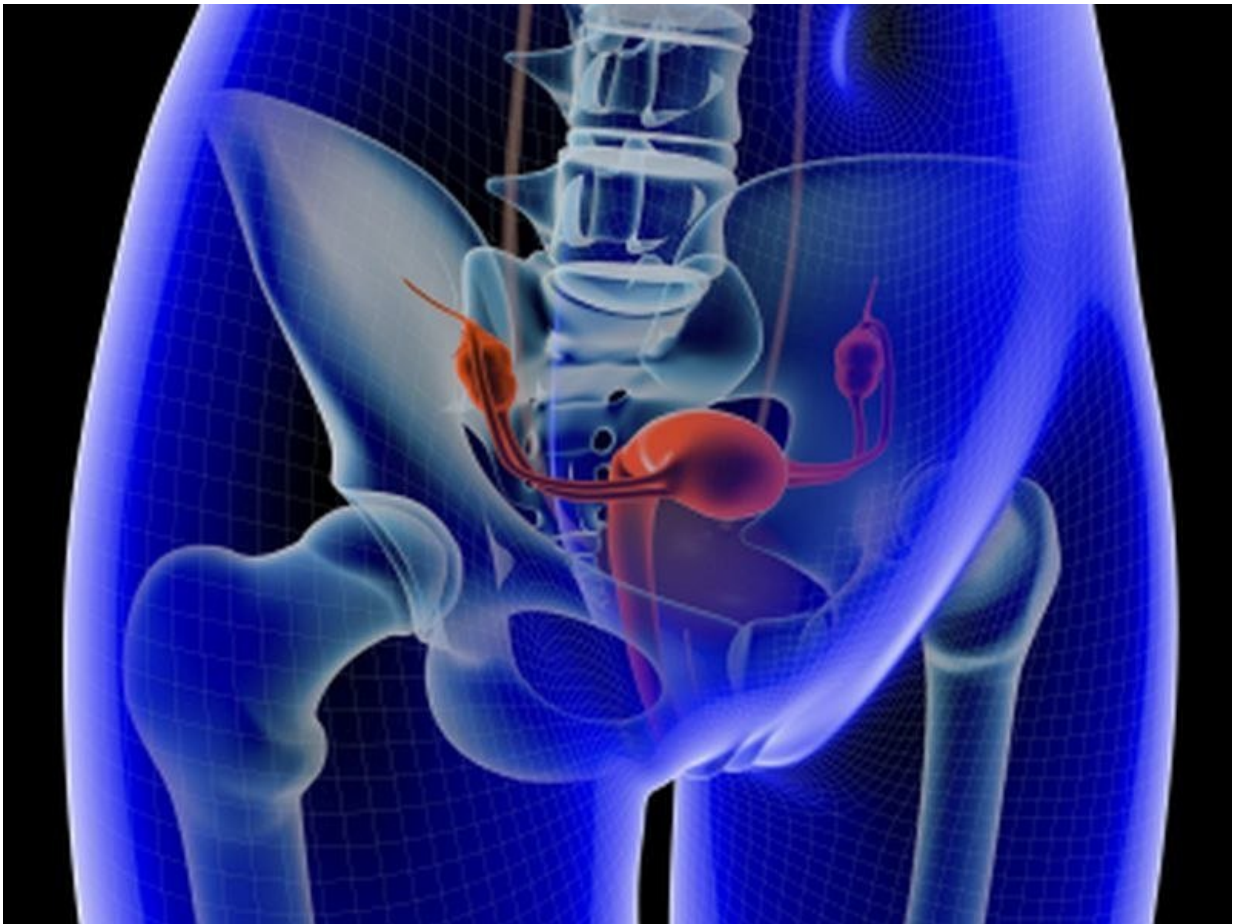


Computed tomography features vary based on BRCA status

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(HealthDay)—Qualitative computed tomography (CT) features differ

between patients with *BRCA*-mutant high-grade serous ovarian cancer (HGSOC) and patients with *BRCA* wild-type HGSOC, according to a study published in the November issue of *Radiology*.

Stephanie Nougaret, M.D., Ph.D., from Memorial Sloan-Kettering Cancer Center in New York City, and colleagues evaluated associations between CT features, *BRCA* mutation status, cytoreductive outcome, and progression-free survival (PFS) among 108 [patients](#) with HGSOC (33 with *BRCA*-mutant and 75 with *BRCA* wild-type HGSOC) who underwent CT before primary debulking.

The researchers found that peritoneal disease (PD) pattern, presence of PD in gastrohepatic ligament, mesenteric involvement, and supradiaphragmatic lymphadenopathy at CT were associated with *BRCA* mutation status. Clinical and CT features were not associated with cytoreductive outcome for patients with *BRCA*-mutant HGSOC. However, in *BRCA* wild-type HGSOC, presence of PD in lesser sac (odds ratio [OR], 2.4) and left upper quadrant (OR, 1.19), mesenteric involvement (OR, 7.1), and lymphadenopathy in supradiaphragmatic (OR, 2.83) and suprarenal para-aortic (OR, 4.79) regions were associated with higher odds of incomplete cytoreduction. There was a significantly shorter PFS associated with mesenteric involvement at CT for both patients with *BRCA*-mutant HGSOC (hazard ratio [HR], 26.7) and those with *BRCA* wild-type HGSOC (reader 1: HR, 2.42; reader 2: HR, 2.61).

"This information may be of value for pretreatment patient counseling and initial decision making regarding maximal upfront cytoreductive effort versus neoadjuvant chemotherapy," write the authors.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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