

6. Ulusal CERRAHI ONKOLOJİ KONGRESİ

24 - 27 Haziran 2022 - Dönüş Otel Resort - ANTAKYA

**PROF. DR. KÜRŞAT KARADAYI**  
SIVAS CUMHURİYET ÜNİ. TIP FAKÜLTESİ CERRAHI ONKOLOJİ BD  
Primer Peritoneal Karsinomatozis ve Over Ca' da SRC + HIPEC

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### Over Kanseri

- Dünya çapında her yıl 22.000 yeni vaka
- Hem insidans hem de mortalite açısından 8. sıklıkta
- Median yaş 63
- Spesifik semptomların olmaması nedeniyle genelde ileri evrede tanı
- En sık tipi Seröz Karsinom



YER	ULUSAL İNCELENEN VAKA SAYISI	ULUSAL ÖLÜMLER	ULUSAL HAYAT BEKLENTİSİZLİK	ULUSAL HAYAT BEKLENTİSİZLİK	ULUSAL HAYAT BEKLENTİSİZLİK
ULUSAL İNCELENEN VAKA SAYISI	22.000	10.000	10.000	10.000	10.000
ULUSAL ÖLÜMLER	10.000	10.000	10.000	10.000	10.000
ULUSAL HAYAT BEKLENTİSİZLİK	10.000	10.000	10.000	10.000	10.000
ULUSAL HAYAT BEKLENTİSİZLİK	10.000	10.000	10.000	10.000	10.000
ULUSAL HAYAT BEKLENTİSİZLİK	10.000	10.000	10.000	10.000	10.000

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### Primer Periton Tümörleri

Yüksek Dereceli Seröz karsinom

- Mullerian kanaldan köken alır
- Seröz over karsinomu gibi sınıflandırılıp aynı şekilde tedavi edilir.

**WHO classification of tumours of the peritoneum**

WHO Classification	Tumour site	WHO Classification	Tumour site
88000	seröz over karsinomu	88001	seröz over karsinomu
88001	seröz over karsinomu	88002	seröz over karsinomu
88002	seröz over karsinomu	88003	seröz over karsinomu
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88099	seröz over karsinomu	88100	seröz over karsinomu

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### FIGO Evrelemesi

**Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer**

World Health Organization (WHO) International Federation of Gynecology and Obstetrics (FIGO) Working Group

FIGO

IA Tumor involves one or both ovaries or fallopian tubes with pelvic extension (ovarian, fallopian tube or primary peritoneal cancer)

IB Extensive ovarian implants on the uterine surface, fallopian tube(s), and/or ovary

II Extensive to either implants on either ovary, fallopian tube, or primary peritoneal cancer with microscopically confirmed peritoneal involvement outside the pelvic cavity

III Microscopic implants (ovary, fallopian tube, primary peritoneal cancer) with or without gross peritoneal lymph nodes

IV Microscopic peritoneal metastases beyond pelvic 2 cm or less in greatest dimension with or without metastases to the retroperitoneal lymph nodes

V Microscopic peritoneal metastases beyond the pelvic area more than 2 cm or greatest dimension with or without metastases to the retroperitoneal lymph nodes (includes extension of tumor to capsule of liver and spleen without macroscopic involvement of either)

FIGO

NO distant metastasis

NO distant metastasis including pleural effusion with positive cytology, liver or spleen parenchymal metastases, metastases to extra-abdominal organs including regional lymph nodes and lung nodes outside the abdominal cavity, and intracranial involvement of pituitary

NO distant metastasis including pleural effusion with positive cytology, liver or spleen parenchymal metastases, metastases to extra-abdominal organs including regional lymph nodes and lung nodes outside the abdominal cavity, and intracranial involvement of pituitary

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### Tanı/Öykü-FM

- Karın ağrısı, şişkinlik, bulantı, erken doyma,
- Asite sekonder dispne, intestinal obstruksiyon, plevral efüzyon
- FM: Ele gelen adneksiyel kitle, asit bulguları...
- CA-125: epitelyal over kanserlerinde %80 (evre 1 de % 50)

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### Tanı/Görüntüleme

- USG: Genelde ilk yapılan tetkik
  - Asit varlığı
  - Pelvik kitle
  - Sitolojik örneklem
  - Doku bx


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**Tanı/Görüntüleme**

IV Kontrastlı BT:

- İlk tercih
- PCI'yi iyi tahmin

MRI: Mezenter, pelvis ve yumuşak dokuları değerlendirmede CT'den üstün



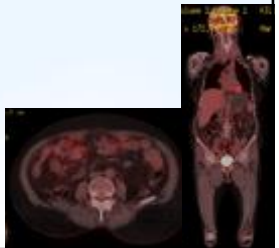
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**Tanı/Görüntüleme**

PET-CT;

PCI'yi tahmin kabiliyeti IV-K-CT'den zayıf.


