

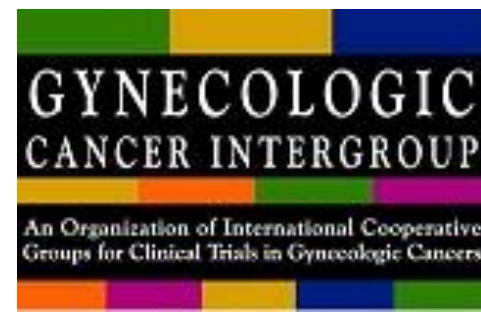
# Medical management of ovarian cancers at the Mohammed VI center for the treatment of cancers (Casablanca -Morocco )

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the Mohammed VI center for the treatment of cancers CHU IBN ROCHD  
CASABLANCA



# INTRODUCTION



- Ovarian cancer: 5th cancer in Morocco
- 3rd gynecological cancer
- Pic of age in Morocco: 45-49 years
- Advanced stages +++
- No valid screening method
- Multidisciplinary management +++

# Epidemiology

## cancer registry of Greater Casablanca 2008-2012

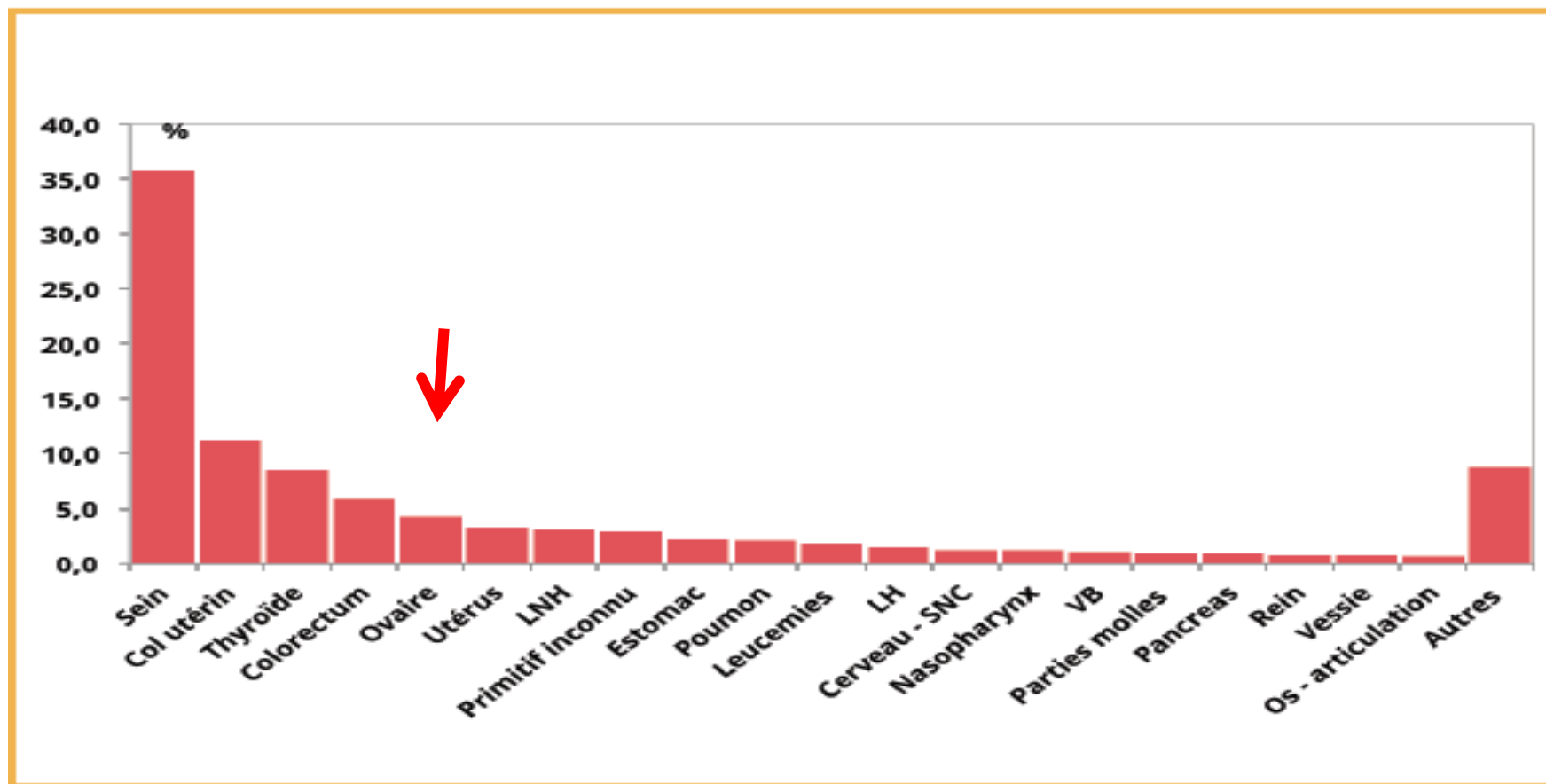


FIGURE 8 : LES LOCALISATIONS LES PLUS FRÉQUENTES CHEZ LE SEXE FÉMININ, REGISTRE DES CANCERS DU GRAND CASABLANCA 2008 - 2012.



# Epidemiology

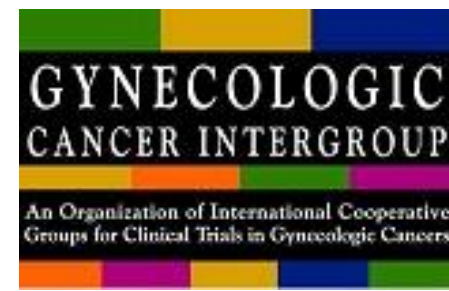


**TABLEAU 42 : INCIDENCE BRUTE, STANDARDISÉE ET CUMULÉE DU CANCER DE L'OVAIRE, REGISTRE DES CANCERS DU GRAND CASABLANCA 2008 - 2012.**

	Femmes
Nouveaux cas	574,0
Incidence brute	5,6
Incidence standardisée sur la population Maroc	5,4
