

Multimodale Therapie des primären Ovarialkarzinoms (S. 17–22)

M. Friedrich, D. Friedrich, C. Rogmans

Literatur:

1. Robert Koch-Institut und Gesellschaft der epidemiologischen Krebsregister in Deutschland e. V., Krebs in Deutschland 2015/2016. Häufigkeiten und Trends. 12. Aufl. 2019
2. Harter P et al. Therapiequalität des fortgeschrittenen Ovarialkarzinoms in Deutschland. *Frauenarzt* 2020; 61(3): 182–88
3. Banerjee S & Kaye SB. New Strategies in the Treatment of Ovarian Cancer: Current Clinical Perspectives and Future Potential. *Clin Cancer Res* 2013; 19: 961–8
4. Konecny GE et al. Prognostic and Therapeutic Relevance of Molecular Subtypes in High-Grade Serous Ovarian Cancer. *J Natl Cancer Inst* 2014; 106: dju249
5. Kommoss S et al. Bevacizumab May Differentially Improve Ovarian Cancer Outcome in Patients with Prolife-Subtypes. *Clin Cancer Res* 2017; 23(14): 3794–801
6. Bristow RE et al. High-volume ovarian cancer care: Survival impact and disparities inaccess for advanced-stage disease. *Gynecol Oncol* 2014; 132: 403–10
7. Du Bois A et al. Role of surgical outcome as prognostic factor in advanced epithelial ovarian cancer: a combined exploratory analysis of 3 prospectively randomized phase 3 multicenter trials: by the Arbeitsgemeinschaft Gynaekologische Onkologie Studiengruppe Ovarialkarzinom (AGO-OVAR) and the Groupe d'Investigateurs Nationaux Pour les Etudes des Cancers de l'Ovaire (GINECO). *Cancer* 2009; 115(6): 1234–44
8. Keyver-Paik MD et al. Integrated care in ovarian cancer „IgvOvar: results of a German pilot for higher quality in treatment of ovarian cancer. *J Cancer Res ClinOncol* 2016; 142: 481–7
9. Harter P et al. A Randomized Trial of Lymphadenectomy in Patients with Advanced Ovarian Neoplasms. *N Engl J Med* 2019; 380: 822–32
10. Trillsch F et al. Treatment reality in elderly patients with advanced ovarian cancer: a prospective analysis of the OVCAD consortium. *J Ovarian Res* 2013; 6(1): 42
11. Bardram L et al. Recovery after laparoscopic colonic surgery with epidural analgesia, and early oral nutrition and mobilisation. *Lancet* 1995; 345: 763–64
12. Modesitt SC et al. Enhanced recovery implementation in major gynecologic surgeries: effect of care standardization. *Obstet Gynecol* 2016; 128(3): 457–66
13. Nelson G et al. Guidelines for post-operative care in gynecologic/oncology surgery: Enhanced Recovery After Surgery (ERAS_) Society recommendations – Part II. *Gynecol Oncol* 2016; 140(2): 323–32
14. Kalogera E et al. Enhanced recovery in gynecologic surgery. *Obstet Gynecol* 2013; 122(201): 319–28
15. Kehoe S et al. Primary chemotherapy versus primary surgery for newly diagnosed advanced ovarian cancer (CHORUS): An open-label, randomised, controlled, noninferiority trial. *Lancet* 2015; 386: 249–57
16. Vergote I et al. Neoadjuvant chemotherapy or primary surgery in stage II-IC or IV ovarian cancer. *N Engl J Med* 2010; 363: 943–53
17. Fagotti A et al. Survival analyses from a randomized trial of primary debulking surgery versus neoadjuvant chemotherapy for advanced epithelial ovarian cancer with high tumor load (SCORPION trial). *ASCO Annual Meeting 2018; Abstract #5516*
18. Onda T et al. Comparison of Survival Between Upfront Primary Debulking Surgery Versus Neoadjuvant Chemotherapy for Stage III/IV Ovarian. Tubal and Peritoneal Cancers in Phase III Randomized Trial 2018: JCOG0602. *ASCO Annual Meeting 2018; Abstract #5500*

