Mihaela Asp

06 Maj, klockan 13.00

Projekt : “Preoperative and perioperative prognostic factors in Advanced Ovarian cancer (AOC)”

Via Zoom: https://lu-se.zoom.us/j/63316241191 (Meeting ID: 633 1624 1191)

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Co-supervisors: Hanna Sartor, Associate Professor, MD. Diagnostic Radiology, Department of Transitional Medicine, Lund University. Susanne Malander, MD PhD, Oncology and Pathology, Department of Clinical Science, Lund University. Anna Måsbäck, MD PhD, Clinical Pathology, Department of Clinical Science, Lund University.

Granskare : Karin Glimskär Stålberg , Associate Professor, MD , Obstetric and Gynecology, Uppsala University and Agneta Montgomery, Associate Professor, MD, Department of Surgery Malmö, Lund University.

Abstract

Background

Ovarian cancer has a high mortality rate with a five-year survival level below 50 %. More than 70 % of the cases are diagnosed at advanced stages and treated with a combination of extensive surgery and chemotherapy. An accurate preoperative assessment of the tumor volume and spread via imaging in order to choose the best therapeutic approach is clinically essential and a question of vital importance for the patient. Our studies aim to come closer in solving it.

Methods

The first two papers are retrospective studies each including 119 AOC patients treated with upfront surgery. In the first paper the computer tomography (CT) Peritoneal Cancer Index (CT-PCI) was compared with the surgical PCI (S-PCI) and their link to surgical outcome. The second study was investigating if S-PCI and CT-PCI were prognostics factors for survival.

The third paper aims to compare the histopathological diagnosis of frozen section to the final histopathological diagnosis in order to determinate the reliability of the method for the intraoperatively decision-making process. 358 patients were included.
The planned fourth study includes 300 patients having an inoperable cancer primary or recurrence, diagnosed 2015-2020. A true-cut biopsy is evaluated used as a diagnostic method. Indication, safety, accuracy and adequacy of the method will be investigated.

**Main results:**

1. A good correlation between CT-PCI and S-PCI (0.397 (0.252–0.541) p<0.001)) and S-PCI and surgical outcome (OR 1.240 (1.141–1.348), p < 0.001) was found.

2. When the tumor load was above 18, 5 as indicated by S-PCI, the patients were at higher risk of dying of the disease. The preoperative assessment of tumor spreading (CT-PCI) correlated well with progression free intervals (PFS), extent and duration of surgery.

3. The overall accuracy was 88.2% with a sensitivity of 87.1% and specificity of 98.8%. Rare malignancies and borderline tumors are more likely to be subject for reclassification.

4. Ongoing data collection.

**Significance**

Given the aggressive nature of ovarian cancer, an early and accurate preoperative and perioperative evaluation is essential for the therapeutically plan and furthermore for survival.

**Publication:**

Submitted 2020-11-10: Journal of Ovarian Research


**Manuscript**

"Prognostic Factors in Advanced Ovarian Cancer treated with Upfront Radical Surgery ‘’ **Mihaela Asp**, Hanna Sartor, Susanne Malander, Päivi Kannisto

"Ovarian tumour frozen section, a multidisciplinary affair’. **Ebba Peber, Mihaela Asp**, Päivi Kannisto, Anna Måsbäck, Susanne Malander