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Prognostic factors for surgical outcome and survival in women treated for borderline ovarian tumors

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Data of 92 patients diagnosed with borderline ovarian tumors (BOTs) during the period from 2010 to 2017 in the National Cancer Institute (NCI), Cairo University, Egypt were retrospectively evaluated. Median follow up period was 42 months. The mean age at diagnosis was 42.7yrs. Histopathology was serous in 63%, mucinous in 28.3%, and endometrioid in 3.3%. 65 patients (70.7%) had Stage IA disease, 17 patients had Stage IB disease (18.5%), 4 patients had Stage IC disease (4.3%), 2 patients had Stage II disease (2.2%) and 4 patients had Stage III disease (4.3%) at diagnosis. 49 patients (53.3%) underwent fertility-sparing surgery, of which 19 patients underwent Unilateral ovarian cystectomy, 5 patients underwent Bilateral ovarian cystectomy, 25 underwent Unilateral salpingo-oophorectomy. 43 patients (46.7%) underwent radical surgery including hysterectomy, bilateral salpingo-oophorectomy. 39 patients had the micropapillary disease (42%) and 2 patients had the microinvasive disease (2.2%) on histopathology. 6 patients (6.5%) had peritoneal implants of which 1 was invasive and 5 were non-invasive. The recurrence rate in the entire study group was 18.5%, 17.6% among patients underwent radical surgery and 82.4% among patients underwent fertility-sparing surgery. 12 of the recurrences (70.6%) were borderline whereas 5 were invasive (29.4%). Stages IA and IB had significantly higher disease-free survival than other stages. Patients with micro invasion had significantly lower free disease-free survival 10.5 (9.52–11.5) Vs 77.6 (70.9–84.1). Radical surgery had significantly higher FDS than fertility-sparing surgery 75.8 (70.2–81.4) Vs 68.5 (58.2–78.8).

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