19. Mahner S et al. Behandlungsqualität des Ovarialkarzinoms in Deutschland: Aktuelle Ergebnisse der Qualitätssicherungsprogramms QS OVAR. *Geburtshilfe und Frauenheilkunde* 2019; 79(08): PD45
20. Kehoe S et al. Primary chemotherapy versus primary surgery for newly diagnosed advanced ovarian cancer (CHORUS): an open-label, randomised, controlled, non-inferiority trial. *Lancet* 2015; 386: 249–57
21. Pignata S et al. Carboplatin plus paclitaxel once a week versus every 3 weeks in patients with advanced ovarian cancer (MITO-7): a randomised, multicentre, open-label, phase 3 trial. *Lancet Oncol* 2014; 15: 396–405
22. Katsumata N et al. Long-term results of dose-dense paclitaxel and carboplatin versus conventional paclitaxel and carboplatin for treatment of advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer (JGOG 3016): a randomised, controlled, open-label trial. *Lancet Oncol* 2013; 14: 1020–26
23. Chan JK et al. Weekly vs. Every-3-Week Paclitaxel and Carboplatin for Ovarian Cancer. *N Engl J Med* 2016; 374: 738–48
24. Clamp et al. Weekly dose-dense chemotherapy in first-line epithelial ovarian, fallopian tube, or primary peritoneal carcinoma treatment (ICON8): primary progression-free survival analysis results from a GCIg phase 3 randomised controlled trial. *Lancet* 2019; 394: 2084–95
25. Walker et al. Intraperitoneal chemotherapy for ovarian cancer. *Gynecol Oncol* 2016; 142: 1–2
26. Jaaback K et al. Intraperitoneal chemotherapy for the initial management of primary epithelial ovarian cancer. *Cochrane Analysis, Cochrane Database Syst Rev* 2016; (1): CD005340
27. Blommaert FA et al. Drug-induced DNA Modification in Buccal Cells of Cancer Patients Receiving Carboplatin and Cisplatin Combination Chemotherapy, as Determined by an Immunocytochemical Method: Interindividual Variation and Correlation with Disease Response. *Cancer Res* 1993, 53: 5669–75
28. Los G et al. Response of peritoneal solid tumours after intraperitoneal chemohyperthermia treatment with cisplatin or carboplatin. *Br J Cancer* 1994; 69: 235–41
29. Van de Vaart PJ et al. Intraperitoneal cisplatin with regional hyperthermia in advanced ovarian cancer: pharmacokinetics and cisplatin-DNA adduct formation in patients and ovarian cancer cell lines. *Eur J Cancer* 1998; 34: 148–54
30. Van Driel et al. Hyperthermic Intraperitoneal Chemotherapy in Ovarian Cancer. *N Engl J Med* 2018; 378: 230–40
31. Heinzelmann-Schwarz V et al. Letrozole may be a valuable maintenance treatment in high-grade serous ovarian cancer patients. *Gynecol Oncol* 2018; 2018: 79–85
32. Burger RA et al. Incorporation of bevacizumab in the primary treatment of ovarian cancer. *N Engl J Med* 2011; 365(26): 2473–83
33. Perren TJ et al. A phase 3 trial of bevacizumab in ovarian cancer. *N Engl J Med* 2011; 365(26): 2484–96
34. Farmer H et al. Targeting the DNA repair defect in BRCA mutant cells as a therapeutic strategy. *Nature* 2005; 434: 917–21
35. Moore K et al. Maintenance Olaparib in Patients with Newly Diagnosed Advanced Ovarian Cancer. *N Engl J Med* 2018; 379(26): 2495–505
36. DiSilvestro P et al. Efficacy of Maintenance Olaparib for Patients With Newly Diagnosed Advanced Ovarian Cancer With a BRCA Mutation: Subgroup Analysis Findings From the SOLO1 Trial. *J Clin Oncol* 2020; 38(30): 3528–37
37. Gonzalez-Martin A et al. Niraparib in Patients with Newly Diagnosed Advanced Ovarian Cancer. *N Engl J Med* 2019; 381(25): 2391–402

38. Coquard et al. Olaparib plus Bevacizumab as First-Line Maintenance in Ovarian Cancer. *N Engl J Med* 2019; 381: 2416–28
39. Lorusso et al. ASCO Annual Meeting 2020. *J Clin Oncol* 2020; suppl 38; abstr 6039

