

POMEN HISTOPATOLOŠKIH ZNAČILNOSTI IN STADIJA NA POTEK IN IZID BOLEZNI

.. ..
Sonja Bebar
Ljubljana, 20. maj 2021

POMEN HISTOPATOLOŠKIH ZNAČILNOSTI IN STADIJA NA POTEK IN IZID BOLEZNI

- Rak jajčnikov ima najslabše preživetje med vsemi ginekološkimi raki
- V zadnjih desetletjih je prišlo do napredka pri zdravljenju (kirurgija, citostatiki, tarčna zdravila)
- Približno polovica bolnic z rakom jajčnikov je živih 5 let po postavljeni diagnozi (47%)
- Če je bolezen odkrita v napredovalih stadijih (FIGO III in IV), je 5 – letno preživetje le okoli 29%
- Več kot tri četrtine bolezni odkrijemo v napredovalih stadijih
- Gre za heterogeno skupino bolezni, ki se med seboj razlikujejo po epidemioloških, molekularnih in kliničnih lastnostih

HISTOPATOLOŠKA KLASIFIKACIJA

EPITELIJSKI RAK JAJČNIKOV (90%)

Serozni karcinom visoke stopnje malignosti (70%)

Endometrioidni karcinom (10%)

Svetlocelični karcinom (10%)

Mucinozni karcinom (3%)

Serozni karcinom nizke stopnje malignosti (5%)

Karcinosarkom

Maligni Brennerjev tumor (zelo redki)

NEEPITELIJSKI RAKI JAJČNIKOV

Stromalni tumorji

Germinalni tumorji

Na preživetje bolnic z rakom jajčnikov vpliva več delavnikov:

- Stadij bolezni
- Velikost ostanka bolezni po citoreduktivni operaciji
- Histologija
- Starost
- Stanje zmogljivosti
- Spremljajoče bolezni
- Rasna pripadnost

