



6. Šola o ginekoloških rakih

SODOBNI PRISTOP K OBRAVNAVI BOLNIC Z RAKOM JAJČNIKOV

# POMEN HISTOPATOLOŠKIH ZNAČILNOSTI IN STADIJA NA POTEK IN IZID BOLEZNI

... ...

*Sonja Bebar  
Ljubljana, 20. maj 2021*

## POMEN HISTOPATOLOŠKIH ZNAČILNOSTI IN STADIJA NA POTEK IN IZID BOLEZNI

• ...

- Rak jajčnikov ima najslabše preživetje med vsemi ginekološkimi raki
- V zadnjih desetletjih je prišlo do napredka pri zdravljenju (kirurgija, citostatiki, tarčna zdravila)
- Približno polovica bolnic z rakom jajčnikov je živih 5 let po postavljeni diagnozi (47%)
- Če je bolezen odkrita v napredovalih stadijih (FIGO III in IV), je 5 – letno preživetje le okoli 29%
- Več kot tri četrtine bolezni odkrijemo v napredovalih stadijih
- Gre za heterogeno skupino bolezni, ki se med seboj razlikujejo po epidemioloških, molekularnih in kliničnih lastnostih

## HISTOPATOLOŠKA KLASIFIKACIJA

- EPITELIJSKI RAK JAJČNIKOV (90%)
  - Serozni karcinom visoke stopnje malignosti (70%)
  - Endometrioidni karcinom (10%)
  - Svetlocelični karcinom (10%)
  - Mucinozni karcinom (3%)
  - Serozni karcinom nizke stopnje malignosti (5%)
  - Karcinosarkom
  - Maligni Brennerjev tumor (zelo redki)
- NEEPITELIJSKI RAKI JAJČNIKOV
  - Stromalni tumorji
  - Germinalni tumorji

## PREŽIVETJE BOLNIC Z RAKOM JAJČNIKOV

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Na preživetje bolnic z rakom jajčnikov vpliva več delavnikov:

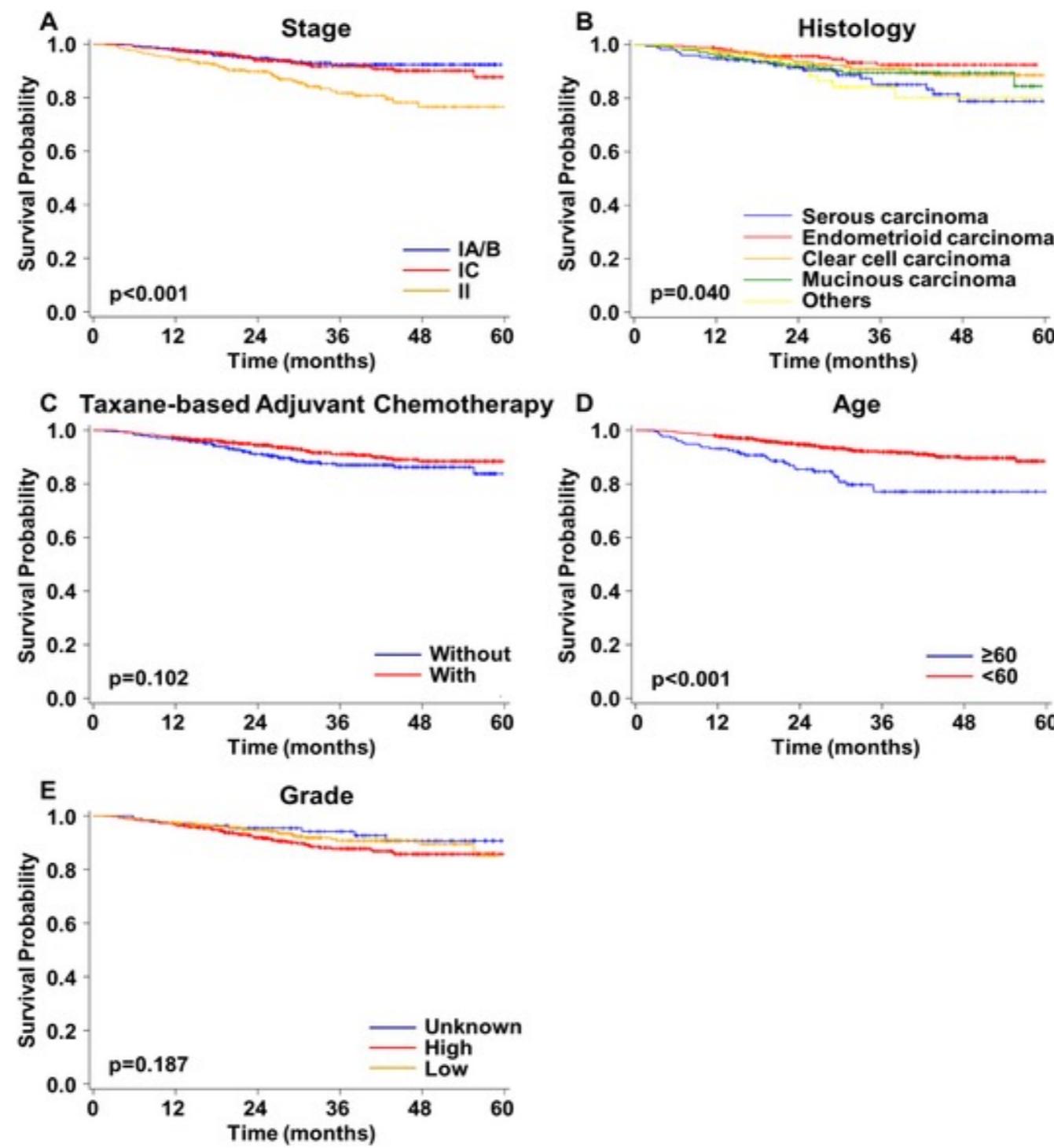
- Stadij bolezni
- Velikost ostanka bolezni po citoreduktivni operaciji
- Histologija
- Starost
- Stanje zmogljivosti
- Spremljajoče bolezni
- Rasna pripadnost