Uzak metastaz tespit avantajı.



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**Tanısal Laparoskopi**

Tanı ve evreleme için gold standart



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**Tedavi**

SRC

HIPEC

NAK/İNTERVAL SRC

LENF NODU DİSEKSİYONU

SEKONDER SRC

ADJUVAN KT

KOLEKTOMİ TEKNİĞİ

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**Sitoredüktif Cerrahi**

Primer Periton Tümörleri

- Mezotelyoma
- Seröz Karsinom

Peritoneal Metastazlar

- Jinekolojik
  - Over
  - Tuba
  - Uterus
- Kolon Kanseri
- Apendiks
- İncebarsak
- Mide Kanseri

Peritoneal Sarkomatosis

Pseudomiksoma Peritonei

Karaciğer ?  
Özafagus  
Safrakesesi  
Pankreas

**Research Article**

**Cytoreductive Surgery and Perioperative Intraperitoneal Chemotherapy Experience in Peritoneal Carcinomatosis: Single-Center Analysis of 180 Cases**

Kanar Karadeniz<sup>1</sup>, Meric Emre Boztasici, Murat Can Mollaoglu, and Uluk Karabacak<sup>2</sup>

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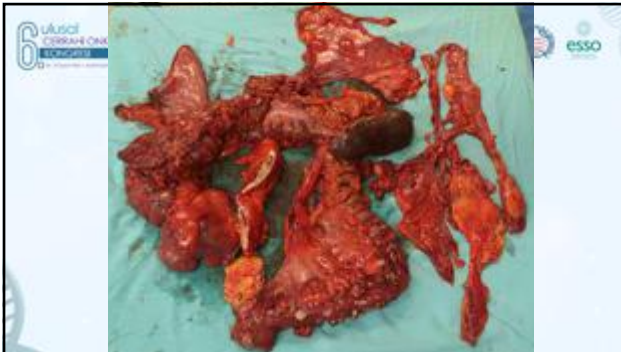
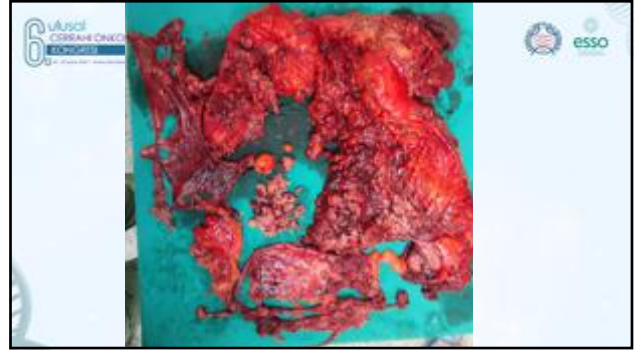
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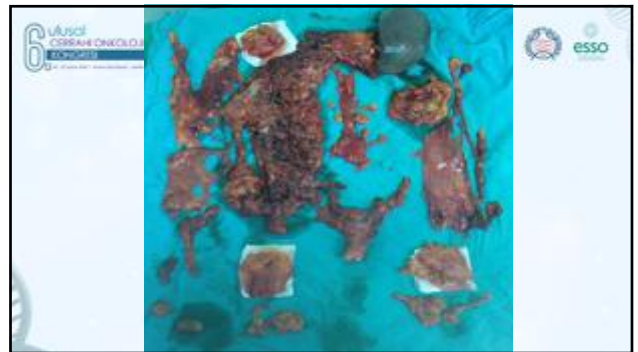
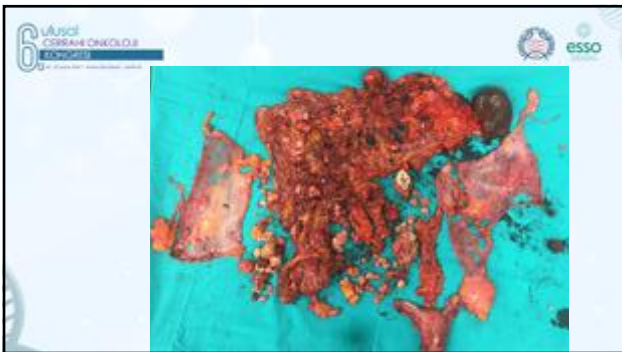
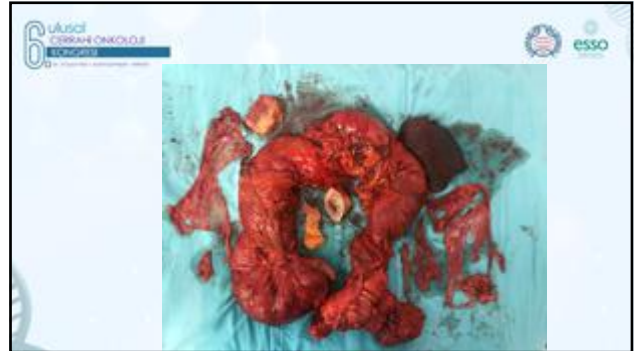
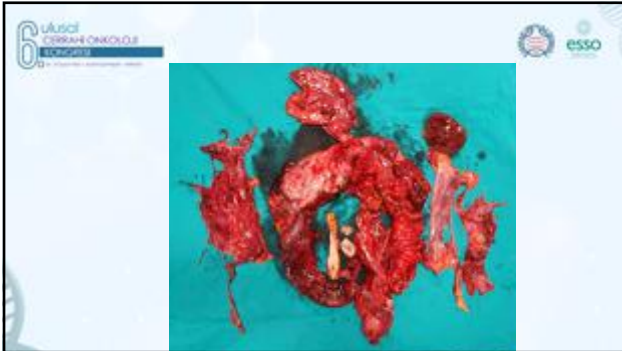
ESSE