Integrative Medizin in der Gynäkologischen Onkologie – Fakten oder Fake (S. 23–34)

P. Klose, P. Voiß, G. Dobos, S. Kümmel

Literatur:

1. Witt CM et al. Training oncology physicians to advise their patients on complementary and integrative medicine: An implementation study for a manual-guided consultation. *Cancer* 2020; 126(13): 3031–41
2. Keene MR, Heslop IM, Sabesan SS, Glass BD. Complementary and alternative medicine use in cancer: A systematic review. *Complement Ther Clin Pract* 2019; 35: 33–47
3. Fremd C et al. Use of complementary and integrative medicine among German breast cancer patients: predictors and implications for patient care within the PRAEGNANT study network. *Arch Gynecol Obstet* 2017; 295(5): 1239–45
4. Corina G, Christine H, Klein G. Oncologists' experiences of discussing complementary and alternative treatment options with their cancer patients. A qualitative analysis. *Support Care Cancer* 2016; 24(9): 3857–62
5. Komplementäre Therapie „Survivorship“. Empfehlungen gynäkologische Onkologie Kommission Mamma der AGO. (https://www.ago-online.de/fileadmin/ago-online/downloads/leitlinien/kommission_mamma/2020/PDF_EN/2020E%2023_Complementary%20Therapy%20Survivorship_with%20References.pdf). Letzter Zugriff: 20.04.2022
6. S3-Leitlinie Komplementärmedizin in der Behandlung von onkologischen PatientInnen. Langversion 1.1 – September 2021. AWMF-Registernummer: 032/055OL. Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft. Deutsche Krebshilfe. AWMF). https://www.leitlinienprogramm-onkologie.de/fileadmin/user_upload/Downloads/Leitlinien/Komplement%C3%A4r/Version_1/LL_Komplement%C3%A4r_Langversion_1.1.pdf.
7. Cardoso F P-SS et al. 5th ESO-ESMO international consensus guidelines for advanced breast cancer (ABC 5). *Ann Oncol* 2020; 31(12): 1623–49
8. Fabi A BR et al. Cancer-related fatigue: ESMO Clinical Practice Guidelines for diagnosis and treatment. *Ann Oncol* 2020; 31(6): 713–23
9. Jordan B MA et al. Systemic anticancer therapy-induced peripheral and central neurotoxicity: ESMO-EONS-EANO Clinical Practice Guidelines for diagnosis, prevention, treatment and follow-up. *Ann Oncol* 2020; 31(10): 1306–19
10. Greenlee H et al. Clinical practice guidelines on the evidence-based use of integrative therapies during and after breast cancer treatment. *CA Cancer J Clin* 2017; 67(3): 194–232
11. Lyman GH et al. Integrative Therapies During and After Breast Cancer Treatment: ASCO Endorsement of the SIO Clinical Practice Guideline. *J Clin Oncol* 2018; 36(25): 2647–55
12. Denieffe S, Gooney M. A meta-synthesis of women's symptoms experience and breast cancer. *Eur J Cancer Care (Engl)* 2011; 20(4): 424–35

