



Short Commentary about the Ovarian Cancer in the Spanish Province of Castellon

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Ovarian Cancer

Castellon is a Spanish province situated in the east of Spain. As many other Mediterranean countries the overall incidence of ovarian cancer is low when compared with northern European countries (approximately 8/100.000 habitants per year) [1]. At the same time the five year relative survival is low when compared with EEUU and in the Spanish province of Castellon is even lower than the rest of Spain [2].

Several prognostic factors for ovarian cancer have been studied and reported in an attempt to increase tumor-free survival [2,3]. The most important are International Federation of Gynecology and Obstetrics (FIGO) stage, size of residual tumor after primary surgery and age at diagnosis. As we know the 70-80% of ovarian cancers will be diagnosed at advanced stage and the median age at diagnosis in our patients is 65 years old. So the only parameter can be modified to improve survival is our surgical technique. In our serie we are complete convinced that our low survival and especially in advanced stages is due to the residual tumor left after the cytoreductive surgery.

Is well known that in Spain we do not have a subspeciality in Gynecology Oncology and the advanced ovarian cancer is a challenging surgery if we attempt to perform a complete surgery. Trying to improve the progression free interval and perhaps the overall survival, a Multidisciplinary Unit of Abdominal Pelvic Oncology Surgery (MUAPOS) was created at our institution in January 2013, dedicating itself entirely to the treatment of advanced ovarian cancer by incorporating extensive surgical techniques for cytoreduction of advanced ovarian and peritoneal cancers. This multidisciplinary focus of the technique used has reached an improvement in the percentage of

optimal achieved cytoreduction [4,5]. Nevertheless we have observed that the type of surgery needed to achieve complete cytorreduction in advanced ovarian cancer is aggressive and complex. For this reason, specialist teams should be prepared to cope with a high rate of complications, at least during their initial stages. Through the adequate process of patient selection and the acquisition of a greater experience in the cooperative treatment of advanced ovarian cancer, overall results for this type of surgery should experience a rapid increase, in terms of efficiency and safety.

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