June 12, 2009

GOC Statement
CA125 Monitoring in the Management of Recurrent Ovarian Cancer

Results of a multi-institutional European trial comparing early treatment of relapsed ovarian cancer based on CA125 only versus delayed treatment based on conventional clinical indicators after completion of first line chemotherapy, was presented at the American Society of Clinical Oncology meeting (ASCO) on May 31st. Results of this prospective randomized trial showed that in women with relapsed ovarian cancer, there is no advantage between initiating chemotherapy based on CA125 elevation versus initiating treatment when symptoms occur. This is the first large prospective trial suggesting that women treated based on CA125 elevation receive overall more chemotherapy and have decreased quality of life scores without significant improvement in 5 years survival.

Gynecologic oncologists and medical oncologists treating ovarian cancer patients have struggled for years with the issue of when is it best to initiate treatment in relapsed ovarian cancer. While very provocative, the study has some limitations which may restrict its interpretation. The complete published manuscript is awaited and more data will be necessary before a change in current practice is recommended.

Therefore, the Society of Gynecologic Oncology of Canada (GOC) suggests that the results of the above study be interpreted cautiously. Individualized recommendations should be made after careful consideration of patients and tumor characteristics such as the type of recurrence (isolated vs widespread), size of the tumor recurrence, disease free interval, prior response to platinum treatment, access to clinical trials and overall patients' medical condition. A careful discussion should thus take place between the treating physician and the patient to discuss the pros and cons of both approaches.

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780 Echo Drive, Ottawa, ON K1S 5R7 Canada | Tel.: 800-561-2416 | 613-730-4192 / Fax: 613-730-4314
www.g-o-c.org

The Officers of the Society of Gynecologic Oncology of Canada,

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President, The Society of Gynecologic Oncology of Canada

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