Incidence standardisée sur la population Monde	6,2
Incidence cumulée 0-64 ans	0,5
Incidence cumulée 0-74 ans	0,7



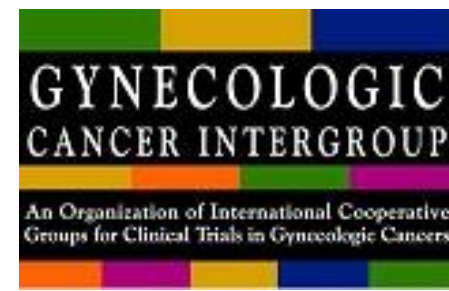
# Anathomopathology



- Histological types:
  - Serous tumors : the most common malignant (40%)
  - Malignant mucinous tumors 15-20%
  - Endometrioid tumors 20-25%
  - Tumors with clear cells 6%
  - Undifferentiated carcinomas 5-15%
- Oncogenetic: not routinely sought



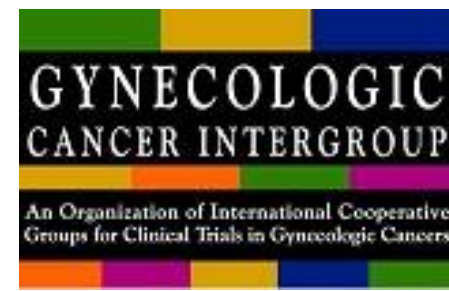
# Therapeutic care



- Discussion in RCP
- Weekly RCP: Gynecologists; oncologists; radiation therapists; radiologists; pathologists
- systematic discussion of all files



# Early stage management



- Surgery type: Total hysterectomy without adnexal preservation with omentectomy and lymph node dissection with appendectomy

➔ Surgical treatment as optimal as possible with residue = 0



# Management for advanced disease

- Standard Chemotherapy : paclitaxel-carboplatin
- Systematic evaluation at 3cycles: clinical, biological, radiological evaluation
- Interval surgery (3cures) or closing surgery (6cures)