13. Murphy CC, Bartholomew LK, Carpentier MY, Bluethmann SM, Vernon SW. Adherence to adjuvant hormonal therapy among breast cancer survivors in clinical practice: a systematic review. *Breast Cancer Res Treat* 2012; 134(2): 459–78
14. Haidinger R, Bauerfeind I. Long-Term Side Effects of Adjuvant Therapy in Primary Breast Cancer Patients: Results of a Web-Based Survey. *Breast Care (Basel)* 2019;14(2):111-6.
15. Doege D, Thong MS, Koch-Gallenkamp L, Bertram H, Eberle A, Holleczer B, et al. Health-related quality of life in long-term disease-free breast cancer survivors versus female population controls in Germany. *Breast Cancer Res Treat* 2019; 175(2): 499–510
16. Gynäkologische Probleme bei Mammakarzinompatienten. Empfehlungen gynäkologische Onkologie Kommission Mamma der AGO. (https://www.ago-online.de/fileadmin/ago-online/downloads/_leitlinien/kommission_mamma/2020/PDF_DE/2020D%2024_Gynaekologische%20Probleme%20bei%20Mammakarzinompatientinnen_mit%20Literatur.pdf)
Letzter Zugriff: 20.04.2022
17. Supportive Therapie und Nebenwirkungsmanagement. Empfehlungen gynäkologische Onkologie Kommission Mamma der AGO. (https://www.ago-online.de/fileadmin/ago-online/downloads/_leitlinien/kommission_mamma/2020/PDF_DE/2020D%2014_Supportive%20Therapie%20und%20Nebenwirkungsmanagement_mit%20Literatur.pdf).
Letzter Zugriff: 20.04.2022
18. Bach L, Kalder M, Kostev K. Depression and sleep disorders are associated with early mortality in women with breast cancer in the United Kingdom. *J Psychiatr Res* 2020; 143: 481–84
19. Jacob L, Scholten PC, Kostev K, Kalder M. Association between sleep disorders and the presence of breast cancer metastases in gynecological practices in Germany: a case-control study of 11,412 women. *Breast Cancer Res Treat* 2018; 171(2): 443–8
20. Garland SN et al. Comparative effectiveness of electro-acupuncture versus gabapentin for sleep disturbances in breast cancer survivors with hot flashes: a randomized trial. *Menopause (NY)* 2017; 24(5): 517–23
21. Hoxtermann MD et al. Efficacy and Safety of Auricular Acupuncture for the Treatment of Insomnia in Breast Cancer Survivors: A Randomized Controlled Trial. *Cancers (Basel)* 2021; 13(16): 4082
22. Cramer H et al. Yoga for improving health-related quality of life, mental health and cancer-related symptoms in women diagnosed with breast cancer. *Cochrane Database Syst Rev* 2017; 1: CD010802
23. Schell LK, Monsef I, Wockel A, Skoetz N. Mindfulness-based stress reduction for women diagnosed with breast cancer. *Cochrane Database Syst Rev* 2019; 3: CD011518
24. Garland SN et al. Mindfulness-based stress reduction compared with cognitive behavioral therapy for the treatment of insomnia comorbid with cancer: a randomized, partially blinded, noninferiority trial. *J Clin Oncol* 2014; 32(5): 449–57
25. Hilfiker R et al. Exercise and other non-pharmaceutical interventions for cancer-related fatigue in patients during or after cancer treatment: a systematic review incorporating an indirect-comparisons meta-analysis. *Br J Sports Med* 2018; 52(10): 651–8
26. Pan Y et al. Clinical Benefits of Acupuncture for the Reduction of Hormone Therapy–Related Side Effects in Breast Cancer Patients: A Systematic Review. *Integr Cancer Ther* 2018; 17(3): 602–18
27. Liu L, Tan H, Yu S, Yin H, Baxter GD. The effectiveness of tai chi in breast cancer patients: A systematic review and meta-analysis. *Complement Ther Clin Pract* 2020; 38: 101078
28. Luo XC et al. Effect of Tai Chi Chuan in Breast Cancer Patients: A Systematic Review and Meta-Analysis. *Front Oncol* 2020; 10: 607

