Ovarian cancer hope

Brisbane oncologist champions progressive surgery as ovarian cancer survivors' best chance of survival

Professor Alex Crandon is pioneering Australian-first surgery that is giving new hope to women suffering from extensive gynaecological cancer.

Professor Crandon first performed the peritonectomy of the abdominal cavity – a procedure that had never before been attempted in Australia by a gynaecological cancer surgeon – five years ago.

Today, he remains the only surgeon of his kind in the country to have performed the procedure and one of very few across the world.

First implemented in the United States for the treatment of widespread cancer of organs such as the appendix, bowel and stomach, a peritonectomy involves an extensive operation to remove the lining (peritoneum) of the abdominal cavity that contains cancer.

"The aim is to remove all visible cancer regardless of where it has spread. It is an operation that usually takes about six to eight hours, however I have performed one that lasted 17.5 hours," he said.

Professor Crandon said the procedure may also involve the removal of sections of the intestine, diaphragm, liver and spleen, as well as checking, and if necessary removing, areas behind the liver.

According to Professor Crandon, up until several years ago doctors treating ovarian cancer performed so called 'debulking' operations to remove all the bulky tumours, but left the smaller cancers that were scattered in the abdominal cavity to be eliminated by chemotherapy.

THE SILENT KILLER

Ovarian cancer is often referred to as the silent killer. It most commonly occurs after menopause, presenting with symptoms synonymous with this stage of life including:

- weight gain
- bloating
- heartburn
- changes to bowel movement

"Research conducted over many years showed obvious evidence that the single biggest factor determining survival of ovarian cancer patients was how completely you removed all the visible cancer during surgery," Professor Crandon said.

"This meant the method of removing just the bulky tumours was not satisfactory and I needed to find another technique.

"The only operation that allowed the removal of all cancerous tumours was a peritonectomy, and the best results were achieved when this procedure was combined with Hyperthermic Intra-Operative Intra-Peritoneal Chemotherapy (HIPEC). But neither of these procedures had been used in Australia for the treatment of gynaecological cancers before, so although I knew it would work in theory, the practice was somewhat experimental."

HIPEC is a procedure where heated chemotherapy is pumped directly into the abdomen using a heart and lung machine. The advantage is the chemo is delivered directly where needed and the heating increases absorption and penetrates deeper into the tissues and increases the tumour kill rate.

"The number of these procedures performed in Brisbane so far is too small to allow any meaningful statistical analysis, however there are several overseas trials in gastrointestinal (GIT) cancers that show significantly better survival for patients treated in this way when they have disseminated disease," Professor Crandon said.

"With ovarian cancers, we only have studies that use what are called historical controls; these show improved survival when patients are treated using peritonectomy with HIPEC compared with conventional 'debulking' surgery and intravenous chemotherapy.

"There are now five overseas prospective randomised controlled studies starting to look at peritonectomy with HIPEC in ovarian cancer and we believe they will show the same results that has been shown with GIT cancers."

Professor Alex Crandon

Although Professor Crandon believes peritonectomy with HIPEC gives patients with advanced ovarian cancers the best chance of survival, nothing is more important than early detection. As a result ovarian cancer is not an obvious diagnosis and can be overlooked.

"Diagnosis of ovarian cancer is about GPs having a higher degree of suspicion when these symptoms present," Professor Crandon said.

"If doctors treat these symptoms and they don't settle in a couple of months, they should start thinking of ovarian cancer as a possibility and send the patient for an ultrasound and a blood test, specifically a CA125.

"GPs need to remember that any ovarian tumour in postmenopausal women is pathological and should be removed." PH

By Karla Simpson

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