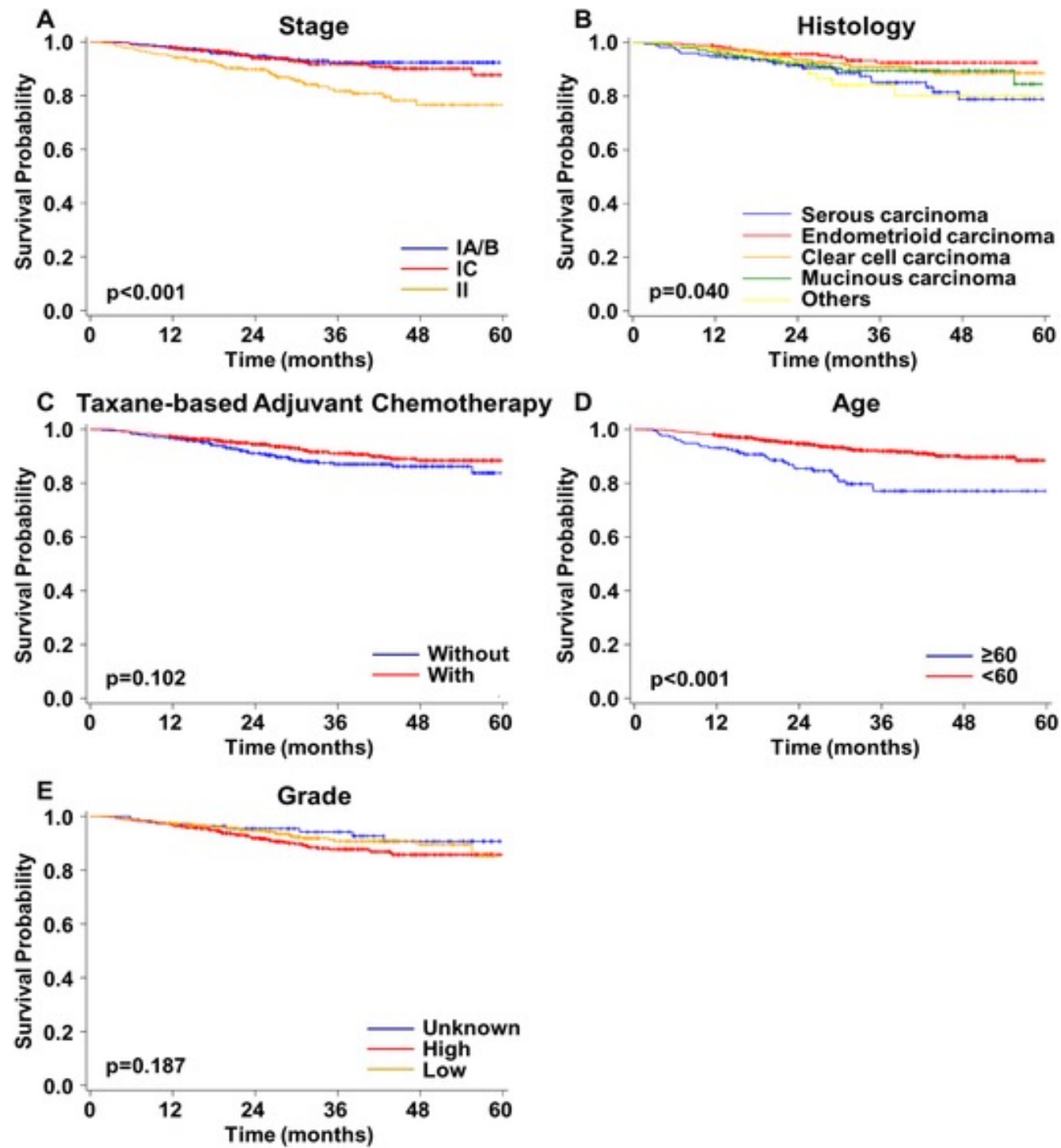
PREŽIVETJE BOLNIC Z RAKOM JAJČNIKOV

• ••

Boljše preživetje

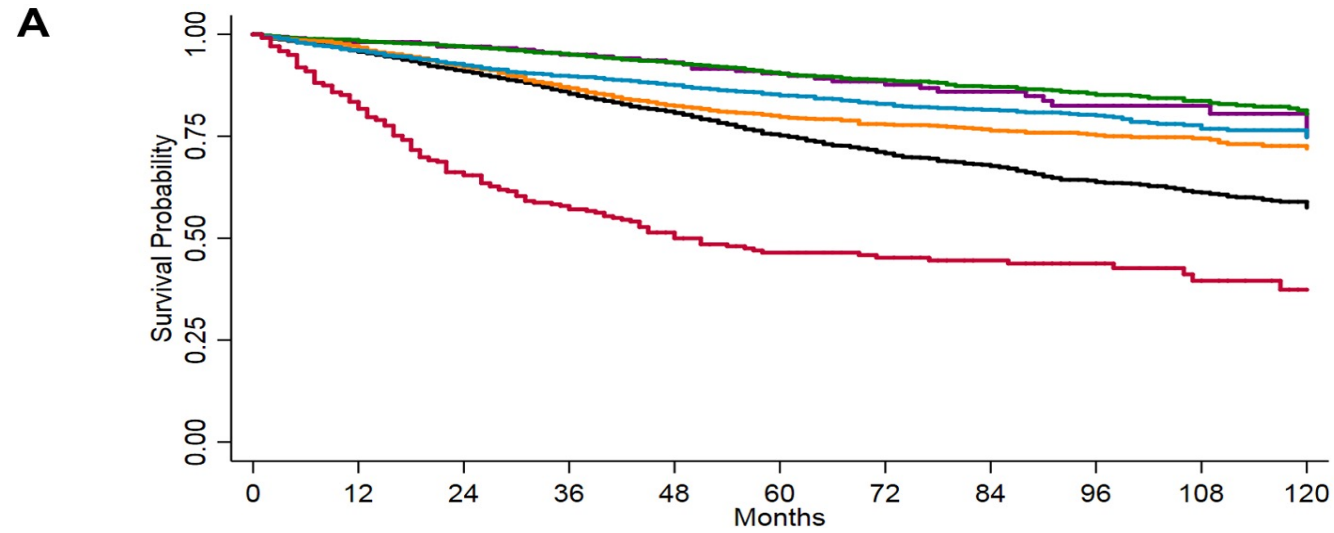
- Mlajše bolnice
- Neserozna histologija
- Zgodnji stadiji bolezni
- Brez rezidualne bolezni po citoreduktivni kirurgiji
- Odsotnost ascitesa
- Nizke vrednosti CA 125

Fig 2. Overall survival curves for patients with early-stage epithelial ovarian cancer.