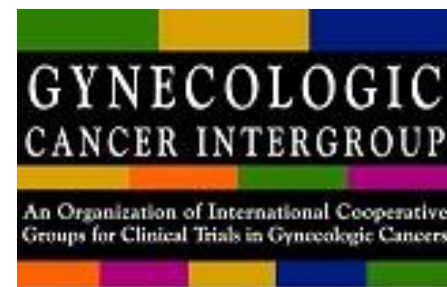


# Management of metastatic stages

- **Standard : ICON 7 & GOG218**
- **Moroccan AMM : bevacizumab**
  - 1st line CEO advanced: No interval surgery considered.
  - Intravenous infusion: Dosage 7.5 mg / kg / 3 weeks.
  - FIGO stage IIIB, IIIC and IV
  - Associated with carboplatin and paclitaxel, up to 6 cycles of treatment,
  - Maintenance with bevacizumab, up to progression of the disease or 15 months maximum or unacceptable toxicity



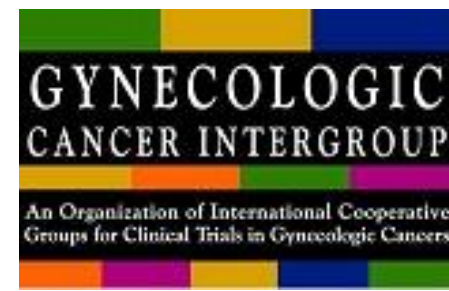
# Management of relapses



- sensitive relapse: combination therapy with platinum
- Resistant relapse: monotherapy
- Available drugs: paclitaxel; gemcitabine; topotecan associated with carboplatin
- Trabectedine; doxo LP: not available in Morocco



# Bevacizumab in relapse disease



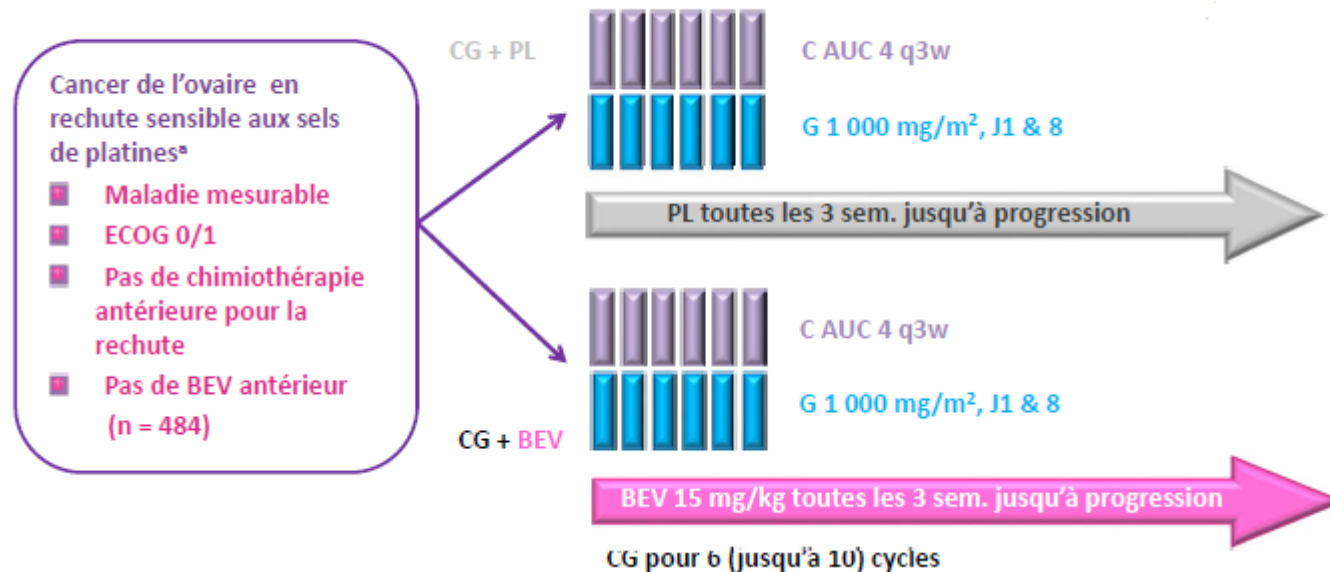
- Standard : OCEAN & AURELIA
- According to the Moroccan AMM: dose of 15mg /kg ; until progression or unacceptable toxicity



# Bevacizumab in relapse disease



## OCEANS



### • Objectifs

- primaire: PFS
- secondaire: ORR, OS, response duration, safety
- exploratoires: IRC, CA125 response, ascites

