



SAPIENZA
UNIVERSITÀ DI ROMA

METASTASI CEREBRALI DA CARCINOMA OVARICO

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Caso clinico: Laura

Anamnesi familiare e remota

- Età alla prima diagnosi: 70 aa
- Professione: casalinga
- Familiarità: nessuna nota

- Menarca a 11 anni
- Mestruazioni regolari
- Gravidanze: 2
- Allattamento: si
- Menopausa: 50 anni

- Comorbidity: nessuna nota

Diagnosi e trattamento

- Giugno 2008: diagnosi clinica (paracentesi): cellule di **adk?**
 - CBDCA
 - TAX

PR strumentale
e biochimica

CH
Ca 125: 660 mg/dl

E.I. Carcinoma sieroso
papillifero dell'ovaio.
Stadio III C (G3)

Adj (3 cicli)

- CBCDA

TCTB: carcinosi peritoneale

Settembre 2009 (4 mesi PFS)

CA 125: 530 mg/dl

PET/TC: ripresa linfonodale

ovariche bilaterali (12X13 cm)

I LINEA

Doxorubicina liposomiale peghilata
(6 cicli)

Aprile 2010

TCTB: SD

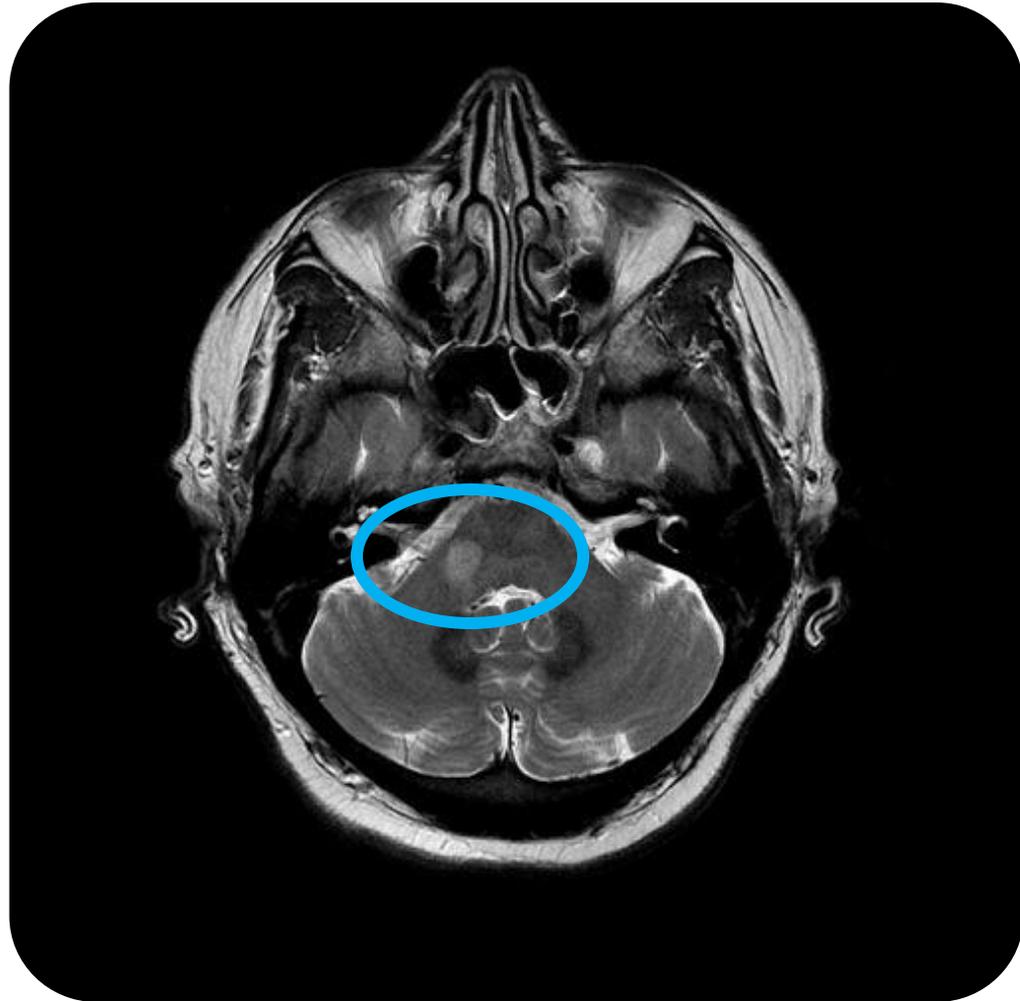
Ca 125 500 mg/dl



Nuova Sintomatologia

- Cefalea, vertigini, disartria
- Emisindrome sensitivo motoria
- Ridotta sensibilità tattile-epicritica

