

Prognostic Factors in Advanced Ovarian Cancer – A Clinical Trial

Alexandra Ligia Dinca¹, Rodica Daniela Birla^{2,3}, Valeriu Gabi Dinca⁴, Cristian Marica^{2,3},
Eugenia Panaitescu⁵, Silviu Constantinoiu^{2,3}

¹Medicover Hospital Bucharest, Romania

²Carol Davila University of Medicine and Pharmacy, Bucharest, Romania

³General and Esophageal Surgery Department, Center of Excellence in Esophageal Surgery,
Sf. Maria Clinical Hospital, Bucharest

⁴Titu Maiorescu University Bucharest, Romania

⁵Medical Biostatistic Department, Carol Davila University of Medicine and Pharmacy, Bucharest,
Romania

Abstract

Introduction: Ovarian cancer is one of most fatal gynecological condition. The number of patients diagnosed in advanced stages is very high, hence the recurrence rate is high, and the chance of survival at 5 years is less than 45%.

Purpose: To evaluate correspondance between overall survival with clinical, paraclinical, tumor or treatment characteristics and to identify prognostic factors in patients with advanced ovarian cancer - stage III and IV FIGO.

Material and Method: We performed a retrospective study in 65 patients with advanced ovarian cancer - stages III and IV FIGO operated during 2010-2018, with a follow-up period of at least one year. There were correlations with clinical and paraclinical characteristics, tumor or treatment characteristics and with overall survival.

Results: In the univariate statistical analysis of survival, a significant statistical association is obtained by the presence of pelvic pain at presentation (p_value = 0.033744), with the stage III (p_value = 0.007595, respectively p_value = 0.022090), with the type of citoreduction (p_value = 0.035) , with postoperative complications (p_value = 0.000685) within the pathological subtypes (p_value = 0.046266), with adjuvant treatment (p_value = 0.000083). Cox multivariate regression analysis showed that adjuvant chemotherapy (HR = 0.046, 95% CI = (0.008, 0.261), (p_value = 0.000492), suboptimal cytoreduction (HR = 0.346, 95% CI = (0.140, 0.853), (p_value) = 0.021219) and postoperative complications (HR = 53,751, 95% CI = (4,672, 618,365), (p_value = 0.001389) are independent prognostic factors.

Conclusions: Absence of pelvic pain at diagnosis, FIGO IIIC stage, suboptimal cytoreduction, presence of postoperative complications, inadequate adjuvant treatment and pathological type of clear cell cancer have been shown to be prognostic factors for overall survival. In patients with advanced ovarian cancer, the type of optimal citoreduction and adjuvant treatment are independent protective factors for overall survival, and the presence of postoperative complications has been shown to be an independent risk factor.

Key words: ovarian cancer, prognostic factors, surgical cytoreduction