## PREŽIVETJE BOLNIC Z RAKOM JAJČNIKOV

Boljše preživetje

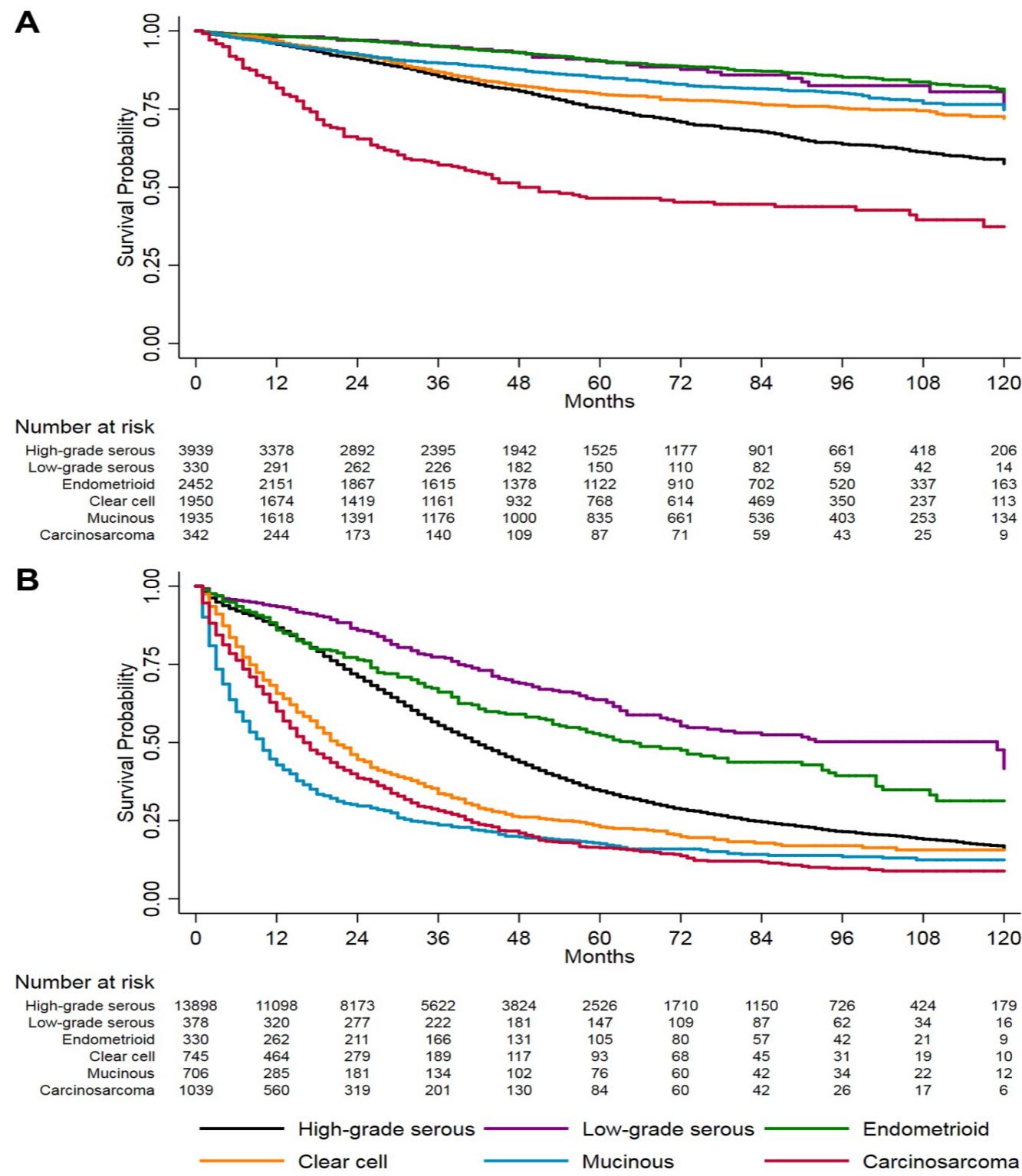
- Mlajše bolnice
- Neserozna histologija
- Zgodnji stadiji bolezni
- Brez rezidualne bolezni po citoreduktivni kirurgiji
- Odsotnost ascitesa
- Nizke vrednosti CA 125

Fig 2. Overall survival curves for patients with early-stage epithelial ovarian cancer.

