

Ovarian Cancer Reference Handout

Ovarian Histology

1. Serous	High Grade Low Grade (rare)	<ul style="list-style-type: none"> Most common ovarian cancer (70%) Associated w/ BRCA and HRD LGSC is a distinct entity
2. Endometrioid	High Grade (rare) Low Grade	<ul style="list-style-type: none"> Associated w/ endometriosis Associated w/ Lynch Syndrome Often found at earlier stage, lower grade Chemosensitive
3. Clear Cell	High Grade	<ul style="list-style-type: none"> Associated w/ endometriosis Chemoresistant
4. Mucinous	High Grade	<ul style="list-style-type: none"> Rare Rule out GI primary (EGD/Colonoscopy) Chemoresistant

Work Up:

Imaging

CT Torso (even for stage I)

Biopsy

Often omental biopsy

CK7+/CK20-

PAX8+, WT1+

Labs

CA-125 (pre-op)

* Can be falsely elevated iso ascites

Genetic Testing

1. BRCA

2. HRD

3. WT

Ovarian Cancer Staging

Stage 1: Ovary or Fallopian Tube

1A: Single ovary, capsule intact or fallopian tube

1B: Both ovaries, capsule intact or fallopian tubes

1C: Capsule rupture, surgical spill, +peritoneal washings

Stage 2: Pelvic Extension

Uterus or fallopian tubes

Pelvic organs (bladder, rectum, vagina)

Stage 3: Abdominal Extension

Retroperitoneal LN (pelvic, para-aortic)

Peritoneal carcinomatosis

Serosa of liver/spleen

Stage 4: Distant Metastases

Inguinal LN

Parenchymal mets liver, spleen, lung, transmural bowel

Extra-abdominal extension (pleural effusion)

Prognosis: 5Y OS Rates

Stage 1: 90%

Stage 2: 70%

Stage 3: 40%

Stage 4: 20%

Ovarian Cancer Initial Treatment

Surveillance: CA-125, no routine imaging

Stage IA-IB: Ovary or Fallopian Tubes

TAH/BSO +



Grade 1:
Observation

Grade 2:
Adjuvant chemo if high-risk

Grade 3:
Adjuvant chemo

Adjuvant Chemotherapy:

Carboplatin/Paclitaxel
3-6 cycles (usually 6 cycles)

Important Side Effects:

Carboplatin → cytopenias
Paclitaxel → neuropathy, hair loss,
hypersensitivity reaction, skin/nail changes

Stage IC-II: Capsule Rupture, Pelvic Extension

TAH/BSO +



Adjuvant Chemotherapy
Carboplatin/Paclitaxel x 6 cycles

Stage III-IV: Abdominal Extension or Distant Mets

TAH/BSO +



Stage IV disease is curable (15-20%):
usually not candidates for up-front surgery

Important Side Effects:

PARP → GI toxicity, cytopenias, 1% risk MDS
Bevacizumab → proteinuria, HTN, bleeding
(contraindicated if h/o TIA/strokes, bowel obstruction)

Neo or Adjuvant Chemotherapy
Carboplatin/Paclitaxel +/- Bevacizumab x 6 cycles

Maintenance Therapy

- PARP inhibitors:**
Olaparib (BRCA/HRD required) x 2Y
Niraparib (BRCA/HRD preferred) x3Y
- Bevacizumab** x 15M (no contraindication)
- AI** (low-grade endometrioid)

Recurrent Disease Treatment

Recurrence > 6 months: Platinum Sensitive

Secondary Cytoreduction
if isolated focus, no ascites, good PS

Carboplatin Doublet +/- Bevacizumab x6
Carbo/Taxol, Carbo/Doxil, Carbo/Gem

Maintenance

- PARP** Olaparib, Niraparib, Rucaparib (BRCA)
- Bevacizumab**

Recurrence < 6 months: Platinum Resistant

Clinical Trial

Chemotherapy

Doxil, Paclitaxel, Docetaxel, Topotecan, Gemcitabine
+/- Bevacizumab

Mirvetuximab Elahere (FOLR+)

Recurrent Low Grade Serous

Endocrine therapy (ER+)
Trametinib +/- Dabrafenib (BRAF+)