*Sitoredüktif Cerrahi*

Multiviserel Rezeksiyonlar;

- Splenektomi
- Omentektomi
- TAH-BSO
- Peritonektomi
- Mide Rezeksiyonu
- İ.Barsak Rezeksiyonu
- Kolesistektomi
- Apendektomi
- Gastrektomi
- Kolektomi







### Primer SRC'nin Rolü

Winters et.al  
FIGO III 1895 hasta  
CCR ile OS ve DFS arasında doğru orantı olduğunu gösterdi

Charakteristik	No. of Patients	Median survival (months)	95% CI	P
Optimal resected	427	20.0	18.0 - 22.0	< .001
Nonoptimal	761	16.8	15.0 - 18.6	
< 1.0 cm	881	18.1	16.3 - 19.9	

### Primer SRC'nin Rolü

Bois et.al  
FIGO IIB-IV 3126 hasta  
CCR ile OS ve DFS arasında doğru orantı olduğunu gösterdi

Median 1st Op	All Intact Resections		Suboptimal Resections		P	
	No.	OS (%)	No.	OS (%)	No.	OS (%)
Yes	100	50.0	100	25.0	100	50.0
No	100	25.0	100	50.0	100	25.0
OS	100	37.5	100	37.5	100	37.5

### Primer SRC'nin Rolü

Komplet Sitoredüksiyon → OFS ↑ DFS ↑

<1mm      1-10mm      >10mm

### Hangi hastada CC 0-1 sağlanabilir?

Laparoskopide; (\*Her kriter 2 puan)

- Masif/miliyer tutulum
- Miliyer diyafragmatik tutulum
- Mezenterin masif tutulumu ya da mezenter kökunun tutulumu
- Gastrohepatik ligaman tutulumu
- Mide tutulumu
- Karaciğer yüzey tutulum


≥ 8 → ~~Komplet Sitoredüksiyon~~

<8 puan durumunda %85 Komplet Sitoredüksiyon Şansı

**Interval SRC**

- Mezenter kökünün diffüz tutulumu
- Diffüz incebarsak tutulumu (rezeksiyon sonrası <1.5 m kalıksız)
- Mide, duodenum, pankreas başı ya da gövdesinin diffüz tutulumu
- Çölyak turunkus, hepatic arter ya da sol gastrik arter tutulumu
- Santral ya da multi segmental KC met.
- Multiple AC met.
- Anrezekeble lenf nodu
- Beyin metastazı
- Kötu performans ya da malnütrisyon
- Yüksek komorbidite

**NAK**



**Interval SRC**


Çok Merkezli Faz III R.C

- EORTC 55971
- CHORUS

Primer SRC+Adjuvan KT / NAK+Interval SRC

↓

**Benzer OS ve DFS**




**Interval SRC**

Japonya'dan Faz III RCT;

Primer SRC OS:49 ay  
Interval SRC(NAK) OS:44 ay

Primer SRC, Interval SRC'ye üstün bulundu.