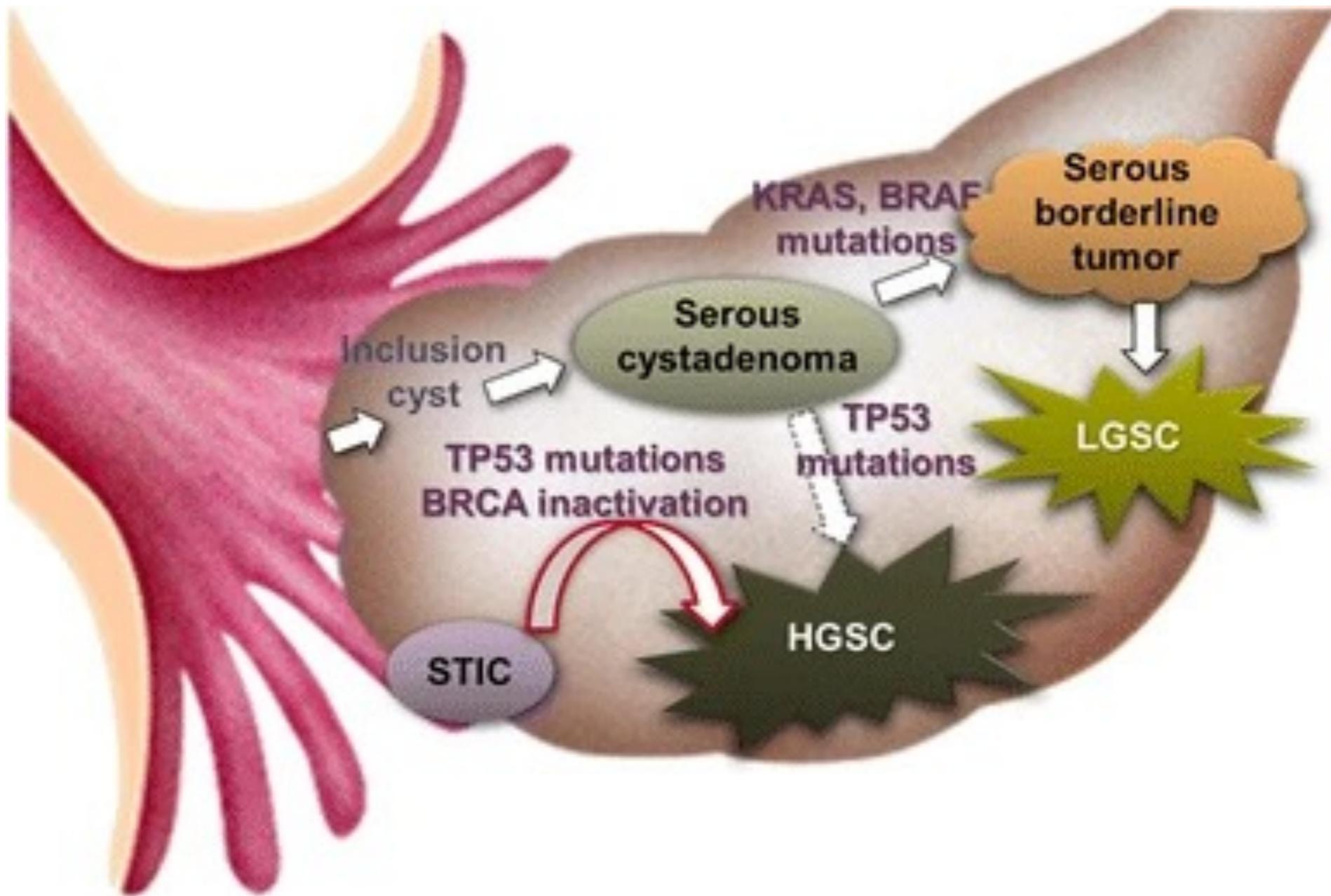


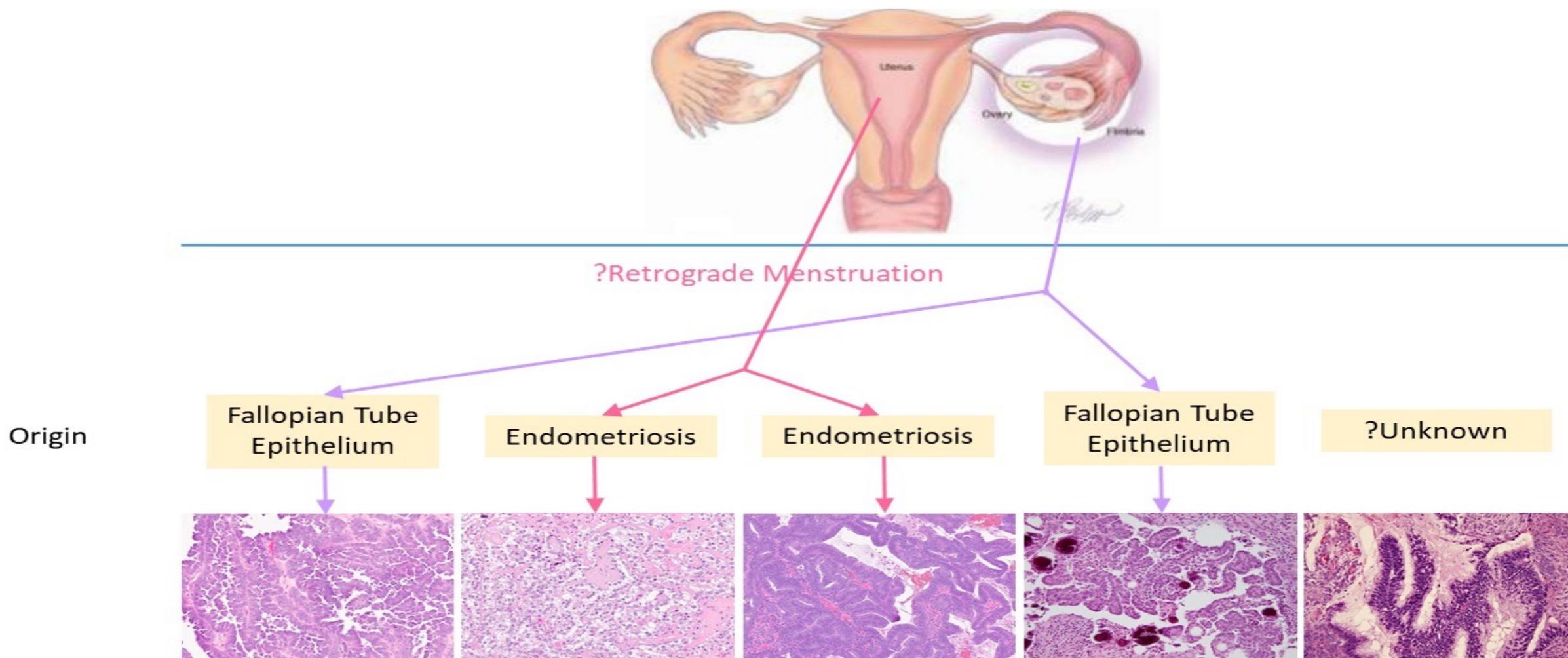
Chang LC, Huang CF, Lai MS, Shen LJ, Wu FLL, et al. (2018) Prognostic factors in epithelial ovarian cancer: A population-based study. PLOS ONE 13(3): e0194993. <https://doi.org/10.1371/journal.pone.0194993>

