

Secondary surgery does not improve overall survival for recurrent ovarian cancer patients

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Researchers from The University of Texas MD Anderson Cancer Center reported that secondary tumor-reduction, or cytoreduction, surgery followed by chemotherapy did not result in longer survival than chemotherapy alone in patients with platinum-sensitive recurrent ovarian cancer.

The Phase III Gynecologic Oncology Group (GOG)-0213 trial results were published today in the *New England Journal of Medicine*. Early results from this study were first presented at the 2018 American Society of Clinical Oncology (ASCO) Annual Meeting.

The overall survival (OS) was 50.6 months in the surgery group and 64.7 months in the no-surgery group. The [median progression-free survival](#) (PFS) was 18.9 months with surgery vs. 16.2 months without it. The percentage of patients surviving at 3 years was 67% in the surgery group and 74% in the no-surgery group.

"Surgical cytoreduction is recognized as a key component of frontline treatment for primary ovarian [cancer](#), but its role in recurrent disease, while touted as beneficial, had not been formally tested," said lead investigator Robert L. Coleman, M.D., professor of Gynecologic Oncology and Reproductive Medicine. "This research is the first randomized clinical trial conducted in this setting and shows that secondary surgery does not benefit these patients."

The international randomized trial included women with platinum-sensitive, epithelial recurrent ovarian, primary peritoneal, or fallopian-tube cancer who had a complete clinical response to at least three cycles of primary platinum-based [chemotherapy](#) and a normal serum CA-125 value.

From December 6, 2007 to June 9, 2017, 240

patients were randomized to secondary surgical cytoreduction followed by platinum-based chemotherapy and 245 patients were randomized to chemotherapy alone. The median follow-up was 48.1 months.

Complete tumor resection, achieved in 67% of the patients receiving surgery, was associated with longer OS and PFS when compared to patients whose tumors could not be completely removed. However, a comparison of the complete resection group with the no-surgery group did not show an OS benefit, although there was a benefit to PFS.

Patient-reported outcomes included quality of life, physical functioning and surgery-related symptoms. Patients in the surgery group reported a [significant decrease](#) in quality of life and physical function and an increase in surgery-related symptoms immediately after surgery. There was not a significant difference between the two groups after recovery.

Current National Comprehensive Cancer Network (NCCN) guidelines list secondary cytoreduction as a [treatment option](#) for patients who have been treatment-free for six months or more after complete remission from prior chemotherapy.

"Given these study results, we need to question the value of secondary [surgery](#) for recurrent ovarian cancer patients," said Coleman. "Hopefully this study and other ongoing trials will provide the data needed to determine the best course of treatment that will maximize treatment outcomes and quality of life for these patients."

More information: *New England Journal of Medicine* (2019).
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