RM



Incidenza

Study	Study period	No. of patients with EOC	No. of patients with CNS metastases	Incidence (%)
Mayer et al. [18]	1973–1979	576	6	1.0
Barker et al. [7]	1969–1979	430	4	0.9
Piura et al. [63]	1961–1988	200	2	1.0
Rodriguez et al. [12]	1977–1990	795	15	1.9
Bruzzone et al. [21]	1981–1989	413	9	2.2
Cooper et al. [64]	1987–1992	230	3	1.3
Corn et al. [42]	1965–1994	4,027	32	0.9
Kaminsky-Forrett et al. [13]	1974–1998	704	7	1.1
Anupol et al. (2002) [67]	1986–2000	1,042	15	1.4
Kolomainen et al. [29]	1980–1999	3,690	18	0.49
Kumar et al. [25]	1991–2001	795	18	0.7
Cohen et al. [6]	1975–2001	6,833	68	1.0
Pectasides et al. [14]	1983–2004	1,450	17	1.17
Total		2,240	219	1.01

Strategie terapeutiche

Treatment	No. of patients	Median survival (months)	Range
Surgery + RT + CT	35	20	1-57+
Surgery + RT	49	21.8	1-120+
Surgery + CT	5	15	1-15
Surgery alone	11	6.5	0-14
RT alone	86	5.4	1-28
CT alone	11	16	1-30
RT + CT	28	12	2-82+
Symptomatic therapy alone	39	2	0-15

μεταβολή στους
ζώντες ασθενείς

30

5

0-12

KL + CL

58

15

5-85+

CT μόνο

11

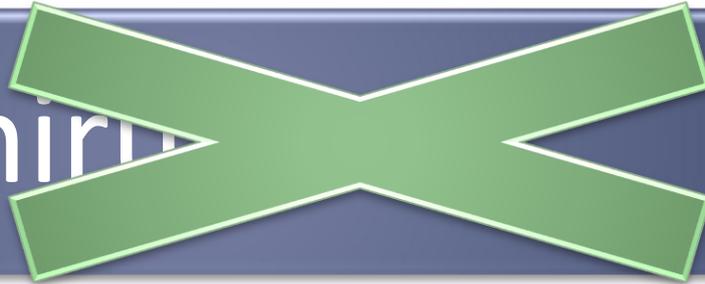
16

1-30

La scelta terapeutica



Chirurgia



II LINEA:
Topotecan



Radiochirurgia Stereotassica
(dose tot. 15 Gy)

Topotecan

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NCCN Guidelines™ Version 2.2011 Epithelial Ovarian Cancer/ Fallopian Tube Cancer/ Primary Peritoneal Cancer

[NCCN Guidelines Index](#)
[Ovarian Cancer TOC](#)
[Discussion](#)

ACCEPTABLE RECURRENCE THERAPIES (1 of 2)¹

Agents	Cytotoxic Therapy	Hormonal Therapy	Targeted Therapy	Radiation Therapy													
Preferred Agents	<p>Combination if platinum sensitive Carboplatin/paclitaxel (category 1)^{2,3} Carboplatin/weekly paclitaxel^{2,4} Carboplatin/docetaxel^{2,5,6} Carboplatin/gemcitabine^{2,7} Carboplatin/liposomal doxorubicin^{2,8} Cisplatin/gemcitabine^{2,9}</p> <p>Single-agent if platinum sensitive Carboplatin⁷ Cisplatin⁷</p> <p>Single-agent non-platinum based if platinum resistant Docetaxel¹⁰ Etoposide, oral¹¹ Gemcitabine^{12,13} Liposomal doxorubicin^{12,13} Paclitaxel, weekly¹⁴ Topotecan¹⁵</p>		Bevacizumab														
Other Potentially Active Agents	<p>Single Agents¹⁶</p> <table border="0"> <tr> <td>Altretamine</td> <td>Paclitaxel</td> </tr> <tr> <td>Capecitabine</td> <td>Paclitaxel, albumin bound (nab-paclitaxel)</td> </tr> <tr> <td>Cyclophosphamide</td> <td>Pemetrexed</td> </tr> <tr> <td>Ifosfamide</td> <td>Vinorelbine</td> </tr> <tr> <td>Irinotecan</td> <td></td> </tr> <tr> <td>Melphalan</td> <td></td> </tr> <tr> <td>Oxaliplatin</td> <td></td> </tr> </table>	Altretamine	Paclitaxel	Capecitabine	Paclitaxel, albumin bound (nab-paclitaxel)	Cyclophosphamide	Pemetrexed	Ifosfamide	Vinorelbine	Irinotecan		Melphalan		Oxaliplatin		Anastrozole Letrozole Leuprolide acetate Megestrol acetate Tamoxifen	Palliative localized radiation therapy
Altretamine	Paclitaxel																
Capecitabine	Paclitaxel, albumin bound (nab-paclitaxel)																
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Irinotecan																	
Melphalan																	
Oxaliplatin																	