**INVASIVE EPITHELIAL OVARIAN CANCER SURVIVAL BY HISTOTYPE AND DISEASE STAGE**  
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## NIZKO MALIGNI (LOW GRADE) IN VISOKO MALIGNI (HIGH GRADE) TUMORJI JAJČNIKOV





	<b>High-Grade Serous Carcinoma</b>	<b>Clear Cell Carcinoma</b>	<b>Endometrioid Carcinoma</b>	<b>Low-Grade Serous Carcinoma</b>	<b>Mucinous Carcinoma</b>
% of all Ovarian Carcinomas	~70%	~10%	~10%	<5%	<5%
Precursor Lesions	Serous tubal intraepithelial carcinoma (STIC)	Clear Cell Borderline Tumor	Endometrioid Borderline Tumor	Serous Borderline Tumor	Mucinous Borderline Tumor
Inherited Syndromes	BRCA1/2, Hereditary Breast and Ovarian Cancer (HBOC)	Lynch Syndrome	Lynch Syndrome	?	?
Common Mutations and Molecular Aberrations	TP53 BRCA1/2 and HRD Chromosomal instability Aneuploidy (100%)	ARID1A PIK3CA CTNNB1 PPP2R1A MSI	PTEN CTNNB1 ARID1A PPPR2R1A MSI	KRAS BRAF	KRAS HER2 amplification
Potential Molecular Targeted Therapies	PARP inhibitors, immune checkpoint inhibitors	Tyrosine kinase inhibitors	mTOR inhibitors	MEK1/2 inhibitors	Trastuzumab

## VPLIV RASE NA PREŽIVETJE

- Rasna pripadnost vpliva na preživetje
- Serozni karcinom je v svetovnem merilu najpogostejši s 70% deležem, na Tajske je ta delež le 20 do 30%, je pa toliko večji delež svetloceličnih, endometrioidnih in mucinoznih karcinomov
- Azijke, ki živijo v ZDA imajo boljše 5-letno preživetje, zbolevajo mlajše, z zgodnejšimi stadiji bolezni, ki so neseroznega tipa
- Svetlocelični karcinom je redek na zahodu, a veliko pogostejši med Japonkami in Tajkami, kjer dosega delež 19% do 25%
- Delež endometrioidnega karcinoma je na zahodu 19%, med azijsko žensko populacijo pa preko 27%

