

Ultra-radical surgery in ovarian cancer

Epithelial ovarian cancer, tubal cancer, and primary peritoneal cancer are the most significant causes of gynecologic cancerrelated morbidity and mortality. Multidisciplinary integrative team, including gynecologic oncologists, medical oncologists, surgical oncologists, pathologists, diagnostic radiologist, nuclear medicine, anesthesiologist, oncology nurses, etc. are needed to improve the outcome of these diseases. Recent advances in the understanding of the molecular biology and etiology of these cancers, diagnostic techniques and new biologic agents contributed to improved clinical outcome. Nevertheless, complete and effective surgical management stands as the most important cornerstone of both diagnosis and treatment.

Recently, the continued evolution of innovative surgical techniques and management paradigms has mandated this endeavor to arrange and describe the specific management of patients with ovarian cancer related to peritoneal surface malignancy.

These special series include extensive ovarian surgical techniques for the management of the right upper quadrant, left upper quadrant, porta hepatis, pelvis, and new techniques for the management of peritoneal disease such as hyperthermic intraperitoneal chemotherapy (HIPEC) or pressurized intraperitoneal aerosol chemotherapy (PIPAC). Also, these include important issues for the management of advanced ovarian cancer such as prediction of optimal surgery, enhanced recovery after surgery (ERAS), interventional radiological management for lymphatic leakages after gynecologic surgery.

The effective surgical management of ovarian cancer is dependent on multiple factors, including the general medical condition of the patient, the extent and biologic aggressiveness of the disease, cooperative surgical oncology, an appropriately skilled care team, and the surgeon with technique, experience, and conviction for the maximum operative effort. I hope this series will help improve the rate of survival of advanced ovarian cancer patients.

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Footnote

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Jae-Weon Kim

Sang-Yoon Park¹

¹Center for Gynecologic Cancer, Graduate School of Cancer Science and Policy, National Cancer Center, Goyang, Korea.

(Email: parksang@ncc.re.kr)

Jae-Weon Kim²

²Department of Obstetrics and Gynecology, Seoul National University College of Medicine, Seoul, Korea. (Email: kjwksh@snu.ac.kr)

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