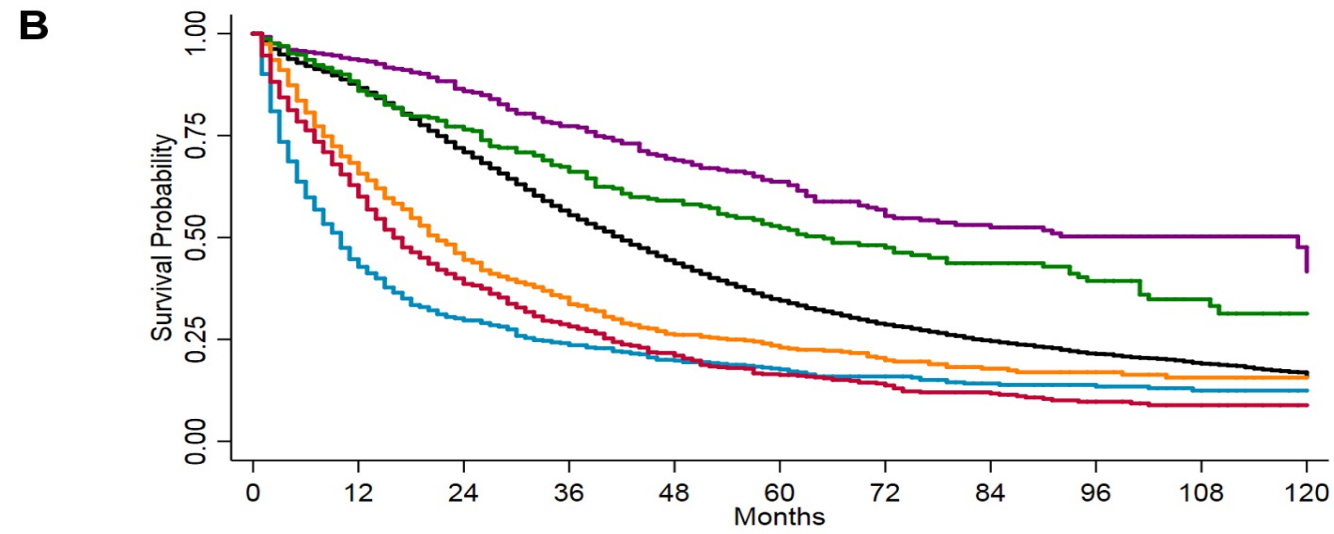
Chang LC, Huang CF, Lai MS, Shen LJ, Wu FLL, et al. (2018) Prognostic factors in epithelial ovarian cancer: A population-based study. *PLOS ONE* 13(3): e0194993. <https://doi.org/10.1371/journal.pone.0194993>

INVASIVE EPITHELIAL OVARIAN CANCER SURVIVAL BY HISTOTYPE AND DISEASE STAGE
 JOURNAL OF THE NATIONAL CANCER INSTITUTE, VOLUME 111, ISSUE 1, JANUARY 2019



Number at risk

| | | | | | | | | | | | |
|-------------------|------|------|------|------|------|------|------|-----|-----|-----|-----|
| High-grade serous | 3939 | 3378 | 2892 | 2395 | 1942 | 1525 | 1177 | 901 | 661 | 418 | 206 |
| Low-grade serous | 330 | 291 | 262 | 226 | 182 | 150 | 110 | 82 | 59 | 42 | 14 |
| Endometrioid | 2452 | 2151 | 1867 | 1615 | 1378 | 1122 | 910 | 702 | 520 | 337 | 163 |
| Clear cell | 1950 | 1674 | 1419 | 1161 | 932 | 768 | 614 | 469 | 350 | 237 | 113 |
| Mucinous | 1935 | 1618 | 1391 | 1176 | 1000 | 835 | 661 | 536 | 403 | 253 | 134 |
| Carcinosarcoma | 342 | 244 | 173 | 140 | 109 | 87 | 71 | 59 | 43 | 25 | 9 |

