

Society of Gynecologic Oncologists
Statement on Use of Intraperitoneal (IP) Chemotherapy for Ovarian Cancer

The Society of Gynecologic Oncologists (SGO) is issuing this position statement to comment on the NCI Clinical Announcement regarding the use of intraperitoneal (IP) chemotherapy in ovarian cancer. Studies conducted in women with optimally debulked advanced ovarian cancer showing improved median survival with IP chemotherapy have generated renewed interest and excitement in this approach. In response to the NCI Clinical Alert many oncologists and their patients with ovarian cancer will be considering the option of IP chemotherapy. We believe that several issues merit emphasis as the use of IP chemotherapy is more broadly implemented outside clinical trials.

- First, intraperitoneal chemotherapy should only be considered in women who have undergone optimal cytoreductive surgery with residual tumor nodules less than 1 cm in diameter - microscopic or near microscopic disease is most desirable. In this regard, studies have shown that gynecologic oncologists are more likely to perform optimal debulking of ovarian cancer than other surgeons. The NCI recommendation that IP chemotherapy be considered only for patients who are optimally debulked further highlights the importance of referral of women with known or suspected ovarian cancer to a gynecologic oncologist or other physician with special expertise and training in ovarian cancer cytoreductive surgery.
- Although there is good evidence that IP chemotherapy increases median survival, it remains unclear whether this translates into higher cure rates. In addition, there is presently no consensus regarding what constitutes the “standard” IP chemotherapy regimen. Furthermore, the intensity and toxicity of IP chemotherapy generally is higher than that of IV chemotherapy and IP chemotherapy may be poorly tolerated by patients who do not have an excellent performance status. In view of these issues, the decision whether or not to use IP chemotherapy should be decided on a case-by-case basis by each patient and her physician.
- The issues and challenges associated with the administration of IP chemotherapy differ from those encountered with IV chemotherapy. Most notably, this includes surgical insertion and maintenance of IP catheters as well as management of complications, such as catheter obstruction, infection and bowel fistula. In view of this, IP chemotherapy should be given by oncologists who have appropriate expertise and experience with this approach.

SGO supports the continued accumulation of data in order to determine the most efficacious regimen for IP chemotherapy.