Diğer çalışmalarda Primer SRC grubuna yetersiz cerrahi uygulanmış olabileceği eleştirisi sunuldu.




**Interval SRC/Avantajlar**

Primer SRC'ye göre;

- Daha az invaziv prosedürler
- Daha az kombine rezeksiyon
- Daha az uzak organ metastazektomisi

Perioperatif morbidite oranları ↓


Hayat kalitesi skorları ↑



**Interval SRC/Dezavantajlar**

NAK alan hastaların %27'si interval cerrahiye alınmıyor;

- Yetersiz yanıt (%39)
- Hasta performansının kötü olması (%24)
- NAK sürecinde mortalite (%15)
- Hastanın cerrahiye reddetmesi (%8)
- Hastanın takipten çıkması (%6)



**Hasta Merkezli Karar Verilmeli**

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**Sekonder SRC**

- Primer SRC sonrası nüks durumunda
- Amaç yine CC 0-1

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**Sekonder SRC için**  
Hangi Hastada CC 0-1 Sağlanabilir ?

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**Sekonder SRC**

AGO kriterleri;  
(Arbeitsgemeinschaft Gynäkologische Onkologie) (İncelikli Onkoloji Çalışma Grubu)

- Primer cerrahiden sonra rezidüel tümör kalmaması
- İyi hasta performansı

ECOG'a göre (Eastern Cooperative Oncology Group)

- Asit olmaması

**Surgery in Recurrent Ovarian Cancer: The Arbeitsgemeinschaft Gynäkologische Onkologie (AGO) DESKTOP-OVAR Trial**

Walter Herten<sup>1</sup>, Barbara A. Bell<sup>2</sup>, Mark Robinson<sup>3</sup>, Anne Quinones<sup>4</sup>, Annette Berger<sup>5</sup>, Sabine Konecny<sup>6</sup>, Barbara Gnan<sup>7</sup>, Eva Richter<sup>8</sup>, Peter Zeitlinger<sup>9</sup>, Michael Schuster<sup>10</sup>, Jürgen Margenthaler<sup>11</sup>, Hans-Joachim Sauer<sup>12</sup>, Hans-Joachim Schmoll<sup>13</sup>, Jörg-Aljoscha Beckers<sup>14</sup>, Axel Therasy<sup>15</sup>, and Gerd Konecny<sup>16</sup> for the Arbeitsgemeinschaft Gynäkologische Onkologie (AGO) Ovarian Cancer Study Group (AGOO)

Journal of Clinical Oncology 36:15 (May 20, 2018): 1693-1701. doi:10.1200/JCO.2017.36.1593

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**Sekonder SRC**  
IMODEL Skoru

Input Factor	Rating <sup>a</sup>	0	0.8	1.6	2.4	3.2
FIGO stage	IB, II, III, IV					
RD after primary surgery <sup>b</sup>	0, 1, 2, 3, 4					
PFI (months)	> 36, 12-36, < 12					
ECOG performance status <sup>c</sup>	0-1, 2-3					
CAC22 at recurrence (U/ml)	> 500, ≤ 500					
Asites at recurrence <sup>d</sup>	None, Present					

FIGO International Federation of Gynecology and Obstetrics, RD residual disease, PFI Progression-free interval, ECOG Eastern Cooperative Oncology Group

<sup>a</sup> Low-risk: 0-1.7, High-risk: > 1.7

<sup>b</sup> The Arbeitsgemeinschaft Gynäkologische Onkologie (AGOO) score system

**0 Best Model for Secondary Conservative Surgery in Recurrent Ovarian Cancer: An Evidence-Based Proposal for Patient Selection**