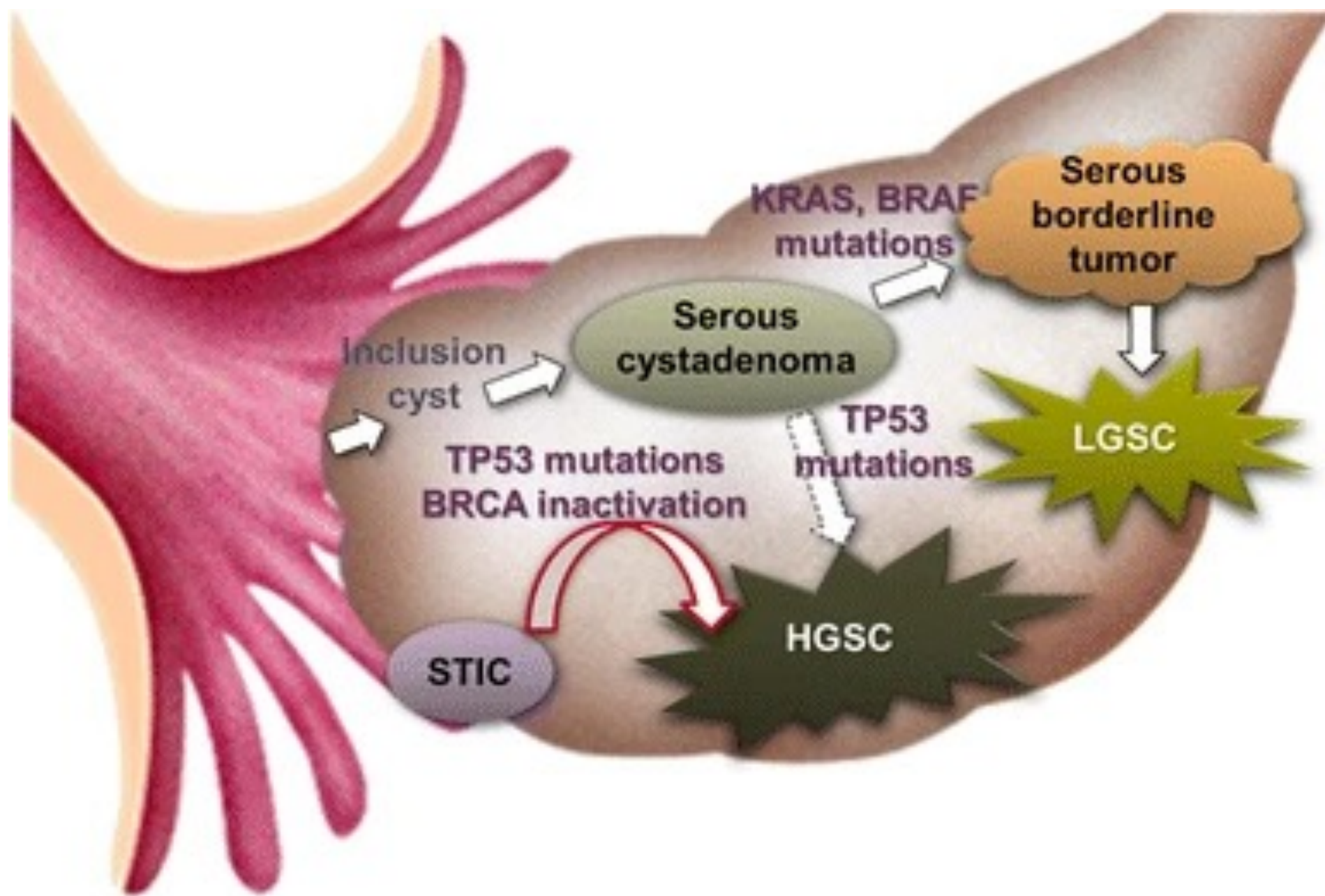


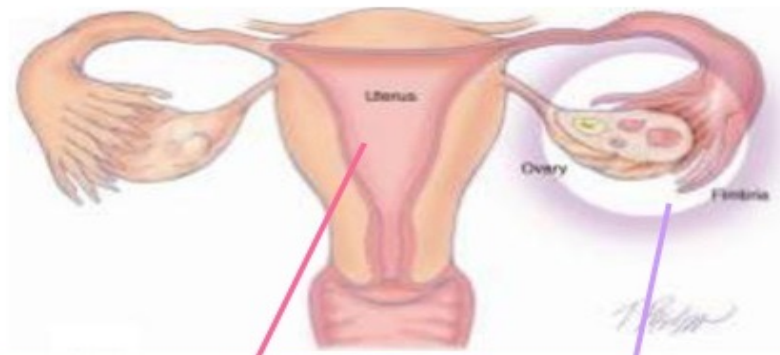
Number at risk

| | | | | | | | | | | | |
|-------------------|-------|-------|------|------|------|------|------|------|-----|-----|-----|
| High-grade serous | 13898 | 11098 | 8173 | 5622 | 3824 | 2526 | 1710 | 1150 | 726 | 424 | 179 |
| Low-grade serous | 378 | 320 | 277 | 222 | 181 | 147 | 109 | 87 | 62 | 34 | 16 |
| Endometrioid | 330 | 262 | 211 | 166 | 131 | 105 | 80 | 57 | 42 | 21 | 9 |
| Clear cell | 745 | 464 | 279 | 189 | 117 | 93 | 68 | 45 | 31 | 19 | 10 |
| Mucinous | 706 | 285 | 181 | 134 | 102 | 76 | 60 | 42 | 34 | 22 | 12 |
| Carcinosarcoma | 1039 | 560 | 319 | 201 | 130 | 84 | 60 | 42 | 26 | 17 | 6 |

— High-grade serous — Low-grade serous — Endometrioid
— Clear cell — Mucinous — Carcinosarcoma

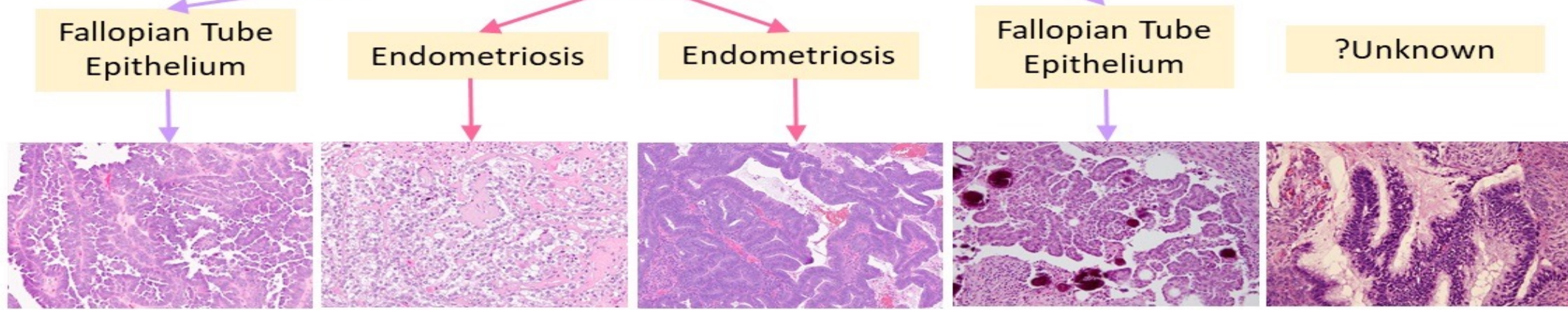
NIZKO MALIGNI (LOW GRADE) IN VISOKO MALIGNI (HIGH GRADE) TUMORJI JAJČNIKOV





?Retrograde Menstruation

Origin



