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Surgery for Ovarian Cancer, Third Edition

CRC Press Updated and expanded, the third edition of Surgery for Ovarian Cancer focuses on essential techniques for the effective management of ovarian cancer. It reflects the most contemporary science and surgical applications for the management of patients with ovarian cancer and related peritoneal surface malignancies. This new edition takes a step-by-step approach and includes new intraoperative photographs and videos illustrating surgical procedures. It is principally devoted to the technical aspects of cytoreductive surgery, with chapters divided according to anatomic region. The chapters cover relevant anatomical considerations, surgical challenges specific to each region, and operative approaches and techniques favored by the authors. The list of contributing authors has been expanded from the previous edition and includes international and world-renowned experts from the fields of gynecologic oncology and surgical oncology. The topics of minimally invasive surgery, secondary cytoreduction, palliative surgery, and postoperative care are also covered in detail. New to the third edition are chapters on preoperative risk stratification, regional therapeutics and peritonectomy procedures, and quality assurance relating to ovarian cancer surgery. This comprehensive text is essential reading for all practitioners working with patients with ovarian cancers.

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Holland-Frei Cancer Medicine Cloth

John Wiley & Sons The original reference resource for medical oncologists, radiation oncologists, internists, and allied specialties involved in the treatment of cancer patients, Holland-Frei Cancer Medicine covers the ever-expanding field of current cancer science and clinical oncology practice. In this new ninth edition an outstanding editorial team from world-renowned medical centers continue to hone the leading edge forged in previous editions, with timely information on biology, immunology, etiology, epidemiology, prevention, screening, pathology, imaging, and therapy. Holland-Frei Cancer Medicine, Ninth Edition, brings scientific principles into clinical practice and is a testament to the ethos that innovative, comprehensive, multidisciplinary treatment of cancer patients must be grounded in a fundamental understanding of cancer biology. This ninth edition features hundreds of full color illustrations, photographs, tables, graphs and algorithms that enhance understanding of complex topics and make this text an invaluable clinical tool. Over 15 brand

new chapters covering the latest advances, including chapters Cancer Metabolism, Bioinformatics, Biomarker Based Clinical Trial Design, Health Services Research and Survivorship bring this comprehensive resource up-to-date. Each chapter contains overview boxes, select references and other pedagogic features, designed to make the content easy to access and absorb. The full list of references for each chapter are available on the free Wiley Companion Digital Edition. Inside this completely updated Ninth Edition you'll find: A translational perspective throughout, integrating cancer biology with cancer management providing an in depth understanding of the disease An emphasis on multidisciplinary, research-driven patient care to improve outcomes and optimal use of all appropriate therapies Cutting-edge coverage of personalized cancer care, including molecular diagnostics and therapeutics Concise, readable, clinically relevant text with algorithms, guidelines and insight into the use of both conventional and novel drugs Free access to the Wiley Companion Digital Edition providing search across the book, full reference list with web links, downloadable illustrations and photographs, and post publication updates to key chapters Edited and authored by an international group of some of the best-known oncologists, cancer researchers, surgeons, pathologists, and other associated specialists in the world, and endorsed by the American Association of Cancer Research Holland-Frei Cancer Medicine offers a genuinely international view of cancer research and clinical oncology practice. Endorsed by the American Association of Cancer Research

Atlas of Procedures in Gynecologic Oncology, Third Edition

CRC Press A core text from the renowned Memorial Sloan-Kettering Cancer Center, Atlas of Procedures in Gynecologic Oncology, Third Edition covers the latest developments in both open and minimally invasive surgery. Supplemented with full-color photographs, practical explanations, and video clips, the book provides a detailed overview of the major gynecologic oncology procedures. With expanded topics to include more areas of interest, the book continues its tradition of emphasizing technique and surgical approach. Topics include: Conization, surgical staging, vulvar surgery, and radical hysterectomy Paracentesis, chest tube placement, and central venous access Sentinel node mapping and minimally invasive lymph node dissection Intraoperative radiation therapy, inguinofemoral lymphadenectomy, and myocutaneous flap reconstruction Nerve-sparing approaches, laterally extended parametrectomy, and urinary diversion Peritoneal surface malignancy surgery, including heated intraperitoneal chemotherapy application In addition to the commonly performed procedures, the book also illustrates many advanced techniques currently in use only at specialized centers throughout the world. This comprehensive atlas presents the insight of national and international leaders in gynecologic oncology, making it an essential resource for a broad-based audience, including medical students, those beginning their surgical training, and senior practitioners.

100 Questions & Answers About Ovarian Cancer

Jones & Bartlett Publishers Whether you're a newly diagnosed ovarian cancer patient, a survivor, or a friend or relative of either, this book offers help. Completely updated, the new third edition of 100 Questions & Answers About Ovarian Cancer gives you authoritative, practical answers to your questions about treatment options, post-treatment quality of life, sources of support, and much more. Written by a gynecologic oncologist and a gynecologic surgeon, with actual patient commentary, this book is an invaluable resource for anyone coping with the physical and emotional turmoil of this frightening disease.

Surgery for Ovarian Cancer

Principles and Practice

CRC Press A comprehensive surgical text, this book is designed to improve the reader's capability to implement important techniques essential to the effective management of ovarian cancer. With particular focus on the technical aspects of cytoreductive surgery, the book includes topics such as: pre-operative preparation, incisions/wound healing, surgical ins

Clinical Gynecology

Cambridge University Press Written with the busy practice in mind, this book delivers clinically focused, evidence-based gynecology guidance in a quick-reference format. It explores etiology, screening, tests, diagnosis, and treatment for a full range of gynecologic health issues. The coverage includes the full range of gynecologic malignancies, reproductive endocrinology and infertility, infectious diseases, urogynecologic problems, gynecologic concerns in children and adolescents, and surgical interventions including minimally invasive surgical procedures. Information is easy to find and absorb owing to the extensive use of full-color diagrams, algorithms, and illustrations. The new edition has been expanded to include aspects of gynecology important in international and resource-poor settings.