Walter Herten<sup>1</sup>, Barbara A. Bell<sup>2</sup>, Mark Robinson<sup>3</sup>, Anne Quinones<sup>4</sup>, Annette Berger<sup>5</sup>, Sabine Konecny<sup>6</sup>, Barbara Gnan<sup>7</sup>, Eva Richter<sup>8</sup>, Peter Zeitlinger<sup>9</sup>, Michael Schuster<sup>10</sup>, Jürgen Margenthaler<sup>11</sup>, Hans-Joachim Sauer<sup>12</sup>, Hans-Joachim Schmoll<sup>13</sup>, Jörg-Aljoscha Beckers<sup>14</sup>, Axel Therasy<sup>15</sup>, and Gerd Konecny<sup>16</sup> for the Arbeitsgemeinschaft Gynäkologische Onkologie (AGO) Ovarian Cancer Study Group (AGOO)

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**Sekonder SRC**

Deskop III (FAZ III RCT) çalışması

AGO kriterlerine göre seçilmiş 407 hastanın %74'ünde komplet sitoreduksiyon

- S.SRC → OS:53 PFS:18 ay
  - Komplet Sitoreduksiyon OS:61 ay
  - İnkomplet Sitoreduksiyon OS:28 ay
- Sadece KT → OS:46 PFS:14 ay

**Randomized Trial of Conservative Surgery for Relapsed Ovarian Cancer**

Walter Herten<sup>1</sup>, Barbara A. Bell<sup>2</sup>, Mark Robinson<sup>3</sup>, Anne Quinones<sup>4</sup>, Annette Berger<sup>5</sup>, Sabine Konecny<sup>6</sup>, Barbara Gnan<sup>7</sup>, Eva Richter<sup>8</sup>, Peter Zeitlinger<sup>9</sup>, Michael Schuster<sup>10</sup>, Jürgen Margenthaler<sup>11</sup>, Hans-Joachim Sauer<sup>12</sup>, Hans-Joachim Schmoll<sup>13</sup>, Jörg-Aljoscha Beckers<sup>14</sup>, Axel Therasy<sup>15</sup>, and Gerd Konecny<sup>16</sup> for the Arbeitsgemeinschaft Gynäkologische Onkologie (AGO) Ovarian Cancer Study Group (AGOO)

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**Adjuvan KT**

- Tüm hastalara verilmeli;
  - Tek başına
  - Primer SRC
  - İnterval SRC
  - Sekonder SRC
- Adjuvan KT'nin başlanması 25-28 günden uzun süre sağ kalım sonuçları kötüleşiyor.

**Early Initiation of Carboplatin Following Complete Resection of Substaged Ovarian Cancer Associated with Improved Survival: ABOG Ovarian/Prostate/Endometrial Group Study**

Walter Herten<sup>1</sup>, Barbara A. Bell<sup>2</sup>, Mark Robinson<sup>3</sup>, Anne Quinones<sup>4</sup>, Annette Berger<sup>5</sup>, Sabine Konecny<sup>6</sup>, Barbara Gnan<sup>7</sup>, Eva Richter<sup>8</sup>, Peter Zeitlinger<sup>9</sup>, Michael Schuster<sup>10</sup>, Jürgen Margenthaler<sup>11</sup>, Hans-Joachim Sauer<sup>12</sup>, Hans-Joachim Schmoll<sup>13</sup>, Jörg-Aljoscha Beckers<sup>14</sup>, Axel Therasy<sup>15</sup>, and Gerd Konecny<sup>16</sup> for the Arbeitsgemeinschaft Gynäkologische Onkologie (AGO) Ovarian Cancer Study Group (AGOO)

Journal of Clinical Oncology 36:15 (May 20, 2018): 1693-1701. doi:10.1200/JCO.2017.36.1593

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# HIPEC

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## SRC+HIPEC

Spillotis ve ark. RCT, 120 hasta,  
Primer SRC ya da Debulking+Adjuvan KT sonrası nüks

SRC+HIPEC → OS:26ay  
Sadece SRC → OS:13ay

Evre IV hastalar ve Nüks hastalar  
da dahil edilmiş.

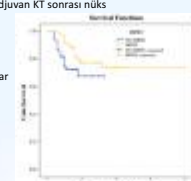


FIG. 1. Kaplan-Meier survival plot. OS: SRC+HIPEC versus SRC.