| | High-Grade Serous Carcinoma | Clear Cell Carcinoma | Endometrioid Carcinoma | Low-Grade Serous Carcinoma | Mucinous Carcinoma |
|--|---|--|--|-----------------------------------|----------------------------|
| % of all Ovarian Carcinomas | ~70% | ~10% | ~10% | <5% | <5% |
| Precursor Lesions | Serous tubal intraepithelial carcinoma (STIC) | Clear Cell Borderline Tumor | Endometrioid Borderline Tumor | Serous Borderline Tumor | Mucinous Borderline Tumor |
| Inherited Syndromes | BRCA1/2, Hereditary Breast and Ovarian Cancer (HBOC) | Lynch Syndrome | Lynch Syndrome | ? | ? |
| Common Mutations and Molecular Aberrations | TP53 BRCA1/2 and HRD Chromosomal instability Aneuploidy (100%) | ARID1A PIK3CA CTNNB1 PPP2R1A MSI | PTEN CTNNB1 ARID1A PPP2R1A MSI | KRAS BRAF | KRAS HER2 amplification |
| Potential Molecular Targeted Therapies | PARP inhibitors, immune checkpoint inhibitors | Tyrosine kinase inhibitors | mTOR inhibitors | MEK1/2 inhibitors | Trastuzumab |