29. Ni X et al. The effects of Tai Chi on quality of life of cancer survivors: a systematic review and meta-analysis. *Support Care Cancer* 2019; 27(10): 3701–16
30. Zhang Q, Zhao H, Zheng Y. Effectiveness of mindfulness-based stress reduction (MBSR) on symptom variables and health-related quality of life in breast cancer patients-a systematic review and meta-analysis. *Support Care Cancer* 2019; 27(3): 771–81
31. Johns SA et al. Randomized controlled pilot trial of mindfulness-based stress reduction for breast and colorectal cancer survivors: effects on cancer-related cognitive impairment. *J Cancer Surviv* 2016; 10(3): 437–48
32. Derry HM et al. Yoga and self-reported cognitive problems in breast cancer survivors: a randomized controlled trial. *Psychooncology* 2015; 24(8): 958–66
33. Janelins MC et al. YOCAS© Yoga Reduces Self-reported Memory Difficulty in Cancer Survivors in a Nationwide Randomized Clinical Trial: Investigating Relationships Between Memory and Sleep. *Integr Cancer Ther* 2016; 15(3): 263–71
34. Würtzen H et al. Effect of mindfulness-based stress reduction on somatic symptoms, distress, mindfulness and spiritual wellbeing in women with breast cancer: results of a randomized controlled trial. *Acta Oncol* 2015; 54(5): 712–9
35. Cramer H, Rabsilber S, Lauche R, Kümmel S, Dobos G. Yoga and meditation for menopausal symptoms in breast cancer survivors-A randomized controlled trial. *Cancer* 2015; 121(13): 2175–84
36. Lesi G et al. Acupuncture As an Integrative Approach for the Treatment of Hot Flashes in Women With Breast Cancer: A Prospective Multicenter Randomized Controlled Trial (AcCliMaT). *J Clin Oncol* 2016; 34(15): 1795–802
37. Wang C et al. Effect of cimicifuga racemosa on menopausal syndrome caused by LHRH-a in breast cancer. *J Ethnopharmacol* 2019; 238: 111840
38. Ruan X, Mueck AO, Beer AM, Naser B, Pickartz S. Benefit-risk profile of black cohosh (isopropanolic Cimicifuga racemosa extract) with and without St John's wort in breast cancer patients. *Climacteric* 2019; 22(4): 339–47
39. Lu W et al. Acupuncture for Chemotherapy-Induced Peripheral Neuropathy in Breast Cancer Survivors: A Randomized Controlled Pilot Trial. *Oncologist* 2020; 25(4): 310–8
40. Bao T et al. Effect of Acupuncture vs Sham Procedure on Chemotherapy-Induced Peripheral Neuropathy Symptoms: A Randomized Clinical Trial. *JAMA Netw Open* 2020; 3(3): e200681
41. Brinkhaus B et al. Prophylactic acupuncture treatment during chemotherapy with breast cancer: a randomized pragmatic trial with a retrospective nested qualitative study. *Breast Cancer Res Treat* 2019; 178(3): 617–28
42. Greenlee H et al. Randomized sham-controlled pilot trial of weekly electro-acupuncture for the prevention of taxane-induced peripheral neuropathy in women with early stage breast cancer. *Breast Cancer Res Treat* 2016; 156(3): 453–64
43. He Y et al. Clinical Evidence for Association of Acupuncture and Acupressure With Improved Cancer Pain: A Systematic Review and Meta-Analysis. *JAMA Oncol* 2020; 6(2): 271–78
44. Zick SM et al. Impact of Self-Acupressure on Co-Occurring Symptoms in Cancer Survivors. *JNCI Cancer Spectr* 2018; 2(4): pky064
45. Miao J et al. Effects of acupressure on chemotherapy-induced nausea and vomiting-a systematic review with meta-analyses and trial sequential analysis of randomized controlled trials. *Int J Nurs Stud* 2017; 70: 27–37
46. Doege D et al. Age-specific prevalence and determinants of depression in long-term breast cancer survivors compared to female population controls. *Cancer Med* 2020; 9(22): 8713–21