Abeloff's Clinical Oncology E-Book

Elsevier Health Sciences Carrying on the tradition established by its founding editor, the late Dr. Martin Abeloff, the 4th Edition of this respected reference synthesizes all of the latest oncology knowledge in one practical, clinically focused, easy-to-use volume. It incorporates basic science, pathology, diagnosis, management, outcomes, rehabilitation, and prevention – all in one convenient resource – equipping you to overcome your toughest clinical challenges. What's more, you can access the complete contents of this Expert Consult title online, and tap into its unparalleled guidance wherever and whenever you need it most! Equips you to select the most appropriate tests and imaging studies for diagnosing and staging each type of cancer, and manage your patients most effectively using all of the latest techniques and approaches. Explores all of the latest scientific discoveries' implications for cancer diagnosis and management. Employs a multidisciplinary approach - with contributions from pathologists, radiation oncologists, medical oncologists, and surgical oncologists - for well-rounded perspectives on the problems you face. Offers a user-friendly layout with a consistent chapter format • summary boxes • a full-color design • and more than 1,445 illustrations (1,200 in full color), to make reference easy and efficient. Offers access to the book's complete contents online – fully searchable – from anyplace with an Internet connection. Presents discussions on cutting-edge new topics including nanotechnology, functional imaging, signal transduction inhibitors, hormone modulators, complications of transplantation, and much more. Includes an expanded color art program that highlights key points, illustrates relevant science and clinical problems, and enhances your understanding of complex concepts.

Clinical Trials in Ovarian Cancer

Rutgers University Press When a patient is diagnosed with a gynecological malignancy, she and her doctors must make urgent, high-risk decisions about her course of treatment. In selecting an appropriate plan of care, physicians must weigh the patient’s individual needs, the tumor’s specific characteristics, and the treatment’s potential side effects. Because there is no one-size-fits-all treatment solution, a plethora of clinical trials have been performed on ovarian cancer patients, but clinicians may struggle to keep up with this ever-growing body of research. Collecting and synthesizing research findings from a wide array of medical journal articles and book chapters, Clinical Trials in Ovarian Cancer provides physicians with an invaluable resource. Gynecologic oncologist Christine S. Walsh systematically outlines each of the seminal Phase III trials that have shaped the treatment of ovarian cancers, detailing the rationale for the trial, the patient population studied, treatment delivery methods, efficacy, toxicity, and trial conclusions. She provides a clear overview of established treatments, as well as still-controversial experimental approaches. The first book to organize this cutting-edge research into an easy-to-use reference, Clinical Trials in Ovarian Cancer should help medical personnel at all levels provide their patients with the highest standard of care.

Screening for Ovarian Cancer

An Updated Evidence Review for the U.S. Preventive Services Task Force

IMPORTANCE: Ovarian cancer, while not common, is the fifth-leading cause of cancer death among United States women. In 2012 the U.S. Preventive Services Task Force (USPSTF) determined that harms of ovarian cancer screening outweighed benefits based on trial evidence, and recommended against screening average-risk women. OBJECTIVE: To update the previous systematic review and inform USPSTF ovarian cancer screening guidance. DATA SOURCES: MEDLINE, PubMed, and the Cochrane Collaboration Registry of Controlled

Trials from January 1, 2003, through January 31, 2017, and prior literature identified in the previous review conducted for the USPSTF. STUDY SELECTION: English-language trials of benefits and harms of screening for ovarian cancer in average-risk women reporting health outcomes (e.g., mortality and quality of life). Interventions compared with the control condition were transvaginal ultrasound screening alone, ultrasound screening with cancer antigen 125 (CA-125) testing, and CA-125 screening alone--either with a single measurement threshold value or measures of change over time. DATA EXTRACTION AND SYNTHESIS: Two investigators independently reviewed abstracts and full-text articles, and then extracted data from fair- and good-quality trials. MAIN OUTCOMES AND MEASURES: Ovarian cancer mortality and incidence (defined as ovarian, fallopian tube, and peritoneal cancer), ovarian cancer survival, harms associated with false positive test results, false positive surgery, screening and surgical complications. RESULTS: Four RCTs (n = 293,587) were included; three reported ovarian cancer mortality (KQ1) and all reported potential harms of screening (KQ2). Three trials were rated good-quality and the small trial (n= 549) reporting only on psychological harms of screening was rated fair-quality. Two trials were conducted in the United States and two in the United Kingdom, primarily with postmenopausal, average-risk women. The Prostate, Lung, Colorectal and Ovarian (PLCO) (n = 68,557) included 4-6 rounds of annual CA-125 (e35 U/mL threshold) and transvaginal ultrasound screening, with up to 13 years of trial data. The U.K. Collaborative Trial of Ovarian Cancer Screening (UKCTOCS) (n = 202,546) included 7-11 rounds of either annual transvaginal ultrasound screening or CA-125 screening using the Risk of Ovarian Cancer Algorithm with up to 14 years of trial data. A smaller U.K. Pilot trial (n = 21,935) included three rounds of annual screening with CA-125 (e30 U/mL threshold) and up to 8 years of trial data. In all three screening trials, there was not a statistically significant difference in ovarian cancer mortality associated with screening. Mortality estimates from the PLCO (RR =1.18 [95% CI, 0.82 to 1.71]) or in either arm of the UKCTOCS: ultrasound (HR = 0.91 [95% CI, 0.76 to 1.09]) and CA-125 (HR = 0.89 [95% CI, 0.74 to 1.08]) were based on more rounds of screening and larger study populations. Harms of screening in these two large screening trials included surgical investigations among screen-positive women without cancer, which ranged from 1 percent of trial participants without cancer screened with CA-125 testing in the UKCTOCS, and 3.2 percent for the ultrasound arm of the UKCTOCS and in the PLCO screening intervention. Serious surgical complications of occurred for just over 3 percent of women without cancer in the UKCTOCS intervention arms, and in 15 percent of women in the PLCO intervention arm. In the two largest trials, cumulative false-positive rates ranged from 9.8% to 44%. Evidence on psychological harms was limited but nonsignificant, except in the case of repeat followup scans and tests, which increased the risk of psychological morbidity in a subsample of the UKCTOCS participants based on the General Health Questionnaire 12 (score e4) (OR 1.28 [95% CI, 1.18 to 1.39]). CONCLUSIONS AND RELEVANCE: Since the previous review for the USPSTF, results from a large trial conducted in the United Kingdom were published. Ovarian cancer mortality did not differ between control and intervention screening conditions in any of the included trials, including two good-quality studies with adequate power to detect differences. Harms of screening include surgery following a false-positive test, often resulting in removal of one or both ovaries and/or fallopian tubes, and the potential for major surgical complications. Reports from the UKCTOCS of a potential delayed effect of screening on ovarian cancer mortality require further followup data to evaluate, but the causal mechanism for a delayed screening effect is unclear. Major trials of promising ovarian cancer screening tools have null findings to date among healthy average-risk women, and there are considerable harms associated with screening.

