

## Controversies in the Management of Epithelial Ovarian Cancers

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### ABSTRACT

**Background:** Ovarian cancer ranks fifth amongst cancer deaths in women in the world. Epithelial ovarian cancers account for 75% of all ovarian cancers and 90% of all ovarian tumors. The management of ovarian cancer is controversial for which a one day symposium was conducted at Lahore medical and dental College, Lahore, Pakistan. The objective was to address the controversies in the management of epithelial ovarian cancers and to gather feedback on the symposium.

**Methods:** A Cross-sectional survey was carried out on the participants of the symposium on epithelial ovarian Cancers at Lahore Medical and Dental College, on 3<sup>rd</sup> May, 2018. A self-constructed questionnaire was distributed amongst 110 participants, of which, 63 responded. Seven of the total 15 questions were open ended and the rest were close ended. The closed ended questions were rated on a Likert scale of 5-1 (Strongly agree to disagree).

**Results:** Data was analyzed in SPSS version 20. Frequencies and percentages were calculated for the responses. 36% of the participants rated the symposium as excellent, 54% rated it as very good and 10% rated it as good.

**Conclusion:** The results showed a keen interest by the participants for symposiums on the controversial management of gynecological malignancies. The presentations and discussions enhanced their knowledge and helped in clarifying their controversies.

**Keywords:** Ovarian tumor, symposium, treatment ovarian tumors

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### INTRODUCTION

Ovarian cancer ranks fifth amongst cancer deaths in women in the world, accounting for more deaths than any other cancer of the female reproductive system<sup>1,2</sup>. A woman's risk of getting ovarian cancer during her lifetime is about 1 in 78<sup>1,2,3</sup>. Her lifetime chance of dying from ovarian cancer is about 1 in 108<sup>3</sup>. Ovarian cancers are classified into five major categories according to World Health Organization's Classification System<sup>4</sup>. Epithelial ovarian cancers account for 75% of all ovarian cancers and they typically present in post-menopausal women, with a mean age of 56 years at presentation<sup>5,6,7</sup>. These cancers are difficult to detect clinically unless they are advanced in stage or size. This is because of the vague presenting symptoms (abdominal distension, early satiety, constipation, increased abdominal girth, bloating, and ascites)<sup>5-10</sup>.

There is a lot of controversy regarding the management of ovarian cancers. The most common dilemma faced by a gynecologist in the management of advanced epithelial ovarian cancer is, when to select a patient for surgery before chemotherapy and when to opt for interval debulking<sup>11-16</sup>. Surgery is followed by adjuvant chemotherapy while interval debulking involves cytoreduction after 3 cycles of neo-adjuvant chemotherapy. The majority of residents and young consultants do not clearly understand how to investigate the patients with ovarian masses presenting at different ages. There is a lot of confusion of tumor markers that should be done at

different ages<sup>17</sup>. These are costly investigations and should not be ordered injudiciously. There is a general trend among the radiologists to suggest tumor markers in their ultrasound report, in any patient who presents with a benign looking ovarian cyst at any age. A need was therefore felt to address this issue in detail. Moreover, it was observed that many clinicians are confused about how to approach a young patient with per-operatively malignant looking ovarian mass i.e. whether to take a biopsy of the healthy looking contralateral ovary or to wait for the histopathology report of the specimen and then proceed for second surgery if required. The postgraduate residents are uncertain about the risk scoring system to be followed in a patient with ovarian mass and categorization into benign or malignant tumors<sup>18,19</sup>. Hence a strong need was felt to address the target audience (post-graduate trainees and young consultants). This was made possible at Lahore medical and dental college by the Department of Obstetrics and Gynecology. A one day symposium was arranged involving prominent clinical oncologists, and gynecologists from different parts of the country.

### METHODOLOGY

A descriptive cross-sectional survey was carried out on the participants of the symposium on Epithelial Ovarian Cancer, by the Department of Gynecology and Obstetrics held at Lahore Medical and Dental College, Lahore, on 3<sup>rd</sup> May, 2018. A self-constructed questionnaire was used as an instrument to collect data from the faculty comprising of house officers to senior consultants of LMDC and other institutions.

