

Primary Treatment of Ovarian Cancer
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Aim

To assess the scientific evidence on the clinical effect of four main treatment options in the primary treatment of epithelial ovarian cancer:

- i) Adjuvant chemotherapy and/or adjuvant radiotherapy
- ii) Cytoreductive surgery
- iii) Neoadjuvant chemotherapy in advanced disease
- iv) Postoperative chemotherapy in advanced disease.

Conclusions and results

- Current data are inconclusive regarding the effect of adjuvant therapy.
- Several large retrospective studies consistently identify the size of the largest residual disease after primary cytoreductive surgery as an independent determinant of prognosis. Hence, the effect of cytoreductive surgery is only indirectly documented.
- The effect of neoadjuvant chemotherapy in advanced ovarian cancer is uncertain.
- The effect of nonplatinum chemotherapy regimens after primary surgery in advanced ovarian cancer is not documented. Available documentation shows significant difference in survival favoring the use of platinum agents in combination chemotherapy. Addition of paclitaxel to platinum further improves survival. Carboplatin plus paclitaxel is currently the standard first-line therapy.

Methods

A systematic review focused on clinical evidence from studies of best available quality reporting the clinical effect of the above mentioned treatment methods in primary ovarian cancer. Clinical effect includes effect on overall survival, disease-free survival, and progression-free survival, adverse effects/complications, and quality of life.

Studies published from 1970–2001 were identified by

searches in MEDLINE, EMBASE, and the Cochrane Controlled Clinical Database Register, and by manual searches in relevant journal indexes and reference lists of articles. An updated search was performed in October 2002. Studies were systematized according to treatment method and study design (methods i and iv: meta-analyses and/or randomized controlled trials, method ii and iii: case series only), and critically assessed for relevance, quality, and validity. Of 2,227 publications identified, only 45 studies rated as having high or moderate quality, according to the study design in question, were accepted as the basis of the systematic review.

The included studies were distributed as follows:

method i)	4 randomized trials
method ii)	12 case series
method iii)	one case, and
method iv)	3 meta-analyses and 25 randomized trials.

Further research/reviews required

This systematic review demonstrates the need for more clinical studies on survival outcomes for all treatment methods of primary epithelial ovarian cancer.