# NOVA IN STARA FIGO KLASIFIKACIJA

FIGO (2013)		FIGO (ovary, 1988)	
I	Tumor confined to ovaries or <b>fallopian tube(s)</b>	I	Tumor limited to ovaries
IA	Tumor limited to 1 ovary (capsule intact) or <b>fallopian tube</b>	IA	Tumor limited to 1 ovary
IB	<b>Tumor limited to both ovaries or fallopian tubes</b>	IB	Tumor limited to both ovaries
IC	<b>Tumor limited to 1 or both ovaries or fallopian tubes, with any of the following</b>	IC	Tumor limited to 1 or both ovaries with any of the following: capsule ruptured, tumor on ovarian surface; malignant cells in ascites
IC1	<b>Surgical spill</b>	IC(1/2)	Malignant cells in peritoneal washings/ascites
IC2	<b>Capsule ruptured before surgery or tumor on ovarian or fallopian tube surface</b>	IC(a/b)	Capsule ruptured before surgery/surgical spill
IC3	<b>Malignant cells in the ascites</b>		
II	Tumor involves 1 or both ovaries or <b>fallopian tubes</b> with pelvic extension or <b>primary peritoneal cancer</b>	II	Tumor involves 1 or both ovaries with pelvic extension
IIA	Extension and/or implants on uterus and/or fallopian tubes and/or ovaries	IIA	Extension and/or implants on uterus and/or tube(s)
IIB	Extension to other pelvic intraperitoneal tissues	IIB	Extension to other pelvic tissues
		IIC	Pelvic extension with malignant cells in ascites
III	Tumor with spread to peritoneum outside the pelvis and/or metastasis to retroperitoneal lymph nodes	III	Tumor with peritoneal metastases outside pelvis and/or regional lymph node metastasis
IIIA1	<b>Positive retroperitoneal lymph nodes only</b>	IIIA	Microscopic peritoneal metastasis beyond pelvis
IIIA1(i)	<b>Metastasis <math>\leq</math> 10 mm</b>		
IIIA1(ii)	<b>Metastasis <math>&gt;</math> 10 mm</b>		
IIIA2	Microscopic extrapelvic peritoneal involvement		
IIIB	Macroscopic peritoneal metastasis beyond pelvis $\leq$ 2 cm	IIIB	Macroscopic peritoneal metastasis beyond pelvis $\leq$ 2 cm
IIIC	Macroscopic peritoneal metastasis beyond pelvis $>$ 2 cm	IIIC	Peritoneal metastasis beyond pelvis $>$ 2 cm and/or regional lymph node metastasis
IV	Distant metastasis excluding peritoneal metastases	IV	Distant metastasis (excludes peritoneal metastasis)
IVA	<b>Pleural effusion with positive cytology</b>		
IVB	Parenchymal metastases and metastases to extraabdominal organs		

# OVARIAN CANCER

## survival rates

	Invasive epithelial ovarian cancer	Ovarian stromal tumors	Ovarian germ cell tumors	Fallopian tube carcinoma
Stage 1	90%	95%	98%	87%
Stage 2	70%	78%	94%	86%
Stage 3	39%	65%	87%	52%
Stage 4	17%	35%	69%	40%

Source: <https://www.cancer.org/cancer/ovarian-cancer/detection-diagnosis-staging/survival-rates.html>

