncology department for therapeutic suites
- Lymphocele: 4 cases

## MANAGEMENT OF OVARIAN CANCER QUALITY INDICATOR

- Reduce waiting times with accessibility to patient care.
- Complementary assessment :TDM TAP – CA125
- Nutritional status assessment
- Standard operative record Type +/- extemporaneous anatomopathological account
- Achieve resectability rates in initial surgery or interval greater than 70%
- 30-day complication assessment

# MANAGEMENT OF OVARIAN CANCER QUALITY INDICATOR

- Team self-assessment
- Establish benchmarks adapted to the context and the means
- Diffusion of the multidisciplinary consultation meeting with obligation of validation of the files
- Training of surgeons oncologists experienced in this surgery
- Partnership with teams already advanced on this support
- Participation in therapeutic trials