100 Questions and Answers about Ovarian Cancer

Jones & Bartlett Learning EMPOWER YOURSELF!

Ovarian Carcinoma

Etiology, Diagnosis, and Treatment

Springer Science & Business Media Now in its third edition! Ovarian Carcinoma is an invaluable source of information because it gives a complete overview of all aspects: histologic classification, FIGO staging, tumor markers, symptoms, diagnosis, operative treatment, chemotherapy, radiation therapy, complications such as pregnancy and AIDS, biological response modifiers and the status of clinical trials. The new chapter on biologic response modification is especially noteworthy since it reports on new developments now being tested in clinical trials. All the other chapters have been expanded and updated, too. At the same time, the author has kept his clear, readable style that makes the book easy to understand. The contents are based on actual clinical experience and thus extremely practical.

Advances in Diagnosis and Management of Ovarian Cancer

Springer Science & Business Media Ovarian Cancer: Advances in Diagnosis and Management presents unique international perspectives on this devastating disease. While ovarian cancer has mainly been considered a disease of the Western hemisphere, this book moves beyond our conventional understanding and embraces knowledge from around the world. The focus is on recent advances in diagnosis, including genetic screening, and improvements and expanded choices in management, such as the optimization of chemotherapeutic agents, gene therapy, and the latest laparoscopic and robotic surgical techniques. Further chapters address psychosocial and quality-of-life issues. This book is an excellent resource on the international state-of-the-art in the diagnosis and management of ovarian cancer and is aimed at oncologists, gynecologists, and fellows.

Chemotherapy Response Score Predicts Surgical Outcome and Prognosis in Tubo-ovarian Cancer

Aims: To assess whether chemotherapy response score (CRS) is associated with surgical endresult in interval debulking surgery(IDS) for tubo-ovarian cancer patients and determine itsprognostic significanceBackground: CRS is a histopathological 3 tier score for assessing tumour regression inomentectomy specimens after neoadjuvant chemotherapy (NACT), and original studyconcluded that prognostically, CRS is more important than completeness of cytoreduction(CC) in IDS. This has not been proved by other validation studies. There is a conflict inevidence regarding significance of improvement of overall survival (OS) with CRS-3 inavailable literature. Evidence of association of CRS with radiological and biochemical (CA-125 decline) response is lacking and conflicting.Methods: Patients who underwent IDS between 2010 and 2017 were retrospectivelyanalysed using omental CRS scoring. Surgical end result and clinico-pathological data wascollected and correlated with CRS. Recurrence was assessed radiologically, OS andprogression free survival (PFS) calculated in the 3 histopathological sub-groups, andcompared with clinical variables using Cox proportional hazard model and log-rank test.Results: Among 201 patients who underwent IDS, 82 patients had minimal response(CRS-1),65 moderate(CRS-2) and 54 had excellent response(CRS-3).77 patients(38%) had CC and100 patients had optimal cytoreduction. There was an association between CC and CRS-3(p

100 Questions & Answers About Breast Cancer

Jones & Bartlett Learning Newly Revised and Updated! Whether you're a newly diagnosed breast cancer patient, a survivor, or a friend or relative of either, this book offers help. The only text to provide both the patient’s and doctor’s views, this completely updated third edition of this best-selling book gives you up-to-date, authoritative, practical answers to your questions about breast cancer, including risk factors and prevention, diagnosis and treatment options, post-treatment quality of life, sources of support, and much more. Now including an entire new section on the impact of cancer on sexuality, intimacy and fertility, 100 Questions & Answers About Breast Cancer, Third Edition is written by a prominent breast cancer advocate and survivor and by a cancer surgeon.The book is an invaluable resource for anyone coping with the physical and emotional turmoil of this frightening disease.

Pelvic Cancer Surgery

Modern Breakthroughs and Future Advances

Springer Pelvic Cancer Surgery: Modern Breakthroughs and Future Advances brings together the three main pelvic specialties (Urology, Gynecological Oncology and Colorectal Surgery) into one volume. Patients have been shown to benefit from a multidisciplinary approach since it allows surgeons of different specialties to learn from one another therefore enhancing the treatment for the patient. Pelvic cancer outcomes are poor in low volume centres. These centres account for 80% of the global centres dealing with these cancers. Pelvic Cancer Surgery: Modern Breakthroughs and Future Advances is a much needed book that can focus training and assist health professionals in their care of patients with pelvic dysfunction. Pelvic Cancer Surgery: Modern Breakthroughs and Future Advance is complete with full color illustrations and schematic diagrams and makes use of key points

and stepwise figures for an enhanced learning experience.

Ovarian Cancer

Oxford University Press, USA Ovarian cancer provides an up-to-date and comprehensive synthesis of clinical management and research progress in the field of epithelial ovarian cancer. The book has its origins in two separate but complementary initiatives. One initiative was a series of reviews commissioned to cover thespectrum of clinical management of ovarian cancer from prevention, screening and diagnosis to surgery, chemotherapy and palliative care. The reviews were invited from an international panel of clinicians with expertise in the management of ovarian cancer. The second initiative was co-ordinated bythe Helene Harris Memorial Trust (HHMT) which has organised key biennial meetings on ovarian cancer for the last 12 years. Attendance at the meetings is by invitation to a small group of international authorities on research aspects of ovarian cancer. Setting the clinically focused reviewsalongside the HHMT research focused chapters has created a unique book. First, the book is unusually up-to-date and presents recent advances not included in other books in this field. Second, the contents are comprehensive and cover aetiology, pathology, screening, prevention, diagnosis,prognostic techniques, surgery, adjuvant therapy and palliative care. Third, the review chapters are set alongside more detailed coverage of recent clinical and basis science developments. Examples of this are the coverage of familial cancer, prevention, screening, and current therapy which areconsequently much more topical and exciting. Fourth, there are sections on 'tumour biology' and 'novel therapies' which have not been covered in comparable books about ovarian cancer. Finally, the contributions are from a representative spectrum of experts from both research and clinicalbackgrounds and with a truly international perspective.