[See Footnotes and References \(OV-D 2 of 2\)](#)

Note: All recommendations are category 2A unless otherwise indicated.
 Clinical Trials: NCCN believes that the best management of any cancer patient is in a clinical trial. Participation in clinical trials is especially encouraged.

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Topotecan as a molecular targeting agent which blocks the Akt and VEGF cascade in platinum-resistant ovarian cancers

Satoshi Tsunetoh, Yoshito Terai,* Hiroshi Sasaki, Akiko Tanabe, Yoshimichi Tanaka, Tatsuharu Sekijima, Satoe Fujiwara, Hiroshi Kawaguchi, Masanori Kanemura, Yoshiki Yamashita and Masahide Ohmichi

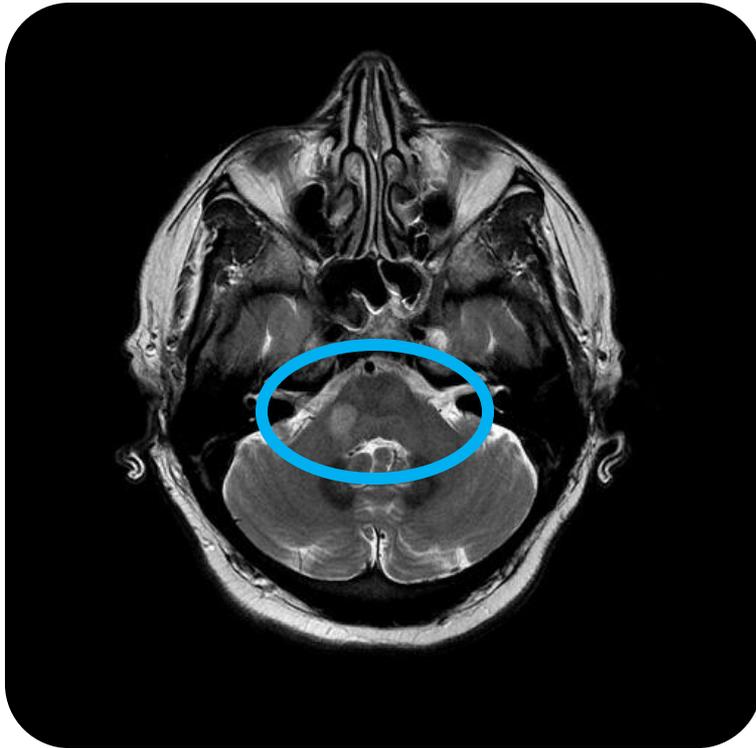
The Role of Topotecan in the Treatment of Brain Metastases