Received on 13-07-2020

Accepted on 23-11-2020

The questionnaire had 15 questions, of which, nine independently pertained to the content of the symposium as well as ambiance & environment. Likert scale was applied to all these items 5-1 (Strongly Agree to Strong Disagree). Rest of the seven items were open ended questions.

By convenience sampling, the questionnaire was distributed to all the 110 participants of the symposium, of which 63 responded. Thus, the sample size for the study was 63.

## RESULTS

Out of 110 participants, there were 63 respondents who filled the questionnaire. Data was entered and analyzed in

SPSS Version 20 software. Frequencies and percentages were calculated for the responses.

36% of the participants rated the symposium as excellent, 54% rated it as very good and 10% rated it as good as shown in table 1. 96% participants considered that the topic selection was appropriate as they have applicability in their clinical situation. The presentations were considered useful in clarifying the controversies (86%). However, some participants pointed out that more time should have been allocated for some topics for detailed discussion. The panel discussion targeted the queries of the audience directly, the clinical case scenarios improved the understanding and hence participants appreciated this part of the symposium the most, but a few participants wanted more interaction. More symposiums of such kind were suggested in future.

Table 1

No		Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
1	The venue for symposium was appropriate	43(68%)	15(24%)	3(5%)	2(3%)	0
2	The timing of symposium was appropriate (8:30 am -1:30 pm)	39(62%)	20(32%)	4(6%)	0	0
3	The slides/textual material of presenters was relevant	35(56%)	20(32%)	8(13%)	0	0
4	The topics covered were appropriate	37(59%)	22(37%)	4(6%)	0	0
5	The topics have applicability in clinical situation	32(51%)	24(38%)	7(11%)	0	0
6	Presented material was informative and understandable	33(52%)	25(40%)	5(8%)	0	0
7	Presentations by oncologists were useful in clarifying concepts of chemotherapeutic treatment	35(55%)	15(24%)	12(19%)	1(2%)	0
8	The panel discussion scenarios were useful in improving understanding	34(54%)	20(32%)	8(13%)	1(2%)	0
9	Overall rating of symposium	Excellent 23(36%)	Very good 34(54%)	Good 6(10%)	Average	Poor

Total No. of Feedback Forms: 63

## DISCUSSION

The symposium was overall rated useful and majority of the participants had their ambiguities clarified. Controversy regarding cytoreductive surgery following by adjuvant chemotherapy or cytoreduction after 3 cycles of neoadjuvant chemotherapy was the most discussed issue in the panel discussion. The conclusion was that each patient needs individualized treatment and clear guidelines for patient selection exist which need to be practiced. The format of the symposium was considered appropriate by most of the participants. Management of ovarian cancer is a very difficult topic and majority of participants appreciated that specialists from multiple disciplines were present. Controversies were clarified for most. There was active participation of postgraduate trainees from other institutions of the city. Some participants wanted more time for the panel discussion as it was a great opportunity to ask questions directly from oncologists. A few participants suggested including case presentations/videos. A lot of other topics were also suggested for conduction of similar activities in future.

The guidelines of Royal College of Obstetrician and Gynecologists & American guidelines are not applicable in our country as such, due to differences in the facilities, lack of trained nurses, absence of any palliative care department and lack of dedicated gynecological oncology units<sup>20</sup>.

The approach of managing consultants needs to be changed. Having cancer of the ovary does not always mean that it has a dismal outcome. Clear concepts on management and prognosis along with proper counseling of the patients and relatives is mandatory for optimal management. With appropriate management of these patients, their quality of life can be improved.

**Recommendation:** The lack of local guidelines for the management of ovarian cancers has resulted in varied management protocols. The need of the time is to generate local data based on good quality research. This way guidelines according to our health facilities can be generated and controversies can be minimized.

**Conflict of Interest:** No conflict of interest was declared by the authors.

**Financial Disclosure:** This study has received no financial support from any external organization.

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