Causes, Signs, Symptoms and Treatment of Cancers, Tumors, Heart and Kidney Diseases, and Other Ailments

Discover How to Prevent and Cure Cancers and Tumors

Createspace Independent Publishing Platform In the whole world Cancers, Tumors, Heart and Kidney Diseases are very common, but they can be averted if causes and symptoms are known earlier, hence the publication of this book. Any of the diseases detailed in this book can strike anyone without notice but when you know the causes and discover the symptoms, all these ailments might not occur. My Name is Dr Olusola Coker in Conjunction with Dr Segun Cole a Medical Practitioner conducted research on causes, symptoms and treatment of the various cancers and TumorIn this book you will learn the causes and symptoms of the following cancers, Tumors, Various Diseases and other know dangerous ailments1. Prostate Cancer2. Ovarian Cancer3. Breast Cancer 4. Cervical Cancer5. Colon Cancer6. Bone Tumor 7. Brain TumorYou will also know when where and how to go for Cosmetic Surgery of various kinds such as1. BREAST AUGUMENTATION SURGERY,2. BREAST LIFT, 3. BREAST REDUCTION 4. BUTTOCKS AUGMENTATION SURGERY5. EXTERNAL EAR SURGERY, 6. EYE LID SURGERY7. FACE LIFT SURGERY,8. LIP AUGMENTATION 9. LIPOSUCTION NOSE SURGERY and TUMMY TUCK, Also included in this book are causes and treatment of heart related diseases and their symptoms, Advance Treatment of Infertility, and Affordable Liver Transplant Surgery. Prostate Cancer TreatmentThe prostate is a glandular organ present only in men. It measures about 3cm long and lies at the base of the bladder in front of the rectum. Cancer develops when normal cells undergo a transformation in which they grow and multiply without normal controls.Prostate cancer is the second most common cancer in men after lung cancer.CAUSESits causes are unknown however certain risk factors are associated with it:* Advance age > or = 60 years* Genetics (hereditary)* Hormonal influences* Environmental factors such as toxins, chemicals, and industrial products.* Diet (excessive food or red meats)* Race (more among men of Africa descent)SIGNS AND SYMPTOMSThere may be no symptoms initially however as it progress, it may cause:* Painful urination* Urinary obstruction* Bloody urine* Fatigue* Malaise* Weight loss* Back/pelvic painDIAGNOSISit could be diagnosed through* Digital rectal examination* Blood test such as prostate specific antigen (PSA)* Trans Rectal Ultra Sound scan (TRUS)* TRUS guided biopsy* CT scan* MRITREATMENTThere are three treatment modalities1. Surgery2. Chemotherapy3. Radio therapySURGERYAdvance Robotic Surgery is now preferred choice for prostate cancer patients'Radical prostatectomy removing the entire prostate is done using the Ad Vinci Master Slave Robotic System. The system is minimally invasive and much quicker recovery time is achieved. Using the Da Vinci surgical system, the surgeon operates while seated comfortably at a computer console viewing a 3-D image of the surgical field. The surgeon manipulates and guides the system.Laparoscopic radical prostatectomy is also performed for prostate cancer. The surgeon remove the entire prostate through camera guided key hole incision made on the abdomen

Fast Facts: Ovarialkarzinom

Karger Medical and Scientific Publishers In den letzten Jahren kam es zu einem noch nie dagewesenen Anstieg unseres Wissens über das Management des Ovarialkarzinoms; von Diagnose und Genetik bis hin zur Operation und neuen zielgerichteten Behandlungsmethoden. Das bedeutet, dass sich für den gut informierten Mediziner in Bezug auf die Diagnose und Behandlung von Frauen mit Ovarialkarzinom oder dem Verdacht auf Ovarialkarzinom mehrere Möglichkeiten zur sinnvollen Intervention bieten. Dieses Buch bietet eine umfassende Übersicht über alle Versorgungsebenen, fasst die aktuellen Fortschritte zusammen und stellt sie in klinischen Kontext. Es beantwortet wichtige Fragen, wie wann operiert werden und wann eine Behandlung mit konventionellen bzw. mit neuartigen Modalitäten durchgeführt werden sollte. Inhalt: • Epidemiologie und Prophylaxe • Pathophysiologie und Klassifizierung • Gentests • Diagnose, Staging und Grading • Operation • Chemotherapie • Rezidivierendes Ovarialkarzinom • Zielgerichtete Therapien • Nicht-epitheliale Ovarialkarzinome • Nachsorge und palliative Operation • Hilfreiche Adressen

Ovarian Tissue Cryopreservation During Surgical Treatment of Patients with Gynecological Malignancies in Slovenian Population

Introduction / Background As a common side effect of cytotoxic cancer treatments, the probability of young female cancer survivors to conceive after chemotherapy and radiotherapy is reduced. One of the promising and effective methods for fertility preservation of women undergoing these treatments is the autotransplantation of frozen-thawed ovarian tissue. It is still an experimental method, but it resulted in at least 42 healthy babies worldwide without any increased risk for miscarriage or congenital anomalies. Methodology We performed a retrospective, cohort study in 24 patients with different advanced gynecological malignancies (predominating ovarian and cervical cancer) treated at the Department of Obstetrics and Gynecology, University Medical Centre Ljubljana between 2001 and 2015. During the same surgery, their ovarian tissue was removed and cryopreserved. We assessed the post-operative outcome in these patients including their natural fertility. Results In this study 12 patients with ovarian, 5 with cervical and 3 with uterine cancer, and the rest (secondary cancer) were included. The mean female age at the time of surgery was 29,3 years. In spite of advanced cancer, 18 (75 %) patients survived the cancer, are still alive. At the time of surgery only one patient had a baby after natural conception, while other patients were nullipara; most of them still don't have a baby. The mean time of ovarian tissue cryostorage is 9,5 years (from 3,4 to 17,9 years). In patients with ovarian cancer the cryopreserved ovarian tissue is the only source of follicles/oocytes; among patients with cervical and uterine cancer, in 9 (50 %) patients the hysterectomy was done, while in the rest the uterus is intact. Conclusion Cryopreservation of ovarian tissue retrieved during the cancer surgery is also reasonable in patients with advanced gynecological malignancies but needs to involve the efficient follow-up of these patients and an active communication with gynecologists.