**healthline**

## PREŽIVETJE PO STADIJIH BOLEZNI

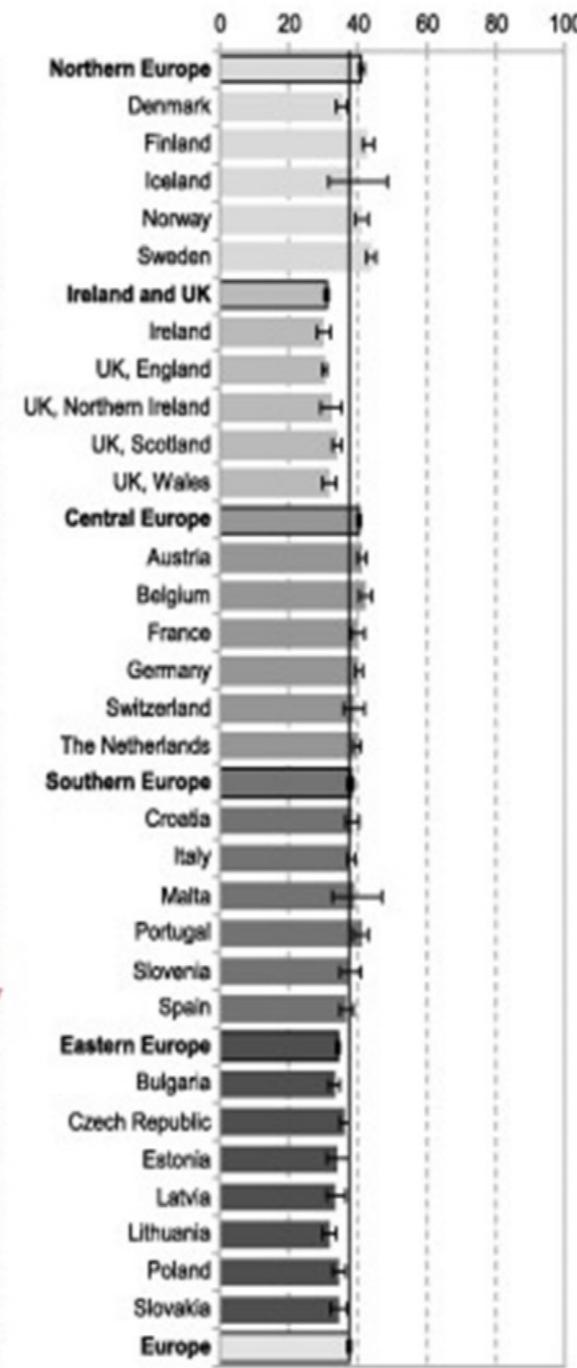
- Stage IA - 87%
- Stage IB - 71%
- Stage IC - 79%
- Stage IIA - 67%
- Stage IIB - 55%
- Stage IIC – 57
- Stage IIIA – 41%
- Stage IIIB - 25%
- Stage IIIC - 23%
- Stage IV - 11%
- Overall survival rate – 46%

# EUROCARE – 5 (2015)

Age-standardised 1-year, 5-year relative survival, and 5-year relative survival conditional to surviving 1 year, with 95% confidence intervals in parentheses

