

# Up to 50 percent of women with advanced-stage ovarian cancer could be cured with 1 treatment model

January 20 2016

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Up to half of women with advanced-stage ovarian cancer might be cured, compared to the current 20 per cent survival rate, argues Dr. Steven Narod, senior scientist at Women's College Research Institute, who calls for a new standard of treatment for women with late-stage ovarian cancer.

Based on an analysis of existing evidence, published in an opinion article in the *Nature Reviews Clinical Oncology* journal on January 20, Dr. Narod argues that to achieve a cure, rather than simply delay progression or reoccurrence of the disease, [women](#) should be first treated with aggressive [surgery](#) to remove all clinically-detectable [cancer](#) cells, followed by targeted chemotherapy to the abdomen (intraperitoneal chemotherapy).

The possibility of a 50 per cent cure rate would be a significant improvement over the current 20 per cent survival rate resulting from more conventional treatment options offered to patients, which consist of a combination of different methods including: chemotherapy before surgery; post-operative chemotherapy delivered intravenously to the whole body (as opposed to localized into the abdomen); and surgery that leaves minimal [residual disease](#) in the abdomen, rather than removing all visible cancer cells.

Dr. Narod, who is also a Tier 1 Canada Research Chair in Breast Cancer,

recommends that doctors should consider adopting a standard model of care for all women diagnosed with advanced-stage [ovarian cancer](#):

- Chemotherapy should be offered after the surgery, rather than before. Chemotherapy before surgery might provide a false assurance that there's no more residual cancer, whereas microscopic tumour may remain after the surgery, leading to cancer recurrence and possibly, death.
- The surgery should be aggressive in an attempt to remove all visible signs of the tumour, and to avoid leaving any residual disease. The goal is to have no cancer visible to the naked eye of the surgeon after the surgery.
- Surgery should be followed by intraperitoneal, or localized, chemotherapy delivered to the abdomen. Localized chemotherapy works best if there's no residual cancer after the initial surgery. It is the combined effect of surgery and chemotherapy that works best.

"For decades, women have been treated with a combination of treatment options, resulting in poor prognosis for most women with advanced-stage ovarian cancer, but there are many survivors as well," said Dr. Narod, senior scientist at Women's College Research Institute.

"Women need support to endure surgery and the rigours of intraperitoneal [chemotherapy](#), but should be encouraged to do so whenever possible, considering the potential survival benefits," said Narod. "We should offer all women the possibility of a cure."

**More information:** Steven Narod. Can advanced-stage ovarian cancer be cured?, *Nature Reviews Clinical Oncology* (2016). [DOI: 10.1038/nrclinonc.2015.224](#)

Provided by Women's College Hospital

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