Obstetrics and Gynecology for Postgraduates, Volume 2 (Third Edition)

Universities Press

Ovarian Cancer Screening

MDPI This book is a printed edition of the Special Issue "Ovarian Cancer Screening" that was published in Diagnostics

ENHANCED CISPLATIN RESISTANCE

Open Dissertation Press This dissertation, "Enhanced cisplatin resistance of ovarian cancer cells in three-dimensional (3D) culture system through activation of Notch1/HES1 signaling" by Jing, Liu, □□, was obtained from The University of Hong Kong (Pokfulam, Hong Kong) and is being sold pursuant to Creative Commons: Attribution 3.0 Hong Kong License. The content of this dissertation has not been altered in any way. We have altered the formatting in order to facilitate the ease of printing and reading of the dissertation.

 Abstract: Ovarian cancer is a lethal malignancy among females worldwide. A combination treatment of surgery and chemotherapy has been adopted in clinical practice, however, many patients developed resistance to platinum based regimen even if they responded initially. Conventionally, in vitro studies on chemoresistance have been performed in 2D cell culture systems. Emerging evidence has pointed out the restrictions of 2D system due to its poor imitating in vivo environment with cell-cell and cell-extracellular matrix interactions. Therefore, 3D cell culture system, which recapitulates in vivo structures and reflects more closely the real gene expression pattern and drug responses, has become a reliable tool in cancer researches. Previous studies reported that cancer cells cultured in the 3D system showed higher resistance to cisplatin, a common platinum agent, than cells cultured in the 2D system. In this study, cisplatin-resistance of two main subtypes of ovarian cancer, serous carcinoma and clear cell carcinoma, was found to be enhanced in the 3D system. Gene profiling analysis and q-PCR confirmed that HES1, a key downstream effector of Notch1 signaling with high association with cisplatinresistance and patient survival, was significantly up-regulated in ovarian cancer cells cultured in the 3D system. Notch1 was found to be activated in ovarian cancer cells cultured in the 3D culture system by Western Blot analysis. Inhibition of Notch1 signaling by γ-Secretase Inhibitor (GSI) and knockdown restored cisplatin induced cytotoxicity in ovarian cancer cells in both 2D and 3D systems, suggesting Notch1/HES1 signaling is activated and involved in cisplatin resistance of ovarian cancer cells in 3D system. Previous studies have suggested that low-level of Reactive Oxygen Species (ROS) may increase chemoresistance. In this study, an accumulation of ROS was found in ovarian cancer cells in the 3D system. Consistently, phosphorylation of p38 MAPK, which was activated by ROS, was found to be increased in ovarian cancer cells cultured in the 3D system accompanying with an increased expression of Notch1. These results suggested that ROS might be involved in activation of Notch1 signaling through phosphorylation of p38 MAPK in ovarian cancer cells in 3D system. Taken together, this study demonstrated that the aberrant activation of Notch1/HES1 signaling led to enhanced cisplatin resistance of ovarian cancers in 3D cell culture system and could be a putative target for treatment of ovarian cancers. Subjects: Cisplatin Ovaries - Cancer - Treatment Drug resistance in cancer cells

Altchek's Diagnosis and Management of Ovarian Disorders

Cambridge University Press Disorders of the ovary can lead to a wide range of endocrinologic and malignant conditions, many of which are linked with fertility. This comprehensive, yet succinct book presents a multidisciplinary approach to address the major issues in diagnosing and managing ovarian disorders. Beginning with the complex functioning of the normal ovary, the editors address many of the major issues in women's health. New chapters on ovarian cysts, menopause, the aging ovary, early detection and risk assessment of ovarian cancer, screening, stage I ovarian cancer and many other topics have been added to this third edition. Assisted reproductive techniques, diagnostic imaging modalities, minimally invasive surgery, and chemotherapy have advanced dramatically and the chapters have been updated accordingly. This well-documented volume has been fully updated with contemporary references and chapters written by current leaders in their field. A must-read for gynecologists, oncologists, obstetricians, pathologists and researchers in human reproductive sciences.

Surgery for Recurrent Ovarian Cancer

Most patients with ovarian cancer (OC) have the epithelial subtype (EOC) and present with advanced stage disease. Despite improved surgical and medical management of primary disease, the majority of patients will develop recurrence and ultimately die of disease. The current surgical goal in primary EOC is complete surgical cytoreduction (CSC) as this significantly improves disease-specific survival and overall survival. CSC is a major independent prognostic factor in primary EOC. Recurrent ovarian cancer (ROC) can be diagnosed in the symptomatic or in the asymptomatic patient on clinical evidence, tumour marker results and/or imaging. There are data from cases series and retrospective series on the role of surgery in ROC but there is not yet level I evidence of secondary surgical cytoreduction improving overall survival. The published data emphasise that, as with primary disease, the surgical goal is CSC. In selecting patients for secondary cytoreductive surgery a number of predictive models have been proposed and tested. Patients with ROC who have undergone CSC have a better prognosis than those treated with chemotherapy alone or those in whom the surgical goal was not achieved. The counter-argument is that there is bias in the surgical reports-those patients not operated on chemotherapy alone, or who had incomplete cytoreduction and/or who had chemotherapy had less favourable disease-associated and patient-associated factors than those who had CSC. To address these concerns, there are currently three ongoing randomised controlled trials on surgery for ROC.

What You Should Know about Tumor Reductive Surgery in Advanced Ovarian Cancer - Clinical Recommendations from a Patient Perspective

Introduction: Little is known about the relationship between tumor reductive surgery and quality of life in patients diagnosed with epithelial ovarian cancer (EOC). It is therefore unclear whether it is the surgery or the disease itself that is the main factor affecting the patientsu2019 quality of life. Engaging the user perspective ensures focus on areas considered relevant and important by patients. The aim of the current study was to examine information requested and perceived about tumor reductive surgery in patients with newly diagnosed EOC.Methodology: Participants were recruited through the The Norwegian National Gynaecological Patient Organization. They had all received surgical treatment for advanced ovarian cancer at Norwegian hospitals. Focus for the group discussions was to explore the experiences of surgery in women treated for advanced EOC. One focus group was formed and discussions were moderated by members of the research team using a semi-structured interview format. A total of three sessions with this focus group were planned. The focus group discussions were audiotaped and transcribed, and a meaning condensation analysis was performed. Preliminary findings were shared with the participants for validation before further analysis.Results: Five women were asked and agreed to participate in the focus group discussions. The women had different experiences going through surgery and chemotherapy, but their experiences led to two major themes: (a) communication gap between the time of diagnosis and surgery, and (b) insufficient information given about surgical side-effects.Conclusion: The interviews revealed weaknesses in information given before treatment of advanced ovarian cancer. Guidelines on how to inform the patients should include user-involved research.