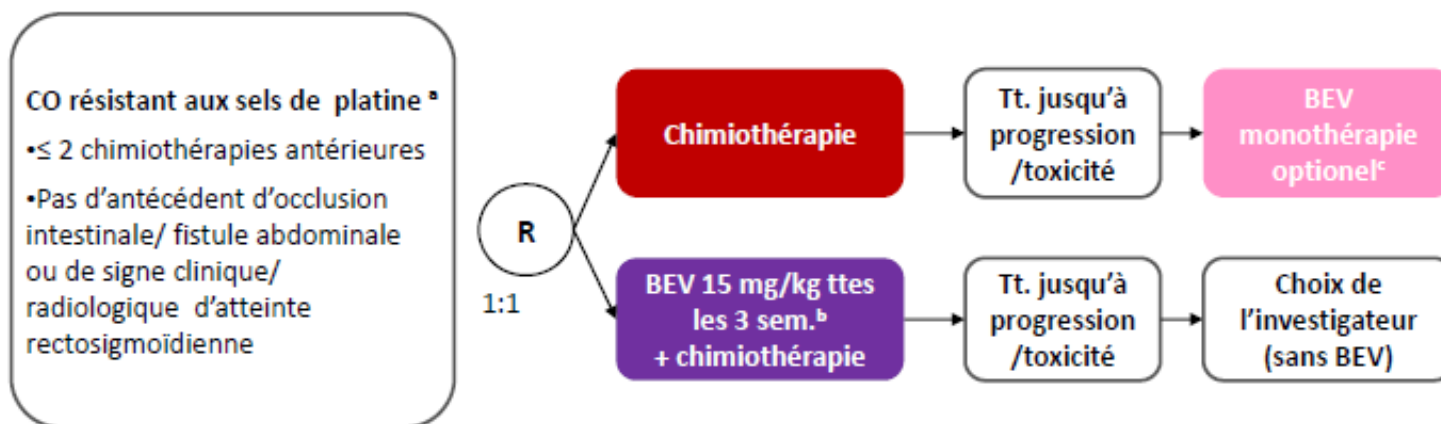
### • Stratification :

Temps jusqu'à récidence (6–12 vs > 12 mois)  
Chirurgie cytoréductrice pour la rechute (oui vs non)

\*cancer épithélial de l'ovaire, péritonéal primitif ou des trompes de Fallope

# Bevacizumab in relapse disease

## AURELIA



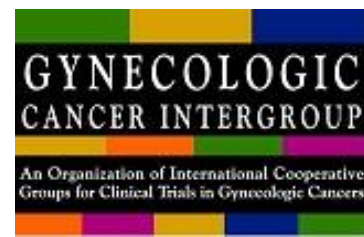
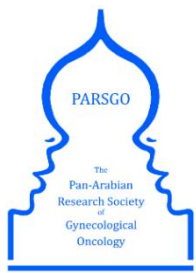
### Facteurs de stratification:

- Type de chimiothérapie sélectionnée
- Traitement antiangiogénique antérieur
- Intervalle sans traitement (TFI) (< 3 vs 3–6 mois entre le traitement antérieur par sels de platine et la progression)

### Options de chimiothérapie (au choix de l'investigateur) :

- Paclitaxel 80 mg/m<sup>2</sup> J1, 8, 15, & 22 ttes les 4 sem.
- Topotecan 4 mg/m<sup>2</sup> J1, 8, & 15 ttes les 4 sem. (ou 1.25 mg/m<sup>2</sup>, J1–5 ttes les 3 sem)
- Doxorubicine liposomale pegylée (DLP) 40 mg/m<sup>2</sup> J1 ttes les 4 sem.