ERIC T. WONG, ANNA BERKENBLIT

Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, Massachusetts, USA

I trattamento stereotassico

- Giugno 2010:Radice del peduncolo cerebellare medio dx



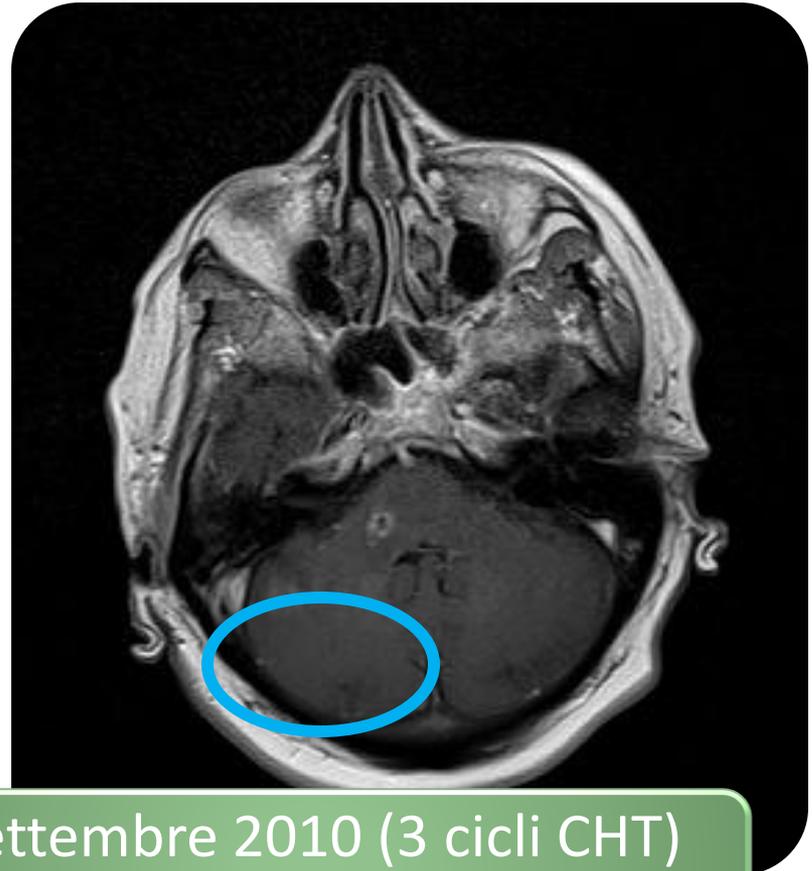
RM post RT



Nuova lesione: sede cerebellare destra

Il trattamento radioterapico

- Agosto 2010: sede cerebellare destra



Settembre 2010 (3 cicli CHT)
TCTB: SD

Dicembre 2010 (VI ciclo CHT)

TCTB: PD con progressione cerebrale
(aumento lesione peduncolo cerebellare
destro, nuova lesione in sede cerebellare
sinistra)

PS: 2

CHT III LINEA
CDDP/GEM



Febbraio 2011

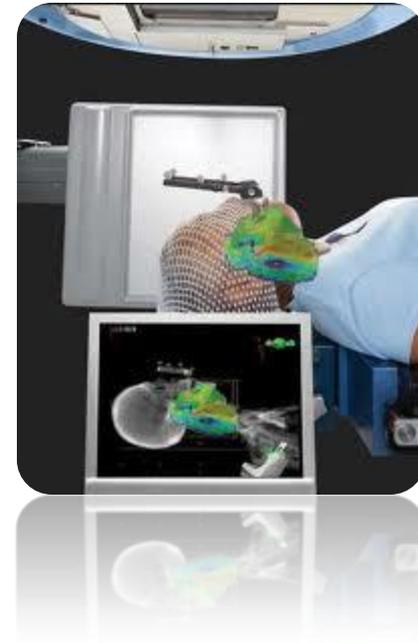
- Emiparesi destra
- RMN: aumento lesione peduncolo cerebellare destro con aumento dell'edema perilesionale; nuova lesione in sede cerebellare sinistra

Consulenza radioterapica: si decide si attendere riduzione dell'edema perilesionale per effettuare WBRT

Aprile 2011

- WBRT

Miglioramento
sintomatologia
neurologica



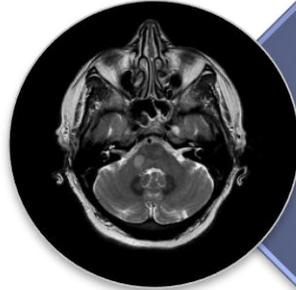
Maggio 2011

- TCTB: PD
- ECOG PS: 3
- Alterazioni cognitive, afasia, difficoltà alla deambulazione

BSC



Conclusioni



Le metastasi cerebrali da carcinoma ovarico sono rare, ma la loro incidenza è in continuo aumento



L'approccio multidisciplinare porta ad un miglioramento della QoL e ad un aumento della OS



Sono necessari più studi clinici per valutare l'efficacia dei farmaci antitumorali oltre la BBB