The Prognostic Role of Age, Timing of Surgery and Surgical Radicability in Patients with Advanced Stage Epithelial Ovarian Cancer; a Single Institution Experience

OBJECTIVESOur goal in ovarian cancer surgery is to deliver optimal treatment aiming at maximal survival benefits. Quantifying radicality and timing of surgery may help to individualise surgical treatment. We assessed the impact of these parameters on progression free survival (PFS).METHODS A cohort of patients with a diagnosis of advanced stage (FIGO IIIC/IV) high grade serous ovarian cancer (HGSOC), undergoing surgical cytoreduction, from Jan 2015 to Dec 2017 was selected from the ovarian database. We evaluated age, timing of surgery (upfront vs delayed cytoreduction), surgical complexity score (SCS), and residual disease (RD). SCS was assigned based on the Aletti classification as low, intermediate and high. Descriptive and Kaplan Meier statistics were used to analyse PFS. RESULTSA total of 80 patients were identified. Mean age and BMI were 63.5 + 11 yrs. and 26.6 + 4.8 respectively. The mean SCS was 3 + 1 (1-8). Complete and optimal cytoreduction was achieved in 48/80 (58.7%) and 66/80 (82.6%) patients. Median PFS and OS were 17 and 44 months respectively. The presence of RD had a negative impact on PFS: 20, 16, and 12 months for nil macroscopic, 1 cm, and 1 cm, respectively. Although not significant, upfront surgical cytoreduction vs delayed surgical cytoreduction resulted in a better PFS (NS). Patients with a higher surgical complexity score (> 3) showed a favourable trend in PFS compared to those with a low surgical complexity score (3): 25 vs. 16 months, p=0.19. Younger patients (

Three Daughters, Three Journeys

Quest for Cancer Cure

CRC Press Cancer threatens the lives of people around the world. Women, in particular, are at risk of certain cancers with a genetic cause. Certain mutations in the BRCA1 and BRCA2 genes put mothers and daughters at risk of breast and ovarian cancers. Unlike many cancers that most commonly occur after age 60, these inheritable cancers threaten women’s lives, health and fertility even when they are young, before most would even begin to go for annual mammogram screenings to check for breast cancer. Three Daughters, Three Journeys takes on the biggest health issue of our time from a global perspective with three heroines fighting for their lives against cancer. Marzena, a Polish oncology nurse, has spent her life treating child patients with cancer. Then, she confronts it in her own family and her own body. Kamola, a rural Indian girl, knows she has symptoms of the same

disease that took her mother, but feels afraid to discuss it with her father and brothers, knowing her family cannot afford medical treatment. Kamola confides in Dr Rini Mishra, a doctor testing a new treatment called Neelazin, using a bacterial anticancer protein in food, to destroy cancer cells. Selena, a wealthy woman of color in Chicago, finds out about her genetic risks of breast and ovarian cancer. She has a choice of preventative surgery that will save her life but remove any chance of having children. As she meets women who struggle to afford cancer treatment, Selena dedicates her life to providing affordable homes and counseling to families affected by the disease. Although the drug Neelazin is fictional, the possibility of new cancer treatments using bacterial anticancer proteins is being researched now. A problem with the current chemotherapy for cancer treatment is the high toxicity of most of these drugs, as these drugs can enter both normal and cancer cells, though preferably cancer cells, causing the death of normal cells as well that are important in maintaining health. Another problem is that current chemotherapeutic drugs mostly target a single or few key steps that are important for cancer growth and proliferation and inhibit the growth of cancer cells. The cancer cells respond by quickly changing these single targets, thereby becoming resistant to the drugs, as is reflected in stage IV cancer patients. An alternative to chemotherapy would be to exploit the bacterial evolutionary wisdom and use certain proteins that can have preferential entry to cancer cells in order to minimize normal cell toxicity and multiple targets in cancer cells through protein–protein complex formation, thus reducing resistance development in cancer cells. An interesting advantage of protein drugs is to express them as part of food, and some recent research seems to suggest that oral consumption of such foods may allow the therapeutic protein to reach the blood stream to target the cancer. Women with the genetic risk factors could soon have the choice of taking a pill or such anticancer protein-expressing food to treat or prevent cancer, rather than removing the healthy tissue of the breasts and ovaries. Hopefully, they would not have to choose between fertility and survival, as is the implied message in this book, fictional as it is at this time.

Staging Laparoscopy

Springer Science & Business Media Included here is a discussion of the pathophysiological aspects and risks of laparoscopic staging (such as trocar metastases) on the basis of international experience.

Bevacizumab Facilitates Surgery in Previously Inoperable Patients with Low-grade Serous Ovarian Cancer: a Case Series

Introduction/Background:Low grade serous ovarian cancer (LGSOC) accounts for 10% of serous epithelial ovarian cancers. In contrast to high grade serous ovarian cancer (HGSOC), it is characterised by an early age of onset, indolent growth rate and relative resistance to cytotoxic chemotherapy. The use of Bevacizumab in ovarian cancer has mostly been investigated in HGSOC and is contra-indicated in patients with extensive disease associated with the bowel, due to risks of bowel perforation. Several single-institution studies have reported activity of Bevacizumab in LGSOC in the recurrent disease or adjuvant setting. We present a case series of two patients with advanced LGSOC and extensive serosal disease involving the bowel that were treated with Bevacizumab in the first-line setting.Methodology:Case notes, pathology results and CT scans were reviewed. Histology slides from initial biopsy and debulking surgery specimens were stained for H&E to assess chemotherapy-response scores.Results:Both patients had Stage IIIC disease, with extensive disease involving the bowel which prohibited surgery. No response was seen on CT scan or serum Ca125 levels after three cycles of Carboplatin and Paclitaxel in either case, but following the addition of Bevacizumab both patients had a marked reduction in disease volume enabling debulking surgery that was not previously feasible. Serum Ca125 levels reduced to near-normal values prior to surgery following three cycles of Bevacizumab in both cases (438 to 50 and 151 to 54). There were no adverse events associated with Bevacizumab use (18 cycles 7.5mg/kg). Conclusion:We propose that Bevacizumab is safe to use in our set of LGSOC patients with extensive bowel involvement, and can facilitate surgery in those patients that were previously inoperable. Further evaluation of its use in the first line setting, particularly in patients that have had no response to conventional chemotherapy agents, is recommended. We have commenced an observational study including all LGSOC patients receiving Bevacizumab.

