EXPERIENCE OF THE USE OF LAPAROSCOPIC RESECTABILITY INDEX IN PATIENTS WITH ADVANCED OVARY EPITHELIAL CARCINOMA IN THE INSTITUTO NACIONAL DE CANCEROLOGIA. BOGOTA, COLOMBIA.

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OBJETIVES

Describe the experience of the laparoscopic resectability index (Fagotti score) to define primary cytoreduction versus neoadjuvant chemotherapy in patients with suspected advanced ovarian cancer from January 2017 to February 2019.

METHODS

Descriptive, retrospective study. Patients with stage III and IV advanced ovarian epithelial cancer were included. Clinical, histopathological and surgical variables related to the procedure were analyzed. An univariate analysis was performed in the statistical program SPSS version 21.

RESULTS

14 cases of patients with suspected advanced ovarian cancer were admitted to our institution from January 2017 to February 2019. The mean age was 58 years (+/-8.2). 12 patients had stage IIIC and 2 stage IV. All were serous histological type, with 85.7% of high grade. The mean BMI was 24 (+/-3.4). All patients had ECOG between 0 and 1. In 85.7% of the cases the computed tomography was the preoperative image of choice. The score was ≥ 8 in 64% of the cases and <8 in 36%. In this last group, complete primary debulking was achieved in the same surgical time. The median time was 157 minutes (60-540), the median bleeding was 50 cc (5-2000). The median hospital stay was 2 days (1-14). There were no intraoperative complications in the first 30 days. There were 2 deaths not associated with the procedure. These were secondary to atrial fibrillation and pleural effusion.

	Age	BMI	Hospital stay (Days)	Score	Surgical time	Bleeding
n	14	14	14	14	14	14
Media	58	24,0071	4,36	8,14	157,07	296,79
Median	58	23,8300	2,00	8,00	112,00	50,00
Deviation	8,256	3,47115	4,254	4,036	127,714	556,941
Minimun	43	19,14	1	0	60	5
Maximun	71	29,30	14	14	540	2000

DISCUSSION

One of the alternatives that have emerged to identify more precisely the extent of the disease is the use of diagnostic laparoscopy and through it, the use of the laparoscopic resectability index or Fagotti Index, which has shown to have a better performance compared to diagnostic images to predict optimal cytoreduction of the disease with an accuracy of 90% and a NPV of 100%. The use of this index in institutions that have efficient organizational structures has allowed improving complete cytoreduction rates, reducing the time between initial diagnosis, and with this, the improvement in survival in patients with advanced ovarian carcinoma.

CONCLUSION

The laparoscopic resectability index is a useful tool to define the primary treatment in patients with advanced ovarian cancer, with low morbidity in our institution. It is necessary to perform prospective validation of these results.

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