Neoadjuvant therapy for ovarian cancer

Ovarian cancer (OC) is a common oncological disease, which affects approximately 1.5% of women and holds the first position in the structure of gynecological cancer mortality. Three features are particularly characteristic for this tumor type. First, it is usually asymptomatic and cannot be efficiently screened by available diagnostic tools; therefore, the majority of OCs are detected at advanced stages. Secondly, the most frequent type of OC, i.e., high-grade serous ovarian carcinoma, often shows an exceptional sensitivity to platinum compounds. Thirdly, OC usually demonstrates very extensive, but still superficial tumor spread; indeed, deep penetration of OC into visceral organs is relatively uncommon. Approximately 15% of OC morbidity is related to Mendelian genetic disorder, i.e., *BRCA1/2* hereditary cancer syndrome.

Given that both surgery and systemic therapy hold a great promise for improvement of OC outcome, this disease became a poster child for the demonstration of interaction between top-level surgeons, intensive care specialists, medical oncologists and basic scientists. While complete primary cytoreduction followed by adjuvant therapy is considered to be a preferable option, many patients cannot undergo upfront surgical debulking due to extensive disease spread or poor health condition. These patients are usually subjected to neoadjuvant chemotherapy (NACT) followed by surgical excision of residual tumor lumps.

This issue provides balanced overview on NACT in OC. It discusses the theoretical basis for neoadjuvant therapy, describes the place of NACT within overall OC treatment strategy, lists pros and cons for the choice between primary debulking surgery and NACT, provides comprehensive overview on morphological evaluation of NACT outcomes, etc.

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