Treatment of Ovarian Cancer

Nova Publishers This new volume presents the latest research on therapies for ovarian cancer. Ovarian cancer is cancer that begins in the cells that constitute the ovaries, including surface epithelial cells, germ cells, and the sex cord-stromal cells. Cancer cells that metastasize from other organ sites to the ovary (most commonly breast or colon cancers) are not

then considered ovarian cancer. According to the American Cancer Society, ovarian cancer accounts for 4 percent of all cancers among women and ranks fifth as a cause of their deaths from cancer. The American Cancer Society statistics for ovarian cancer estimate that there will be 25,400 new cases and 14,300 deaths in 2003. The death rate for this disease has not changed much in the last 50 years. Unfortunately, almost 70 percent of women with the common epithelial ovarian cancer are not diagnosed until the disease is advanced in stage -- i.e., has spread to the upper abdomen (stage III) or beyond (stage IV). The 5-year survival rate for these women is only 15 to 20 percent, whereas the 5-year survival rate for stage I disease patients approaches 90 percent and for stage II disease patients approaches 70 percent. Ovarian tumors are named according to the type of cells the tumor started from and whether the tumor is benign or cancerous. The three main types of ovarian tumors are: Epithelial Tumors, Germ Cell Tumors and Stromal Tumors.

Comparing The Efficiency of Interval Debulking Surgery After Neoadjuvant Chemotherapy with Primary Debulking Surgery in Patients with Stage 3 and 4 Ovarian Carcinoma: Multicenter Real World Data

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Ovarian Cancer

Extensive Upper Abdominal Surgery and Hudson Hsyterectomy for Advanced Stage Ovarian Cancer Patients. Our 23 Month Experience

Background: Optimal and maximal debulking surgery is the gold standard treatment for advanced stage (Stage II and III) epithelial ovarian cancer patients (AOC). In patients with disease confined to pelvis,Hudson hsyterectomy with retroperitoneal retrograde approach is a way to completely excise tumor confined to lower abdominal region. Moreover extensive upper abdominal surgical procedures are obligatory in order to achieve R0 tumor status. Material & Methods: Between February 2017 -march 2019, 25 AOC patients operated in Akdeniz University , Department of Gynecology were retrospectively evaluated. All the patients underwent diagnostic laparoscopy and were evaluated for resectability (modified Fagotti score). When resectable, a wide midline incision was carried out. Then the liver was mobilized and upper abdominal procedures was performed. Then for pelvic

disease, all retroperitoneal spaced was created, ureters were mobilised and the pelvic tumor was excised en bloc along with total pelvic pertioneum. When required rectosigmoid excision was perfromed. Intraoperative and postoperative parameters and short-term follow-up of 25 advanced stage ovarian cancer patients were analyzed Results: Seven patients were subjected to neo-adjuvant chemo. Optimal debulking was achieved in 16 patients out of 18 primary debulked patients. In five patients rectosigmoid excision, in seven 7 diaphragma stripping, in two patients celiac truncus lymphadenectomy were performed. Mean operation time was 390 min (300-460 min). Median blood loss was 400 cc (200- 800 cc). Postoperatively 2 patient experienced eviceration and were re-operated. Three patients had wound breakdown. One patient had pulmonary embolus. In four patients post-operative ileus was observed which was handled conservativelyMedian follow-up time was 16 months (3-23 months). Two patients experienced recurrences both of which were treated with second-line chemo. Discussion: In patients with AOC extensive upper abdominal surgery and retrograde Hudson hsyterectomy are all feasible surgical options in order to eradicate peritoneal tumor with acceptable morbidty rates.

Atlas of Operative Laparoscopy and Hysteroscopy, Third Edition

CRC Press This is a new edition of one of the modern classics of gynecological surgery. Providing an extensive and beautifully illustrated guide to laparoscopic and hysteroscopic techniques, the book has been extensively revised and updated since publication of the Second Edition. There are few texts that so adequately provide in-depth information on minimally invasive gynaecologic surgery. This informative and thorough work of reference provides both practicing surgeons and trainees with an atlas, a textbook of gynecology, and a surgical manual. The coverage is comprehensive, including extensive sections on gynaecologic oncology, urogynecology, basic principles, and instrumentation. Complications are highlighted with authoritative guidance on how to avoid and manage them.

GRANULOSA OVARIAN TUMOR RARE JEVENILE AND ADULT CHARACTERISTIC ANATOMO CLINICAL AND THERAPEUTIC STUDY RETOSPECTIVE EXPERIMENT OF ALGIERS