- <sup>a</sup>cancer épithélial ovarien, carcinome des trompes de Fallope ou carcinome péritonéal primitif,
- <sup>b</sup>ou 10 mg/kg ttes les 2 sem.
- <sup>c</sup>15 mg/kg ttes les 3 sem. autorisé si progression documentée



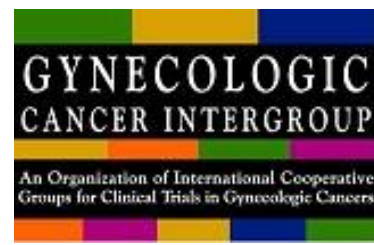
# Experience with bevacizumab (center Mohammed 6th for the treatment of cancers)

## materials and method

- January 2017-january 2018
- 16 patientes
- Median age : 55years
- 100% in relapse
- 31% resistant platinum
- 69% sensitive Platinum

# Experience with bevacizumab (center Mohammed 6th for the treatment of cancers)

- Chemotherapy used :
  - ❖ sensitive platinum: 10 patientes received paclitaxel-carboplatin; 1 patient received gemcitabin-carboplatin associated to bevacizumab
  - ❖ Resistant platinum : 4patientes received paclitaxel-bevacizumab and 1patient received gecitabin-bavacizumab



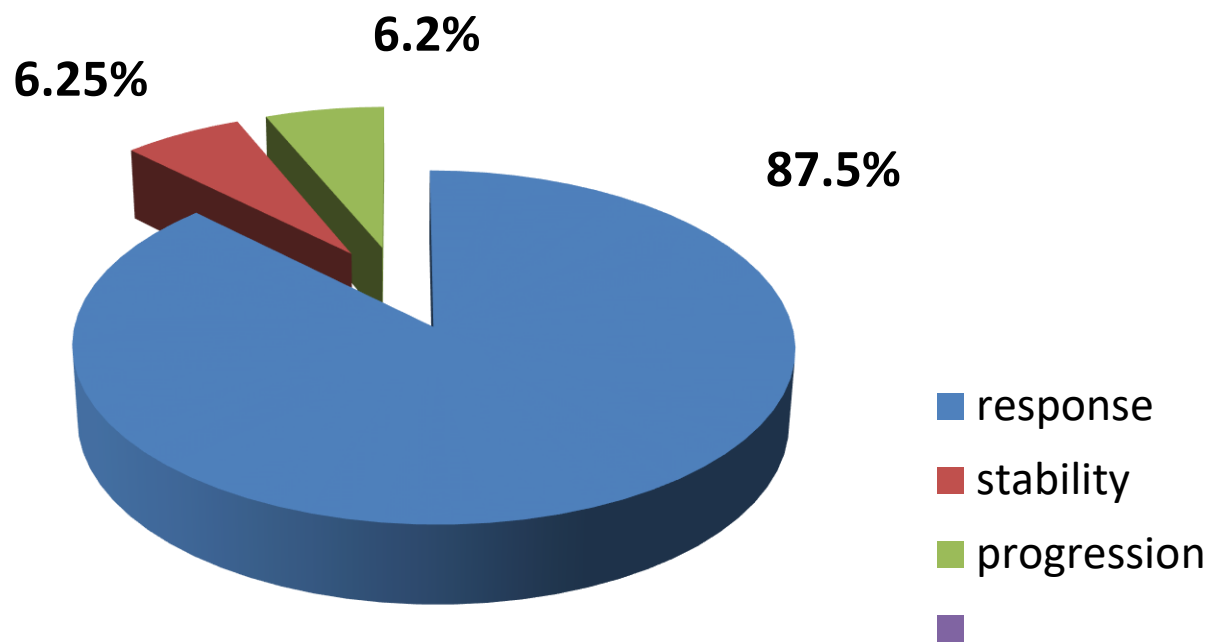
# Experience with bevacizumab (center Mohammed 6th for the treatment of cancers)

- treatment compliance :
  - ❖ 75% of patientes have received >3cycles
  - ❖ 31% are in maintenance



