Ten Best Readings Relating to Ovarian Cancer


To the authors' knowledge, this randomized multicenter phase III trial is the largest in recurrent ovarian cancer and has demonstrated superiority in progression-free survival and better therapeutic index for doxorubicin and carboplatin compared with paclitaxel and carboplatin.


Neoadjuvant chemotherapy followed by interval debulking surgery was not inferior to primary debulking surgery followed by chemotherapy as a treatment option for patients with bulky stage IIIIC or IV ovarian carcinoma in this study. Complete resection of all macroscopic disease, whether performed as primary treatment or after neoadjuvant chemotherapy, remains the objective when cytoreductive surgery is performed.


This randomized phase III trial demonstrated improved progression-free survival including bevacizumab as concurrent and maintenance therapy in the primary treatment of ovarian cancer.


Olaparib has few of the adverse effects of conventional chemotherapy, inhibits PARP, and it has antitumor activity in cancer associated with the BRCA1 or BRCA2 mutation.


The addition of a symptom index to CA 125 created a composite index with a greater sensitivity for the detection of ovarian cancer than CA 125 alone and identified > 80% of women with early-stage disease. A composite marker such as this could serve as a first screen in a multistep screening program in which false-positive findings are identified via transvaginal sonography before referral for surgery, leading to an adequate positive predictive value for the multistep program.


The sensitivity of the MMS and USS screening strategies is encouraging. Specificity was higher in the MMS group than in the USS group, resulting in lower rates of repeat testing and surgery. This in part reflects the high prevalence of benign adnexal abnormalities and the more frequent detection of borderline tumors in the USS group. The prevalence screen has established that the screening strategies are feasible. The results of ongoing screening are awaited so that the effect of screening on mortality can be determined.


Through four screening rounds, the ratio of surgeries to screen-detected cancers was high, and most cases were late stage. However, the effect of screening on mortality is as yet unknown.


This trial demonstrated that early treatment of relapsed ovarian cancer by CA-125 alone did not improve survival and may have a negative impact on the patient.


This article looks at human cancers using gene expression signatures to identify patterns of pathway deregulation and tie these to clinically relevant associations with disease outcomes. This represents a paradigm shift toward examining targeted therapeutics via oncogenic pathway signatures to guide their use.


The authors used DNA microarray technology to identify gene expression patterns of primary tumors to predict response to primary platinum-based chemotherapy. This was then correlated to the deregulation of various oncogenic signaling pathways to identify unique characteristics of the platinum-resistant cancers that may guide future use of therapeutics.