VPLIV RASE NA PREŽIVETJE

- Rasna pripadnost vpliva na preživetje
- Serozni karcinom je v svetovnem merilu najpogostejši s 70% deležem, na Tajskem je ta delež le 20 do 30%, je pa toliko večji delež svetloceličnih, endometrioidnih in mucinoznih karcinomov
- Azijke, ki živijo v ZDA imajo boljše 5-letno preživetje, zbole vajo mlajše, z zgodnejšimi stadiji bolezni, ki so neseroznega tipa
- Svetlocelični karcinom je redek na zahodu, a veliko pogostejši med Japonkami in Tajkami, kjer dosega delež 19% do 25%
- Delež endometrioidnega karcinoma je na zahodu 19%, med azijsko žensko populacijo pa preko 27%

NOVA IN STARA FIGO KLASIFIKACIJA

| FIGO (2013) | | FIGO (ovary, 1988) | |
|-------------|--|--------------------|--|
| I | Tumor confined to ovaries or fallopian tube(s) | I | Tumor limited to ovaries |
| IA | Tumor limited to 1 ovary (capsule intact) or fallopian tube | IA | Tumor limited to 1 ovary |
| IB | Tumor limited to both ovaries or fallopian tubes | IB | Tumor limited to both ovaries |
| IC | Tumor limited to 1 or both ovaries or fallopian tubes, with any of the following | IC | Tumor limited to 1 or both ovaries with any of the following: capsule ruptured, tumor on ovarian surface; malignant cells in ascites |
| IC1 | Surgical spill | IC(1/2) | Malignant cells in peritoneal washings/ascites |
| IC2 | Capsule ruptured before surgery or tumor on ovarian or fallopian tube surface | IC(a/b) | Capsule ruptured before surgery/surgical spill |
| IC3 | Malignant cells in the ascites | | |
| II | Tumor involves 1 or both ovaries or fallopian tubes with pelvic extension or primary peritoneal cancer | II | Tumor involves 1 or both ovaries with pelvic extension |
| IIA | Extension and/or implants on uterus and/or fallopian tubes and/or ovaries | IIA | Extension and/or implants on uterus and/or tube(s) |
| IIB | Extension to other pelvic intraperitoneal tissues | IIB | Extension to other pelvic tissues |
| | | IIC | Pelvic extension with malignant cells in ascites |
| III | Tumor with spread to peritoneum outside the pelvis and/or metastasis to retroperitoneal lymph nodes | III | Tumor with peritoneal metastases outside pelvis and/or regional lymph node metastasis |
| IIIA1 | Positive retroperitoneal lymph nodes only | IIIA | Microscopic peritoneal metastasis beyond pelvis |
| IIIA1 (i) | Metastasis ≤ 10 mm | | |
| IIIA1 (ii) | Metastasis > 10 mm | | |
| IIIA2 | Microscopic extrapelvic peritoneal involvement | | |
| IIIB | Macroscopic peritoneal metastasis beyond pelvis ≤2 cm | IIIB | Macroscopic peritoneal metastasis beyond pelvis ≤2 cm |
| IIIC | Macroscopic peritoneal metastasis beyond pelvis >2 cm | IIIC | Peritoneal metastasis beyond pelvis >2 cm and/or regional lymph node metastasis |
| IV | Distant metastasis excluding peritoneal metastases | IV | Distant metastasis (excludes peritoneal metastasis) |
| IVA | Pleural effusion with positive cytology | | |
| IVB | Parenchymal metastases and metastases to extraabdominal organs | | |