	Number of cases	1-year	5-year	Conditional	
Northern Europe	18,724	76.4( 75.7- 77.0)	41.1( 40.3- 42.0)	53.9( 52.8- 54.9)	
Denmark	4,637	70.5( 69.1- 71.8)	35.5( 33.9- 37.2)	50.4( 48.2- 52.6)	
Finland	3,937	76.4( 75.0- 77.7)	43.1( 41.3- 45.0)	56.5( 54.3- 58.7)	
Iceland	150	71.8( 65.1- 79.1)	39.1( 31.5- 48.5)	54.5( 44.9- 66.1)	
Norway	3,719	76.3( 74.9- 77.7)	41.4( 39.5- 43.4)	54.3( 52.0- 56.7)	
Sweden	6,281	81.1( 80.1- 82.1)	44.1( 42.6- 45.6)	54.3( 52.6- 56.1)	
Ireland and UK	51,024	62.7( 62.2- 63.1)	31.0( 30.6- 31.5)	49.5( 48.9- 50.2)	
Ireland	2,599	61.4( 59.6- 63.3)	30.3( 28.4- 32.5)	49.4( 46.5- 52.5)	
UK, England	39,620	62.6( 62.2- 63.1)	30.6( 30.0- 31.1)	48.8( 48.1- 49.6)	
UK, Northern Ireland	1,293	62.7( 60.2- 65.3)	32.3( 29.4- 35.5)	51.5( 47.3- 56.0)	
UK, Scotland	4,752	65.1( 63.8- 66.4)	34.0( 32.5- 35.6)	52.3( 50.2- 54.5)	
UK, Wales	2,760	59.8( 58.1- 61.6)	31.7( 29.7- 33.7)	52.9( 50.0- 56.0)	
Central Europe	37,796	73.7( 73.3- 74.2)	40.5( 39.9- 41.1)	55.0( 54.3- 55.7)	
Austria	5,932	71.9( 70.8- 73.1)	41.4( 40.0- 42.9)	57.6( 55.8- 59.5)	
Belgium	4,583	77.1( 75.9- 78.3)	42.4( 40.7- 44.1)	55.0( 53.0- 57.1)	
France	2,945	77.3( 75.7- 78.8)	40.1( 38.2- 42.1)	51.9( 49.7- 54.3)	
Germany	13,307	73.7( 72.9- 74.4)	40.3( 39.3- 41.3)	54.7( 53.5- 56.0)	
Switzerland	1,538	76.9( 74.9- 79.0)	38.9( 36.1- 42.0)	50.6( 47.2- 54.3)	
The Netherlands	9,491	71.6( 70.7- 72.5)	39.9( 38.7- 41.1)	55.7( 54.2- 57.2)	
Southern Europe	21,971	69.1( 68.5- 69.7)	38.0( 37.3- 38.7)	55.0( 54.1- 55.9)	
Croatia	3,872	61.7( 60.1- 63.3)	38.8( 36.8- 40.7)	62.5( 59.8- 65.4)	
Italy	11,759	70.9( 70.2- 71.7)	38.1( 37.2- 39.1)	53.7( 52.5- 55.0)	
Malta	288	59.8( 54.2- 65.5)	39.3( 32.8- 47.0)	65.9( 58.5- 76.7)	
Portugal	2,395	71.6( 69.6- 73.6)	41.0( 38.7- 43.4)	57.2( 54.4- 60.1)	
Slovenia	1,446	72.7( 70.3- 75.2)	37.9( 35.0- 41.1)	52.2( 48.6- 56.0)	
Spain	2,211	69.6( 67.7- 71.6)	36.8( 34.7- 39.0)	52.8( 50.2- 55.6)	
Eastern Europe	27,879	62.2( 61.6- 62.8)	34.4( 33.7- 35.1)	55.3( 54.3- 56.3)	
Bulgaria	6,208	57.1( 55.7- 58.6)	33.4( 31.7- 35.2)	58.5( 55.9- 61.1)	
Czech Republic	8,825	65.5( 64.5- 66.6)	36.3( 35.1- 37.6)	55.4( 53.7- 57.2)	
Estonia	1,217	63.2( 60.4- 66.0)	34.1( 31.0- 37.6)	54.0( 49.5- 59.0)	
Latvia	2,205	63.6( 61.5- 65.9)	33.7( 31.3- 36.3)	52.9( 49.6- 56.5)	
Lithuania	2,789	59.2( 57.4- 61.1)	31.7( 29.8- 33.8)	53.6( 50.7- 56.6)	
Poland	3,704	63.3( 61.6- 65.1)	34.5( 32.5- 36.5)	54.4( 51.7- 57.3)	
Slovakia	2,931	63.0( 61.0- 65.0)	34.5( 32.2- 36.8)	54.7( 51.6- 58.0)	
Europe	157,394	70.3( 69.9- 70.7)	37.6( 37.2- 38.0)	53.5( 52.9- 54.1)	

Age-standardised 5-year relative survival (%)



## Ovary and uterine adnexa

European age-specific and age-standardised observed (obs, %) and relative (rel, %) survival

Age group	Number of cases	1-year	3-year	5-year
15-44	14,549	obs 90.9	78.2	70.5
		rel 91.0	78.4	70.9
45-54	25,887	obs 88.2	67.7	55.3
		rel 88.5	68.3	56.1
55-64	37,744	obs 82.4	56.3	43.1
		rel 82.8	57.3	44.5
65-74	40,137	obs 70.7	43.5	31.3
		rel 71.6	45.5	33.9
75+	39,076	obs 43.6	21.9	14.5
		rel 46.4	26.2	20.1
All cases	157,393	obs 69.0	45.5	34.8
		rel 70.3	47.7	37.6

## MUTACIJE BRCA1/2

- Mlajše bolnice, BRCA1
- Serozni karcinomi
- Ni mejno malignih tumorjev
- Boljši odgovor na terapijo s preparati platine
- Boljši odgovor na zdravljenje s PARP inhibitorji
- Daljši interval brez ponovitve bolezni
- Nosilke BRCA2 mutacije imajo boljše preživetje kot nosilke BRCA 1 mutacije ali spontano obolele