: F.HADJARAB1, C.CHEKMAN2 ,A.BOUFENNARA3 A.TAIB1I, K.BOUZID11 Department of medical oncology, Center Pierre and Marie curie Algiers Algeria2 SURGERY 3 HISTOLOGYIntroduction : The tumors of granulosa are rare ovarian cancer with rather Slow evolution if one them compared to Germinal or epithelial tumors of the ovary, they account for 0.6% to 3% of the whole of the tumors of the ovary and 5% of the malignant tumors of this one. Their diagnosis is anatomopathologic resting primarily on data morphologics. Two types are distinguished: the adult type (TGA) which is most frequent, and type (TGJ), this last is characterized by an age from which has occurred relatively young person, a morphological aspect different involving histological signs from malignity more marked and a higher risk of repetition. These tumours have a profile clinical, histological and evolutionary particular. a retrospective study of 24 files carrying the diagnosis of tumour granulosa (TG) which collaged during the 10 years period, energy fromJ anuary 2006 with December 2016 parameters studied in these patients: (the age ofthe diagnosis, the circumstance of discovery,assessment initial (diagnosis and assessment of extension), the stage of the FIGO, it surgical epic,chemotherapy used and the therapeutic answer,total survival)23 patients were standard adult Granulosa (TGA),only one waits were standard Granulosa ju00e9vunile (TGJ), the u00e2ge of patient at the time of the diagnosis varied from 22 to 72 years, the hormonal statute was variable and the circumstances of discoveries were dominated by pains abdomino-pelvic dans= 15 case (62%), mu00e9trorragies in =4case , amenorrhoea in =4 case,, pelvicmass in =6 case ,), the pelvic echoraphy was practised at all our patients the tumour was solidokystic at 60% of our patients, cystic in 5%of and solid in 35% cases. Tumours werebulky with a size varies from 7 to 27 cm, with an average of 10 cm. average of 10 cm.Stages 19 stage I , 1 stage II, 3 stage III, 1stage IV, All the patients profited from a surgical, radical in 18 cases (hysterectomy with annexectomy bilateral), in 6 cases unilateral annexectomy (young woman) 6 patients have receipt of auxiliary chemotherapy stage I E tIIwith two types of protocols: cisplatin, vinblastine,bleomycin), And 4 with the protocol: paclitaxel, carboplatin thepatients at the stages III profited from an auxiliarychemotherapy nu00e9o with the protocol cisplatine,blu00e9omycine, vinblastine followed by surgery with astabilization of the lesions, two patients repeated,the youthful form presented a local repetition one year after head end ,which died by evolutionary ,continuation of the disease The other presented lesions in the form of carcinogen peritoneal and having received chemotherapy type paclitaxel carboplatine,presented a complete good answer , Median of survival =26month Tumors of ovarian are rare ,adult forms forms are slow u2013moving ,often diagnosed at an early stage ,treatment relies on surgery ,we note in our series that age , stage at diagnosis was correlate with that of literature.

Diagnosis of Colorectal and Ovarian Carcinoma

Application of Immunoscintigraphic Technology

Marcel Dekker Incorporated This volume discusses the preclinical and clinical experience with the B72.3 monoclonal anti-body as a tumour targeting agent - emphasizing the results of studies utilizing site-specifically radiolabelled B72.3 (CYT-103-111In; OncoScint CR103). disease in colorectal or ovarian cancer patients, this book: reviews the generation of the B72.3 monoclonal antibody and its development from preclinical trials to the first approved cancer imaging technology; presents the results of clinical trials of radioiodinated and indium-111 labelled material for colorectal cancer patients and considers the contribution of this procedure to their care; describes the use of CYT-103-111In as a presurgical diagnostic agent in ovarian cancer patients and its impact on their surgical management; and offers examples of normal biodistribution, tumour localization, and the potential pitfalls in image interpretation. medicine physicians, gastroenterologists, obstetricians/gynaecologists, immunologists and surgeons.

What You Need to Know about Ovarian Cancer

Clinical and Pathologic Findings of Risk-reducing Surgery in High-risk Breast/ovarian Cancer Women

BACKGROUND:Inherited germline mutations in BRCA1/BRCA2 increase significantly the risk of developing breast and ovarian cancers. For women in whom a BRCA pathogenic variant is identified, risk-reducing bilateral salpingo-oophorectomy (rrBSO) is recommend by age 35 to 40 years or when childbearing is complete. This procedure is associated with reduction of ovarian cancer risk, reduction in breast cancer, cancer-related mortality and overall mortality. The incidence of unsuspected neoplasia in these women varies in the literature.METHODOLOGY:We performed a retrospective review of all women undergoing risk-reducing surgery between January 2013 and December 2018, in an oncological referral center u2013 Instituto Portuguu00eas de Oncologia de Lisboa Francisco Gentil, Lisbon, Portugal. The purpose of this study was to analyze the results of anatomo-histopathologic examinations and to identify the rate of occult cancer diagnosis in a high-risk population.RESULTS:Overall, 83 high-risk women (75 known BRCA1/2 carriers; 8 with unknown mutation status) underwent risk-reducing surgery. The median age at the surgery was 48,76 years and the median body mass index was 25,65 kg/m2. 42,2% (n=35) of these women had personal history of breast cancer. Preoperative CA-125 levels were considered normal in 97,6%(n=81). We performed rrBSO on 22,89%(n=19) of cases and concomitant hysterectomy on 77,1%(n=64). Laparoscopic approach was used in 77,1%(n=64) of procedures. The surgical complication rate was 3.6%(n=3). The anatomopathological analysis of specimens revealed: 5 ovarian serous cystadenoma, 1 adenomatoid tumor of the fallopian tube, 1 ovarian cystic teratoma and 1 ovarian endometrioma. The presence of occult tumor cells, including epithelial ovarian cancer and serous tubal intraepithelial carcinoma, was not reported. CONCLUSION:Risk-reducing surgery is a safe and effective strategy to manage BRCA mutation carriers. Even though our median age at surgery is high, the incidence of unsuspected neoplasia identified in this study was unexpectedly low compared with the current literature.The authors have nothing to disclose.

Distribution of Histopathology Types in Stage 1A Ovarian Cancer

Distribution of histopathology in stage 1A ovarian cancerEpithelial ovarian cancer (EOC) is the 6th most common cancer among women in the UK (2014). It has the highest mortality of all gynaecological cancers. More females with a known stage are diagnosed at a late stage (55-58% are diagnosed at stage III or IV), than an early stage (42-45% are diagnosed at stage I or II).It is increasingly recognized that the distribution of histopathology types of EOC differs between early and late stages.OBJECTIVESTo identify the distribution of the histopathology types of stage 1A EOC cases in three cancer centers in the UK and compare the results with the available published data.METHODSWe identified retrospectively over a 7-year period stage 1A ovarian cancer patients who underwent primary surgical treatment in two cancer centers. We then compared the results with similar data from another cancer center over a 10-year period.RESULTS105 patients in total with surgical stage 1A EOC were treated at three different gynaecological cancer centers over a period of 7-10

years. In each of these centers, the majority were mucinous ovarian cancers (MOC) (54.28%, 46.15%, 36.36%), followed by clear cell/endometrioid types.DISCUSSIONIn our study the majority of stage 1A EOC were MOC. This may partly be due to different thresholds in diagnosing MOC, but the fact that three Centers showed a similar proportion suggests this is a true incidence.Our findings support the hypothesis that there are biological differences in the behavior of the tumor types between early and advanced EOC. MOC accounts for approximately 3% of all ovarian cancers with recent genomic studies suggesting it is a true gynaecological cancer and not a distant metastasis of a cancer that started elsewhere.Awareness of the histopathological type distribution of EOC between different stages may guide screening research and aid management guidelines.u200b.