



Frequency of intraoperative consultation for upper abdominal surgery in primary debulking surgery for advanced ovarian cancer

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BACKGROUND & OBJECTIVE

- Ovarian cancer surgery can be limited to a total abdominal hysterectomy, bilateral salpingo-oophorectomy, and omentectomy; however with greater burden of disease, patients may also require bowel resection and/or extensive upper abdominal surgery to achieve complete gross resection of the visible tumor.
- Some of these procedures, particularly in the upper abdomen, are considered "radical" and are not traditionally taught in gynecological oncology training programs
- To assess the rate of upper abdominal surgery (UAS) procedures performed by intraoperative consultants to gauge the learning curve for gynecologic oncologists (GOs) performing these procedures.

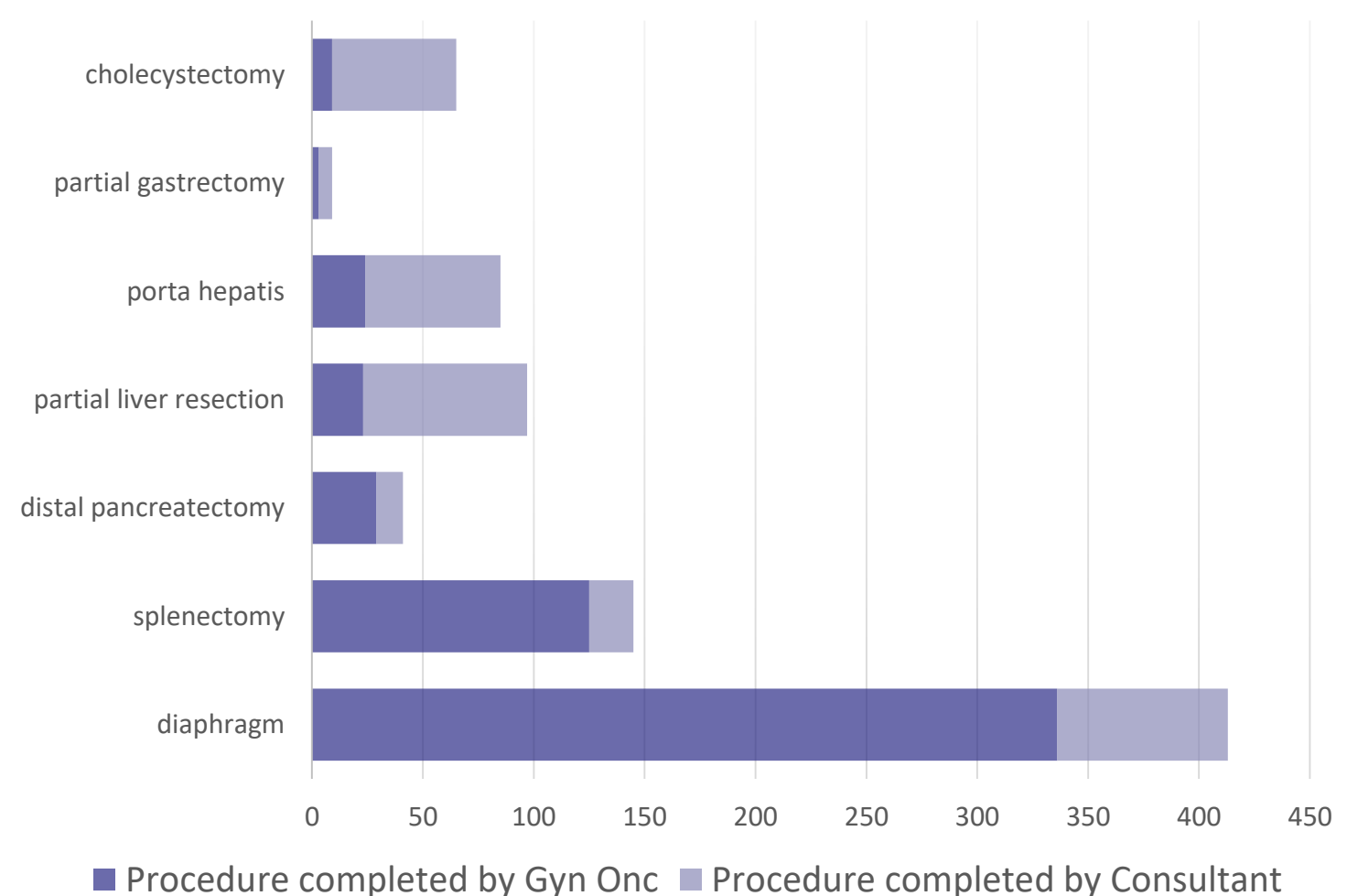
PATIENTS & METHODS

- Patients with bulky upper abdominal disease (UAB) who underwent primary debulking surgery (PDS) for ovarian cancer from 1/2001–12/2013 were included.
- UAB was defined as tumor >1cm cephalad to the omentum. Extensive UAS procedures included diaphragm resection/peritonectomy, splenectomy, distal pancreatectomy, partial liver resection, resection of tumor from the porta hepatis, partial gastrectomy, and cholecystectomy.