47. Ludolph P et al. Interventions to Promote Resilience in Cancer Patients. *Dtsch Arztebl Int* 2019; 51–52: 865–72
48. Haller H et al. Mindfulness-based interventions for women with breast cancer: an updated systematic review and meta-analysis. *Acta Oncol* 2017; 56(12): 1665–76
49. Chen P, Liu, YM, Chen, ML. The Effect of Hypnosis on Anxiety in Patients With Cancer: A Meta-Analysis. *Worldviews Evid Based Nurs* 2017; 14(3): 223–36
50. Lewson AB et al. Symptom experiences in post-treatment cancer survivors: associations with acceptance and commitment therapy constructs. *Support Care Cancer* 2021; 29(7): 3487–95
51. Hershman DL et al. Effect of Acupuncture vs Sham Acupuncture or Waitlist Control on Joint Pain Related to Aromatase Inhibitors Among Women With Early-Stage Breast Cancer: A Randomized Clinical Trial. *JAMA* 2018; 320(2): 167–76
52. Loef M, Walach H. Quality of life in cancer patients treated with mistletoe: a systematic review and meta-analysis. *BMC Complement Med Ther* 2020; 20(1): 227
53. Freuding M et al. Mistletoe in oncological treatment: a systematic review: Part 2: quality of life and toxicity of cancer treatment. *J Cancer Res Clin Oncol* 2019; 145(4): 927–39
54. Freuding M et al. Mistletoe in oncological treatment: a systematic review: Part 1: survival and safety. *J Cancer Res Clin Oncol* 2019; 145(3): 695–707
55. Kent H. Breast-cancer survivors begin to challenge exercise taboos. *CMAJ* 1996; 155(7): 969–71
56. Pierce JP et al. Feasibility of a randomized trial of a high-vegetable diet to prevent breast cancer recurrence. *Nutr Cancer* 1997; 28(3): 282–8
57. Campbell KL, Winters-Stone KM, Wiskemann J, May AM, Schwartz AL, Courneya KS, et al. Exercise Guidelines for Cancer Survivors: Consensus Statement from International Multidisciplinary Roundtable. *Med Sci Sports Exerc* 2019; 51(11): 2375–90
58. American College of Sports Medicine. Moving Through Cancer. (https://www.exerciseismedicine.org/support_page.php/moving-through-cancer/).
Letzter Zugriff: 20.04.2022
59. Bender CM et al. Physical activity, cardiorespiratory fitness, and cognitive function in postmenopausal women with breast cancer. *Support Care Cancer* 2021; 29(7): 3743–5260
60. Ambrosone CB et al. Dietary Supplement Use During Chemotherapy and Survival Outcomes of Patients With Breast Cancer Enrolled in a Cooperative Group Clinical Trial (SWOG S0221). *J Clin Oncol* 2020; 38(8): 804–14
61. Jung AY et al. Antioxidant supplementation and breast cancer prognosis in postmenopausal women undergoing chemotherapy and radiation therapy. *Am J Clin Nutr* 2019; 109(1): 69–78
62. Raffaghello L et al. Starvation-dependent differential stress resistance protects normal but not cancer cells against high-dose chemotherapy. *Proc Natl Acad Sci U S A* 2008; 105(24): 8215–20
63. de Groot S LR et al; Dutch Breast Cancer Research Group (BOOG). Fasting mimicking diet as an adjunct to neoadjuvant chemotherapy for breast cancer in the multicentre randomized phase 2 DIRECT trial. *Nat Commun* 2020; 11(1): 3083
64. Riedinger CJ et al. Water only fasting and its effect on chemotherapy administration in gynecologic malignancies. *Gynecol Oncol* 2020; 159(3): 799–803
65. Zorn S et al. Impact of modified short-term fasting and its combination with a fasting supportive diet during chemotherapy on the incidence and severity of chemotherapy-induced toxicities in cancer patients - a controlled cross-over pilot study. *BMC Cancer* 2020; 20(1): 578

Strukturierte Patientenübergabe: Klare Aussagen schaffen Sicherheit (S. 53–54)

S. Bechmann

Literatur:

1. www.jointcommission.org/assets/1/6/2007_-Annual_Report.pdf
2. Randmaa M, Martensson G, Swenne CL et al. SBAR improves communication and safety climate and decreases incident reports due to communication errors in an anesthetic clinic: a prospective intervention study. *BMJ Open* 2014; 4: 1–8
3. Gräff I et al. Empfehlungen zum strukturierten Übergabeprozess in der zentralen Notaufnahme. In: *Notfall Rettungsmed* 2020
4. Von Dossow V & Zwissler B. Empfehlung der Deutschen Gesellschaft für Anästhesiologie und Intensivmedizin zur strukturierten Patientenübergabe in der perioperativen Phase. In: *Anaesthesist* 2016; 65: 148–50
5. Starmer AJ R et al. Changes in medical errors after implementation of a handoff program. *N Engl J Med* 371; 2014: 1803–12
6. Weinger MB et al. A multimodal intervention improves postanesthesia care unit handovers. *Anesth Analg* 2015; 121: 957–71
7. Loeb RG & Dekker SWA. Postanesthesia care handovers: context and controversy around communication and consistency. *Anesth Analg* 2015; 121: 854–55