Editorial

Safety of fertility-sparing surgery for stage I ovarian clear cell carcinoma

Jeong-Yeol Park

Department of Obstetrics and Gynecology, University of Ulsan College of Medicine, Asan Medical Center, Seoul, Korea

OPEN ACCESS

Received: Sep 30, 2017

Accepted: Sep 30, 2017

Correspondence to

Jeong-Yeol Park

Department of Obstetrics and Gynecology,
University of Ulsan College of Medicine, Asan
Medical Center, 88 Olympic-ro 43-gil,
Songpa-gu, Seoul 05505, Korea.
E-mail: catgut1-o@hanmail.net

Copyright © 2017. Asian Society of
Gynecologic Oncology, Korean Society of
Gynecologic Oncology

This is an Open Access article distributed
under the terms of the Creative Commons
Attribution Non-Commercial License (<https://creativecommons.org/licenses/by-nc/4.0/>)
which permits unrestricted non-commercial
use, distribution, and reproduction in any
medium, provided the original work is properly
cited.

ORCID iDs

Jeong-Yeol Park
<https://orcid.org/0000-0003-2475-7123>

Conflict of Interest

No potential conflict of interest relevant to this
article was reported.

► See the article “Could fertility-sparing surgery be considered for women with early stage ovarian clear cell carcinoma?” in volume 28, e71.

Fertility-sparing surgery can be performed safely in selected women with stage I epithelial ovarian cancer [1]. However, the safe indications for fertility-sparing surgery for stage I epithelial ovarian cancer vary from study to study. There has never been a well designed randomized controlled trial. Recent largest 2 retrospective studies reported different indications. In a Japanese study, fertility-sparing surgery can be performed safely only in stage IA, IC, grade 1–2, non-clear cell carcinoma and stage IA clear cell carcinoma [2]. In an Italian study, in the contrary, fertility-sparing surgery can be performed safely in all patients with stage I epithelial ovarian cancer except grade 3 disease [3]. In addition, indications for safe fertility-sparing surgery for stage I epithelial ovarian cancer vary slightly from one treatment guideline to another. The National Comprehensive Cancer Network (NCCN) treatment guideline suggests that fertility-sparing surgery can be performed in all patients with stage IA and IC epithelial ovarian cancer [4], but Gynecologic Cancer InterGroup (GCIg) consensus review suggests that fertility-sparing surgery is not recommended for stage IC, clear cell carcinoma [5]. The main issue is whether fertility-sparing surgery is safe for stage I ovarian clear cell carcinoma (OCCC). However, only few studies introduced this issue until now, and all of them included only small number of patients with stage I OCCC [2,6,7].

In this issue, Nasioudis et al. [8] reported the safety of fertility-sparing surgery in stages IA and IC OCCC in a large cohort using the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) data base in this issue. This study includes the largest cohort of stage I OCCC treated with fertility-sparing surgery ever reported. The preservation of uterus and ovary in stage I OCCC did not affect on the survival outcomes in this cohort. The indications for fertility-sparing surgery can be extended to stage I OCCC [8]. The main reason for not recommending fertility-sparing surgery in OCCC was the concern about poor survival outcomes. However, recent studies suggested that the survival outcomes of early stage OCCC are similar with other histologic types [5,9]. Therefore, the indication for fertility-sparing surgery for OCCC needs not to be different from other histologic types. Nasioudis et al.'s study [8] supported this well. However, it is not clear whether fertility-sparing surgery was performed in young women who want to preserve their fertility in this study. Further studies are needed to confirm the safety of fertility-sparing surgery in OCCC.

REFERENCES

1. Nam JH, Park JY. Fertility-sparing surgery for young women with early-stage epithelial ovarian cancer. *Gynecol Obstet Invest* 2013;76:14-24.
[PUBMED](#) | [CROSSREF](#)
2. Satoh T, Hatae M, Watanabe Y, Yaegashi N, Ishiko O, Kodama S, et al. Outcomes of fertility-sparing surgery for stage I epithelial ovarian cancer: a proposal for patient selection. *J Clin Oncol* 2010;28:1727-32.
[PUBMED](#) | [CROSSREF](#)
3. Fruscio R, Corso S, Ceppi L, Garavaglia D, Garbi A, Floriani I, et al. Conservative management of early-stage epithelial ovarian cancer: results of a large retrospective series. *Ann Oncol* 2013;24:138-44.
[PUBMED](#) | [CROSSREF](#)
4. National Cancer Institute (US). Joinpoint trend analysis software [Internet]. Bethesda, MD: National Cancer Institute; 2017 [cited 2017 Apr 17]. Available from: <http://surveillance.cancer.gov/joinpoint>.
5. Okamoto A, Glasspool RM, Mabuchi S, Matsumura N, Nomura H, Itamochi H, et al. Gynecologic Cancer InterGroup (GIG) consensus review for clear cell carcinoma of the ovary. *Int J Gynecol Cancer* 2014;24:S20-5.
[PUBMED](#) | [CROSSREF](#)
6. Kajiyama H, Shibata K, Mizuno M, Hosono S, Kawai M, Nagasaka T, et al. Fertility-sparing surgery in patients with clear-cell carcinoma of the ovary: is it possible? *Hum Reprod* 2011;26:3297-302.
[PUBMED](#) | [CROSSREF](#)
7. Park JY, Suh DS, Kim JH, Kim YM, Kim YT, Nam JH. Outcomes of fertility-sparing surgery among young women with FIGO stage I clear cell carcinoma of the ovary. *Int J Gynaecol Obstet* 2016;134:49-52.
[PUBMED](#) | [CROSSREF](#)
8. Nasioudis D, Chapman-Davis E, Frey MK, Witkin SS, Holcomb K. Could fertility-sparing surgery be considered for women with early stage ovarian clear cell carcinoma? *J Gynecol Oncol* 2017;28:e71.
[PUBMED](#) | [CROSSREF](#)
9. Miyamoto M, Takano M, Goto T, Kato M, Sasaki N, Tsuda H, et al. Clear cell histology as a poor prognostic factor for advanced epithelial ovarian cancer: a single institutional case series through central pathologic review. *J Gynecol Oncol* 2013;24:37-43.
[PUBMED](#) | [CROSSREF](#)