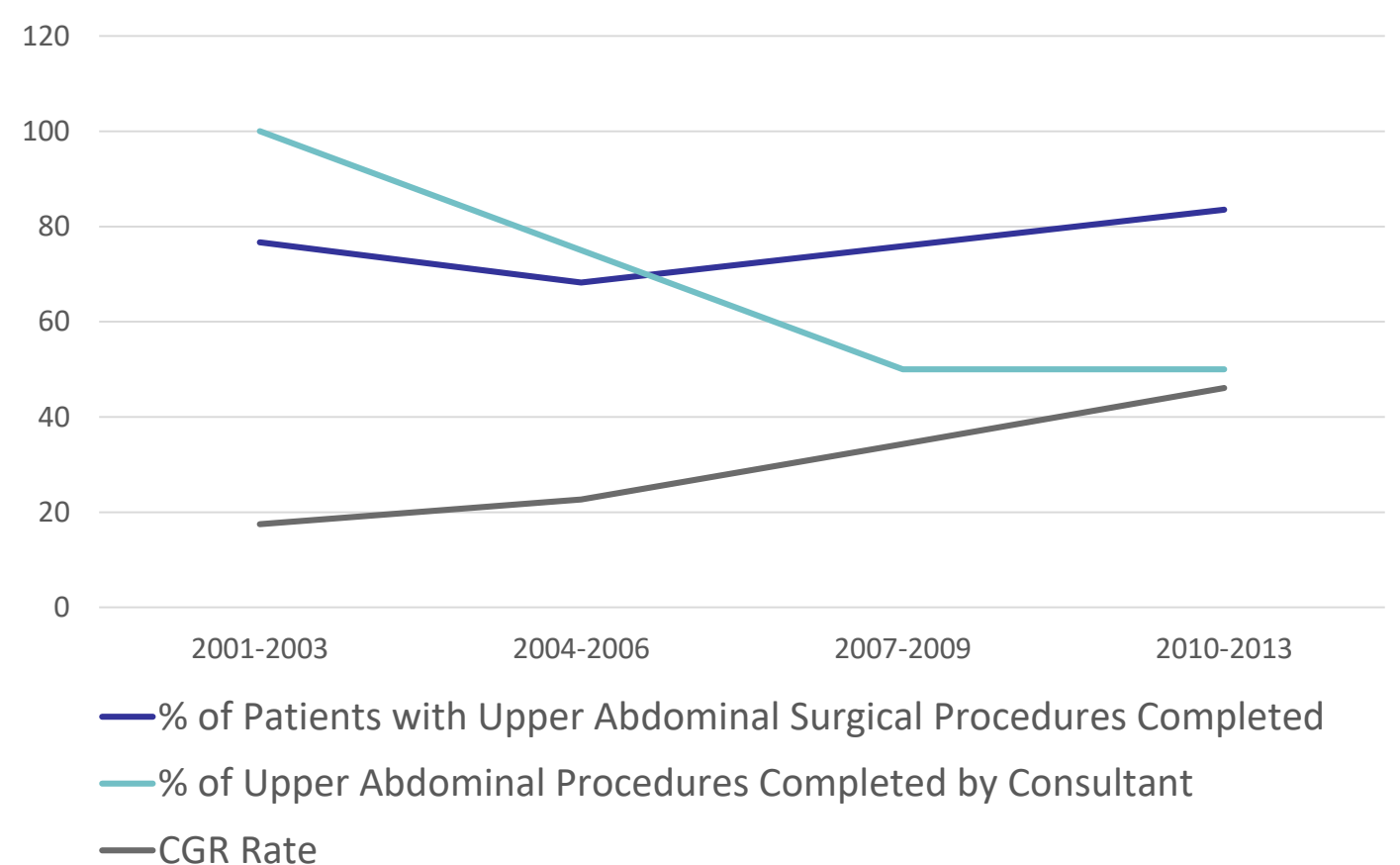
RESULTS

- Of 585 patients identified, 452 (77%) underwent UAS.
- Over the 13-year period, the rate of patients undergoing UAS increased from 77% to 84% (p=0.019). The percentage of UAS procedures performed by consultants decreased over time—100% in the first quartile to 50% in the last (p<0.001).
- Median number of UAS procedures was 1 (range, 1-7), remaining constant over time (p=0.129).
- Procedures most commonly performed by consultants were cholecystectomy (89%), porta (76%) and liver resection (76%). The complete gross resection (CGR) rate increased from 18% to 46% (p<0.001).
- Median 3-year OS increased from 56% (95%CI, 45.9-65%) to 77% (95%CI 70.2-82%), p<0.001. OS was similar among patients who underwent UAS by a consultant versus GO (p=0.308).

UPPER ABDOMINAL SURGICAL PROCEDURES



Change Over Time



Variable, n=585	Pt(%)
Median Age (Range)	62(30-88)
Median BMI (Range)	25.5(16.3-58.5)
ASA	
1-2	304(52)
3-4	276(48)
BRCA	
Negative	201(34)
Positive	76(13)
Unknown	308(52)
Stage	
III	435(74)
IV	150(25)
Grade	
G2	16(2)
G3	569(97)
Carcinomatosis	
No	51(8)
Yes	534(91)
Median Length Of Stay (range)	9 days(1-122)
Median Operative Time (range)	335min (44-893)
Underwent Upper Abdominal Surgical Procedure	452 (77)
Diaphragm Resection	413(71)
Splenectomy	145(25)
Liver Resection	97(17)
Distal Pancreatectomy	41(7)
Porta Hepatis	85(15)
Partial Gastrectomy	9(2)
Cholecystectomy	65(11)
PDS Status	
CGR	195(33)
Any Residual	390(66)

CONCLUSIONS

- Gynecologic oncologists can learn to perform upper abdominal surgical procedures to achieve maximal cytoreduction.
- Including these procedures in the armamentarium of the surgical team contributes to increased CGR rates.