

Factors associated with the involvement of lymph nodes in low-grade serous ovarian cancer

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Abstract

Background and Objectives

Evaluating nodal metastases in low-grade serous ovarian cancer (LGSOC) patients.

Methods

Women with LGSOC who had undergone primary cytoreductive surgery comprising systematic pelvic-paraaortic lymphadenectomy were included. Data were obtained retrospectively from 12 oncology centers.

Results

One hundred and forty-eight women with LGSOC who had undergone comprehensive surgical staging were included. Seventy-one (48.0%) patients had metastatic lymph nodes. Preoperative serum CA-125 levels of ≥ 170 U/ml (odds ratio [OR]: 3.84; 95% confidence interval [CI]: 1.22–12.07; $p = 0.021$) and presence of lymphovascular space invasion (LVSI) (OR: 13.72; 95% CI: 3.36–55.93; $p < 0.001$) were independent predictors of nodal metastasis in LGSOC. Sixty (40.5%) patients were classified to have apparently limited disease to the ovary/ovaries. Twenty (33.3%) of them were upstaged after surgical staging. Twelve (20.0%) had metastatic lymph nodes. Presence of LVSI (OR: 12.96; 95% CI: 1.14–146.43; $p = 0.038$) and preoperative serum CA-125 of ≥ 180 U/ml (OR: 7.19; 95% CI: 1.35–38.12; $p = 0.02$) were independent predictors of lymph node metastases in apparent Stage I disease.

Conclusions

Clinicians may consider to perform a reoperation comprising systematic lymphadenectomy in patients who had apparently limited disease to the ovary/ovaries and had not undergone

lymphadenectomy initially. Reoperation may be considered particularly in patients whose preoperative serum CA-125 is ≥ 180 U/ml and/or whose pathological assessment reported the presence of LVSI.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.