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Ten years experience in the management of borderline ovarian tumors at Tom Baker Cancer Centre.

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Source

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Abstract

OBJECTIVE:

The aim of this study was to review the clinical outcomes of patients with borderline **ovarian** tumors (BOTs) at Tom Baker Cancer Centre (TBCC) and to assess the value of surgical staging.

METHODS:

This retrospective study included 138 patients treated for BOTs at TBCC between January 1994 and December 2005. Patients were divided into two groups: group I with complete surgical staging (n = 89) and group II with incomplete surgical staging (n = 49). This population-based study identified patients using the Alberta Cancer Registry. Charts were reviewed by a single person. Data extracted included demographic information and prognostic factors such as age, histological type, laterality of the cyst, presence of microinvasion, and the type of surgical procedure. Data were extracted and entered into a study database for analysis. Overall survival and overall recurrence-free survival of both groups were calculated using the Kaplan-Meier method. Risk factors for recurrence were analyzed using Cox regression analysis.

RESULTS:

A total of 138 patients were enrolled, with a mean age of 46 **years**. The median follow-up time was 37 months. The most common histological type of BOT was the serous type found in 70 (50.7%) patients. Microinvasion was

identified in four (2.9%) patients. Twelve patients were found to have implants as result of the staging procedure; two of them were invasive implants and both required chemotherapy. Forty-three (31%) patients had conservative surgery and 95 (68.8%) patients had non-conservative surgery. Nine (6.5%) patients experienced recurrence: five (5.6%) patients in group I versus four (8.2%) patients in group II. The presence of microinvasion is the risk factor for recurrence ($P = 0.013$).

CONCLUSIONS:

The indications for restaging surgery remain controversial, as there was no difference in recurrence rates observed between the study groups. However, surgical staging is important for identifying invasive extraovarian implants that need to be treated with chemotherapy. For patients who have conservative surgery, close- and long-term follow-up is required