Ovarian Cancer Surgery Guidelines
Advanced stage
(provisional document)
Specialized multidisciplinary decision making

Treatment must be planned preoperatively at a multidisciplinary team meeting, after workup aiming at ruling out 1 unresectable metastases, 2 secondary ovarian and peritoneal metastasis from other primary malignancies.

Surgery must be carried out by experienced and trained operators. Surgery in low-volume and low-quality centers is discouraged. The existence of an intermediate care facility, and access to an intensive care unit management, are required. Participation to clinical trials is a quality indicator.

Surgical management

Complete resection of all visible disease is the goal of surgical management.

Primary surgery is recommended in patients who can be debulked upfront to no residual tumor with a reasonable complication rate.

Minimum required elements in operative reports

Adequate information must be available in the operative report.

The operative report must be structured. Location and size of the disease at the beginning of the operation must be described.

All the areas of the abdominal and pelvic cavity must be evaluated and described.

All the completed surgical procedures must be mentioned.

If any, the size and location of residual disease at the end of the operation must be described. Reasons for not achieving complete cytoreduction must be reported.

Minimal information contained in the ESGO operative report must be present.

Minimum required elements in pathology reports

Adequate information must be available in the pathology report.

Reporting of postoperative complications

Complications must be recorded, and selected cases must be discussed at morbidity and mortality conferences.

Selection rules for primary debulking

Risk-benefit ratio in favor of primary surgery when:

- There is no unresectable tumor extent

- Complete debulking to no residual tumour seems feasible with reasonable morbidity, taking into account the patient’s status. Decisions are individualized and based on multiple parameters performance status, comorbidities, imaging and/or exploratory laparoscopy or laparotomy, pathologic type and grade.

- Patient accepts potential supportive measures as blood transfusions or stoma.

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1 The ESGO operative report is available in Appendix 1.
Criteria against abdominal debulking

- Diffuse deep infiltration of the root of small bowel mesentery
- Diffuse carcinomatosis of the small bowel involving such large parts that resection would lead to a short bowel syndrome remaining bowel < 1.5 m
- Diffuse involvement/deep infiltration of
  - Stomach/duodenum limited excision is possible
  - Head or middle part of pancreas tail of the pancreas can be resected
- Involvement of truncus coeliacus, hepatic arteries, left gastric artery celiac nodes can be resected.

Non-resectable metastatic disease stage IVB

- Central or multisegmental parenchymal liver metastases
- Multiple parenchymal lung metastases preferably histologically proven
- Nonresectable lymph node metastases
- Brain metastases

Examples of potentially resectable extra-abdominal disease

- Inguinal lymph nodes
- Retrocrural or paracardiac nodes
- Focal parietal pleural involvement
- Isolated parenchymal lung metastases

Examples of resectable intra-abdominal parenchymal metastases

- Splenic metastases
- Capsular liver metastases
- Single deep liver metastasis, depending on the location

\(^2\) In stage IVA pleural cavity must be surgically assessed by thoracoscopy or intraoperatively.
## Appendix 1: ESGO Ovarian Cancer OPERATIVE REPORT

The Guidelines, Recommendation and Assurance Quality Committee

### 1. Surgery Data

<table>
<thead>
<tr>
<th>1st Surgeon Dr:</th>
<th>2nd Surgeon Dr:</th>
<th>Type of Tumor:</th>
<th>Aim of Surgery:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Primary tumor</td>
<td>Palliative</td>
</tr>
</tbody>
</table>

Ca-125 UI/ml at Surgery: Suspected stage IV? Yes
- Abdominal wall
- Liver Parenchyma
- Spleen Parenchyma
- Extra abdominal lymph nodes

If Yes, please select:
- Pleura
- Lung
- Skin
- Other sites:

**Volumen of Ascites:** <500 cc

**Frozen Section:** Yes

**Frozen Section Diagnosis:**

### 2. Surgical Approach and Findings

**Approach:** Robotics

**Type of procedure:** Primary Debulking

### Tumor involvement

- Right ovary
- Left ovary
- Right tube
- Left tube
- Douglas
- Vagina
- Uterus
- Bladder/ureter
- Sigmoid-Rectum
- Recto-vaginal septum
- Pelvic wall
- Appendix
- Liver surface
- Small bowel mesentry
- Large bowel mesentery
- Lesser omentum
- Paraaortic nodes
- Omentum
- Right diaphragm
- Spleen parenchymal
- Celiac nodes
- Liver parenchymal
- Abdominal wall
- Stomach
- Skin
- Pancreas
- Pericardiophrenic nodes
- Inguinal nodes

