

Cytoreductive Surgery in Gynecologic Oncology: A Multidisciplinary Approach 2010

Editor

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Preface

Despite the crucial advancements in treatment with chemotherapy, radiotherapy and biological agents, main treatment method in gynecologic cancers is surgery as in all other solid tumors.

The history of gynecologic cancers is very old. Evidences of first human gynecologic cancers were discovered in Egyptian mummies from the 3000 BC. Granville (1826) dissected mummified remains and discovered an ovarian mass later thought to be a malignant cystadenocarcinoma of the ovary. The history of cytoreductive surgery in gynecologic cancers goes back to the end of the 18th century. The application of modern cytoreductive surgery in gynecologic cancers was initiated in 1834 by Meigs. Later, significant progress was made in cytoreductive surgery by the studies performed by the Gynecologic Oncology Group (GOG) and the International Federation of Gynecology and Obstetrics (FIGO) and many other authors. Currently, resection of almost every organ is performed for cytoreductive surgery of ovarian cancer and every day we witness new technical improvements enforcing the limits of our imagination. Besides, cytoreductive surgery has been applied not only in the treatment of ovarian-fallopian-peritoneal cancers, but also in the treatment of endometrial and other gynecologic cancers. Theoretical rationale of cytoreductive surgery is to improve the chemotherapy response (by reducing tumor load before chemotherapy, increasing tumor perfusion and growth fraction), to improve the immune function and to make possible changes in tumor biology.

One of the other recent advances in Gynecologic Oncology is that ovarian cancer has constituted a model within the concept of “Peritoneal Surface Oncology” (Cytoreductive Surgery combined with Hyperthermic Intraperitoneal Chemotherapy-HIPEC) which has been developed since 1990’s for the treatment of peritoneal carcinomatosis. This approach is gradually becoming the standard management both for gynecologic and non-gynecologic peritonitis carcinomatosis cases. Scientific studies on the extensive cytoreductive surgery of ovarian cancer have played a significant role in the development of this concept.

This book aims to introduce the role of cytoreductive surgery in gynecologic cancers through a multi-disciplinary approach. Many famous scientists from US, Canada, European Countries and Australia have participated in this special work. I would like to express my heartfelt thanks to all authors and co-authors who contributed to this book by sparing their valuable time in spite of their busy academic schedules. It has been my pleasure to work with them in this project and I look forward to working together again in other projects in the future.

I hope this book to be useful for the specialists, fellowships and assistants in all disciplines related to the treatment of gynecologic cancers.

I dedicate this book to my beloved wife and son.

January 2010
Izmir

Yusuf Yildirim