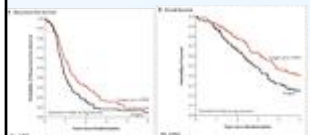
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## SRC+HIPEC

van Driel ve ark. RCT, Interval SRC 245 hasta

- SRC+HIPEC → DFS:14ay → OS:45ay
- Sadece SRC → DFS:10ay → OS:33ay



**Hypothermic Intraperitoneal Chemotherapy in Ovarian Cancer**

Abstract

OBJECTIVE: To evaluate the efficacy and safety of hypothermic intraperitoneal chemotherapy (HIPEC) in patients with advanced ovarian cancer.

DESIGN: Randomized controlled trial.

SETTING: Academic medical center.

PARTICIPANTS: 245 patients with advanced ovarian cancer.

MEASUREMENTS AND MAIN RESULTS: The primary endpoint was overall survival. The secondary endpoints were disease-free survival, quality of life, and toxicity. The HIPEC group had significantly better overall survival (45 months) compared to the control group (33 months). Disease-free survival was also significantly better in the HIPEC group (14 months) compared to the control group (10 months). There was no significant difference in quality of life or toxicity between the two groups.

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## Kullanılan Ajanlar

Interval SRC: Cisplatin  
Platin sens. Nüks: Cisplatin+Paclitaxel  
Platin resist. Nüks: Doxorubicin+Mitomycin/Paclitaxel

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## HIPEC/Tartışmalar

RCT'ler yetersiz?

- Tek merkez
- Görece az hasta sayısı
- Sadece interval SRC uygulanan hastalar

Primer SRC çalışmaları retrospektif

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## Cytoreductive surgery and perioperative intraperitoneal chemotherapy for gynecological malignancies: a single center experience

E Karabudak, F Tokdemir, S Karabudak, G Bursalı, M. S. Karabudak, A Karabudak, A Karabudak

HWJ, 2017;21:144

**Abstract**

**Introduction:** The objective of this study was to assess the outcome of cytoreductive surgery (CRS) plus hyperthermic intraperitoneal chemotherapy (HIPEC) plus early postoperative intraperitoneal chemotherapy (EPIC) in patients with advanced gynecological malignancies.

**Materials and methods:** A retrospective series of 51 patients with advanced gynecologic cancer, evaluated between May 2008 to February 2014. Postoperative Cancer Index (PCI) and Completeness of Cytoreduction (CCR) score were used in the study group. The study group consisted of the cancers of ovarian, fallopian tube, endometrial, and uterine sarcoma.

**Results:** Mean PCI score of the study group was 10, and the postoperative complications were similar with the literature. Patients were followed for a period of 14 days to 66 months and the mean survival



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## Ancak Klavuzlara Girmeye Başladı

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## NCCN Klavuzu

Interval CRS'de HIPEC uygulanabilir.

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## Lenf Nodu Diseksiyonunun Yeri

LION RCT,  
Komplet Sitoreduksiyon uygulanan ve klinik olarak BPPLN(-) 647 hasta.

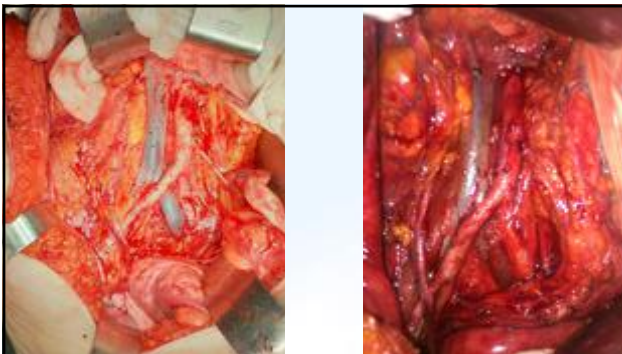
- BPPLND yapılanların %55.7'sinde mikroskopik hastalık
- OS ve DFS'de fark yok
- Morbidite ↑
- BPPLND yapılmayanlarda; LN'den çok Peritoneal Nüks saptanmış

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## FIGO Algoritması

Figure 2. Algorithm for the management of lymph nodes in patients with advanced ovarian cancer (FIGO 4-5). FIGO defines International Federation of Gynecology and Obstetrics.



**6. Ulusal GİRNE ONKOLOJİ VE RADYASYON ONKOLOJİSİ KONGRESİ**

### Kolektomi Tekniği

Over ca nedeniyle;  
SRC sırasında kolektomi yapılan  
30 hasta

- 17 hastada (%57) mezokolik LNM

*(Note: The slide also contains a small abstract snippet from a medical journal, partially obscured by the text above.)*