### Lesion Size Score

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5 0</td>
<td>No tumor seen</td>
</tr>
<tr>
<td>1.5 1</td>
<td>Tumor up to 0.5 cm</td>
</tr>
<tr>
<td>1.5 2</td>
<td>Tumor up to 5.0 cm</td>
</tr>
</tbody>
</table>

### PCI

<table>
<thead>
<tr>
<th>PCI</th>
<th>0</th>
</tr>
</thead>
</table>

### PREPERITONEAL CANCER INDEX

<table>
<thead>
<tr>
<th>0 Central</th>
<th>1 Right upper</th>
<th>2 Epigastrum</th>
<th>3 Left upper</th>
<th>4 Left flank</th>
<th>5 Left lower</th>
<th>6 Pelvis</th>
<th>7 Right lower</th>
<th>8 Right flank</th>
<th>9 Upper jejenum</th>
<th>10 Lower jejenum</th>
<th>11 Upper ileum</th>
<th>12 Lower ileum</th>
</tr>
</thead>
</table>

### RETROPERITONEAL DISEASE

<table>
<thead>
<tr>
<th>0 Interaortocava/preaorta</th>
<th>1 Porta Hepatis</th>
<th>2 Celiac Axis</th>
<th>3 Suprarenal/Splenic</th>
<th>4 Left aortic</th>
<th>5 Left common iliac</th>
<th>6 Left ext iliac</th>
<th>7 Left inguinal</th>
<th>8 Right inguinal</th>
<th>9 Right ext iliac</th>
<th>10 Right common iliac</th>
<th>11 Pre-Paracava</th>
<th>12 Right cardio phrenic</th>
<th>13 Left cardio phrenic</th>
</tr>
</thead>
</table>

### PCI

<table>
<thead>
<tr>
<th>PCI</th>
<th>0</th>
<th>0</th>
</tr>
</thead>
</table>

**PERITONEAL CANCER INDEX**

**RETROPERITONEAL DISEASE**

**ECOG**

0: No residual disease
1: Residual disease
+ : Suspicious or Positive
### 3. Surgical Procedures

<table>
<thead>
<tr>
<th>Pelvic procedures</th>
<th>Medium abdomen procedures</th>
<th>Upper abdomen procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hysterectomy</td>
<td>Pelvic nodes</td>
<td>Resection lesser omentum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Liver capsule resection</td>
</tr>
<tr>
<td>Unilateral salpingo oophorectomy</td>
<td>Peritonectomy gutters</td>
<td>Partial gastrectomy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Atypical Liver resection</td>
</tr>
<tr>
<td>Bilateral salpingo oophorectomy</td>
<td>Paraortic nodes</td>
<td>Celiac axis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Partial hepatectomy</td>
</tr>
<tr>
<td>Small bowel mesentery</td>
<td>Small bowel resection</td>
<td>Hepatic hilum nodes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cholecystectomy</td>
</tr>
<tr>
<td>Ureteral resection</td>
<td>Large bowel resection</td>
<td>Diaphragmatic stripping</td>
</tr>
<tr>
<td>Colorectal resection</td>
<td>Appendicectomy</td>
<td>Diaphragmatic resection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inguinal nodes</td>
</tr>
<tr>
<td>Partial cystectomy</td>
<td>Infracolic omentectomy</td>
<td>Splenectomy</td>
</tr>
<tr>
<td>Pelvic peritonectomy</td>
<td>Radical omentectomy</td>
<td>Partial pancreatectomy</td>
</tr>
</tbody>
</table>

- **Nº anastomoses**: 0
- **Residual small bowel (cm)**:
- **Stoma Formation**: No
- **Type**: No stoma
- **Definitive**
- **Temporary**
- **Other procedures**:
  - IP-Port-a-cath
  - IV-Port-a-cath
  - Abdominal wall resection
  - Mesh placement
  - VATS
  - HIPEC

#### Residual disease (Intra-abdominal)
- **No macroscopic**
- **0.1-0.5 cm**
- **0.6-1 cm**
- **>1 cm**

#### Residual disease (Extra-abdominal)
- **No macroscopic**
- **0.1-0.5 cm**
- **0.6-1 cm**
- **>1 cm**

**Location/size of residual disease**:

- **Reason of Residual**:
  - Max 1m Age 50-70 y
  - Hepatic hilum
  - Small bowel

**Duration of the procedure (minutes)**:

**Estimated Blood Loss (cc)**:

**Nº RBC units transfused**:

**Severe complications during the operation**:

**Patient was brought to ICU with**:
- NG tube
- Foley Cath
- Epidural Cath
- Endotracheal tube
- Chest tube
- Drain/s: (n)

**Date of completion of this operative report**:

**Operative Report filled by Dr:**