OVARIAN CANCER

survival rates

| | Invasive epithelial ovarian cancer | Ovarian stromal tumors | Ovarian germ cell tumors | Fallopian tube carcinoma |
|----------------|--|------------------------------|--------------------------------|--------------------------------|
| Stage 1 | 90% | 95% | 98% | 87% |
| Stage 2 | 70% | 78% | 94% | 86% |
| Stage 3 | 39% | 65% | 87% | 52% |
| Stage 4 | 17% | 35% | 69% | 40% |

Source: <https://www.cancer.org/cancer/ovarian-cancer/detection-diagnosis-staging/survival-rates.html> **healthline**

PREŽIVETJE PO STADIJIH BOLEZNI

- Stage IA - 87%
- Stage IB - 71%
- Stage IC - 79%
- Stage IIA - 67%
- Stage IIB - 55%
- Stage IIC – 57
- Stage IIIA – 41%
- Stage IIIB - 25%
- Stage IIIC - 23%
- Stage IV - 11%
- Overall survival rate – 46%

EUROCARE – 5 (2015)

Age-standardised 1-year, 5-year relative survival, and 5-year relative survival conditional to surviving 1 year, with 95% confidence intervals in parentheses

| | Number of cases | 1-year | | 5-year | | Conditional | |
|------------------------|-----------------|-------------|----------------------|-------------|----------------------|-------------|----------------------|
| Northern Europe | 18,724 | 76.4 | (75.7- 77.0) | 41.1 | (40.3- 42.0) | 53.9 | (52.8- 54.9) |
| Denmark | 4,637 | 70.5 | (69.1- 71.8) | 35.5 | (33.9- 37.2) | 50.4 | (48.2- 52.6) |
| Finland | 3,937 | 76.4 | (75.0- 77.7) | 43.1 | (41.3- 45.0) | 56.5 | (54.3- 58.7) |
| Iceland | 150 | 71.8 | (65.1- 79.1) | 39.1 | (31.5- 48.5) | 54.5 | (44.9- 66.1) |
| Norway | 3,719 | 76.3 | (74.9- 77.7) | 41.4 | (39.5- 43.4) | 54.3 | (52.0- 56.7) |
| Sweden | 6,281 | 81.1 | (80.1- 82.1) | 44.1 | (42.6- 45.6) | 54.3 | (52.6- 56.1) |
| Ireland and UK | 51,024 | 62.7 | (62.2- 63.1) | 31.0 | (30.6- 31.5) | 49.5 | (48.9- 50.2) |
| Ireland | 2,599 | 61.4 | (59.6- 63.3) | 30.3 | (28.4- 32.5) | 49.4 | (46.5- 52.5) |
| UK, England | 39,620 | 62.6 | (62.2- 63.1) | 30.6 | (30.0- 31.1) | 48.8 | (48.1- 49.6) |
| UK, Northern Ireland | 1,293 | 62.7 | (60.2- 65.3) | 32.3 | (29.4- 35.5) | 51.5 | (47.3- 56.0) |
| UK, Scotland | 4,752 | 65.1 | (63.8- 66.4) | 34.0 | (32.5- 35.6) | 52.3 | (50.2- 54.5) |
| UK, Wales | 2,760 | 59.8 | (58.1- 61.6) | 31.7 | (29.7- 33.7) | 52.9 | (50.0- 56.0) |
| Central Europe | 37,796 | 73.7 | (73.3- 74.2) | 40.5 | (39.9- 41.1) | 55.0 | (54.3- 55.7) |
| Austria | 5,932 | 71.9 | (70.8- 73.1) | 41.4 | (40.0- 42.9) | 57.6 | (55.8- 59.5) |
| Belgium | 4,583 | 77.1 | (75.9- 78.3) | 42.4 | (40.7- 44.1) | 55.0 | (53.0- 57.1) |
| France | 2,945 | 77.3 | (75.7- 78.8) | 40.1 | (38.2- 42.1) | 51.9 | (49.7- 54.3) |
| Germany | 13,307 | 73.7 | (72.9- 74.4) | 40.3 | (39.3- 41.3) | 54.7 | (53.5- 56.0) |
| Switzerland | 1,538 | 76.9 | (74.9- 79.0) | 38.9 | (36.1- 42.0) | 50.6 | (47.2- 54.3) |
| The Netherlands | 9,491 | 71.6 | (70.7- 72.5) | 39.9 | (38.7- 41.1) | 55.7 | (54.2- 57.2) |
| Southern Europe | 21,971 | 69.1 | (68.5- 69.7) | 38.0 | (37.3- 38.7) | 55.0 | (54.1- 55.9) |
| Croatia | 3,872 | 61.7 | (60.1- 63.3) | 38.6 | (36.6- 40.7) | 62.5 | (59.8- 65.4) |
| Italy | 11,759 | 70.9 | (70.2- 71.7) | 38.1 | (37.2- 39.1) | 53.7 | (52.5- 55.0) |
| Malta | 288 | 59.8 | (54.2- 65.5) | 39.3 | (32.8- 47.0) | 65.9 | (56.5- 76.7) |
| Portugal | 2,395 | 71.8 | (69.6- 73.6) | 41.0 | (38.7- 43.4) | 57.2 | (54.4- 60.1) |
| Slovenia | 1,446 | 72.7 | (70.3- 75.2) | 37.9 | (35.0- 41.1) | 52.2 | (48.6- 56.0) |
| Spain | 2,211 | 69.6 | (67.7- 71.6) | 36.8 | (34.7- 39.0) | 52.8 | (50.2- 55.6) |
| Eastern Europe | 27,879 | 62.2 | (61.6- 62.8) | 34.4 | (33.7- 35.1) | 55.3 | (54.3- 56.3) |
| Bulgaria | 6,208 | 57.1 | (55.7- 58.6) | 33.4 | (31.7- 35.2) | 58.5 | (55.9- 61.1) |
| Czech Republic | 8,825 | 65.5 | (64.5- 66.6) | 36.3 | (35.1- 37.6) | 55.4 | (53.7- 57.2) |
| Estonia | 1,217 | 63.2 | (60.4- 66.0) | 34.1 | (31.0- 37.6) | 54.0 | (49.5- 59.0) |
| Latvia | 2,205 | 63.6 | (61.5- 65.9) | 33.7 | (31.3- 36.3) | 52.9 | (49.6- 56.5) |
| Lithuania | 2,789 | 59.2 | (57.4- 61.1) | 31.7 | (29.8- 33.8) | 53.6 | (50.7- 56.6) |
| Poland | 3,704 | 63.3 | (61.6- 65.1) | 34.5 | (32.5- 36.5) | 54.4 | (51.7- 57.3) |
| Slovakia | 2,931 | 63.0 | (61.0- 65.0) | 34.5 | (32.2- 36.8) | 54.7 | (51.6- 58.0) |
| Europe | 157,394 | 70.3 | (69.9- 70.7) | 37.6 | (37.2- 38.0) | 53.5 | (52.9- 54.1) |