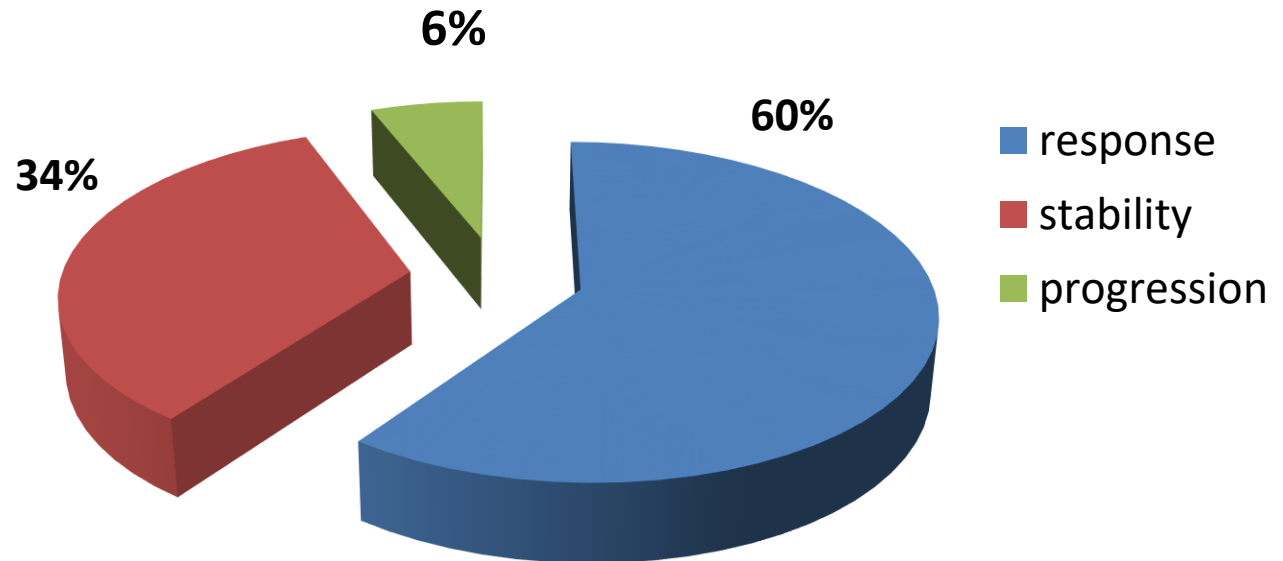
# Experience with bevacizumab (center Mohammed 6th for the treatment of cancers)

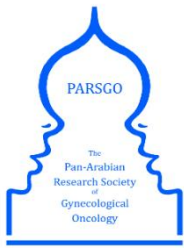
❖ response rate after 3cycles (platinum resistant)



# Experience with bevacizumab (center mohamed 6th for the treatment of cancers)

Response rate after 3cycles (platinum sensible)





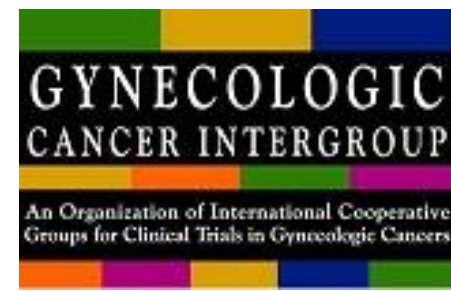
# Experience with bevacizumab (center mohamed 6th for the treatment of cancers)

## Toxicity

- arterial hypertension grade3 at 3patientes
- Proteinuria at 2+ at 2patientes



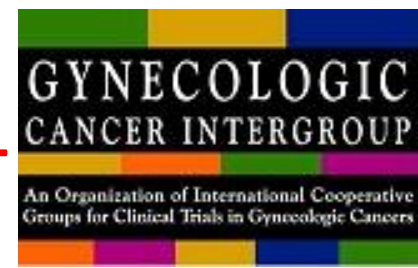
# Management of relapses



- BRCA mutation is not searched in routine
- PARP inhibitors are not available in Morocco



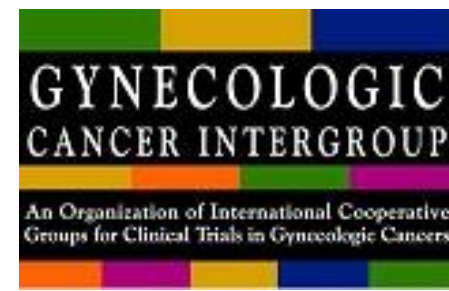
# SYMPTOMATIC MANAGEMENT



- Palliative care: palliative care unit since 2014
- 5doctors ; 1 nurse
- Management of pain ; denutrition; management of treatment-related complications; puncture ascites; psychological support
- Home visit since March 2016



# CONCLUSION



- Ovarian cancer :poor prognosis cancer
- Problematic :delay diagnosis
- Interest of early diagnosis, screening
- Multidisciplinary management +++

Thank you