Age-standardised 5-year relative survival (%)



Ovary and uterine adnexa

European age-specific and age-standardised observed (obs, %) and relative (rel, %) survival

| Age group | Number of cases | 1-year | 3-year | 5-year |
|-----------|-----------------|----------|--------|--------|
| 15-44 | 14,549 | obs 90.9 | 78.2 | 70.5 |
| | | rel 91.0 | 78.4 | 70.9 |
| 45-54 | 25,887 | obs 88.2 | 67.7 | 55.3 |
| | | rel 88.5 | 68.3 | 56.1 |
| 55-64 | 37,744 | obs 82.4 | 56.3 | 43.1 |
| | | rel 82.8 | 57.3 | 44.5 |
| 65-74 | 40,137 | obs 70.7 | 43.5 | 31.3 |
| | | rel 71.6 | 45.5 | 33.9 |
| 75+ | 39,076 | obs 43.6 | 21.9 | 14.5 |
| | | rel 46.4 | 26.2 | 20.1 |
| All cases | 157,393 | obs 69.0 | 45.5 | 34.8 |
| | | rel 70.3 | 47.7 | 37.6 |

MUTACIJE BRCA1/2

- Mlajše bolnice, BRCA1
- Serozni karcinomi
- Ni mejno malignih tumorjev
- Boljši odgovor na terapijo s preparati platine
- Boljši odgovor na zdravljenje s PARP inhibitorji
- Daljši interval brez ponovitve bolezni
- Nosilke BRCA2 mutacije imajo boljše preživetje kot nosilke BRCA 1 mutacije ali spontano obolele

