The ten best articles in the medical literature relating to ovarian and other gynecologic cancers are reviewed here.


A retrospective review was conducted on 40 women with adenocarcinoma in situ of the uterine cervix to evaluate the significance of endocervical cone margin status. They had residual disease in 31% of cases with negative margins in cone biopsies and/or negative endocervical curettage and in 56% of cases with positive endocervical margins. Loop electrosurgical excision procedure (LEEP) cones had higher rate of positive endocervical margins compared to cold knife cone (CKC) and laser cone. If maintaining reproductive capacity is desired, the authors recommend CKC, but this does not guarantee absence of the disease.


Adjuvant pelvic radiotherapy following radical surgery reduces the number of recurrences in women with stage IB cervical cancer at the cost of 6% grade 3/4 adverse events vs 2.1% in the group with no further therapy.


The addition of chemotherapy with fluorouracil and cisplatin to treatment with external-beam and intracavitary radiation significantly improved survival among women with locally advanced cervical cancer.


Regimens of radiotherapy and chemotherapy that contain cisplatin improve the rates of survival and progression-free survival among women with locally advanced cervical cancer.


Extensive surgical staging including lymphadenectomy can be performed safely. The authors suggest that the risk of pelvic recurrence is not increased, and the risk of survival is not compromised in those women not receiving adjunctive teletherapy.


In their review of SEER data on women with stage I-II endometrial cancer, lymph node sampling was associated with increased survival among patients with stage I, grade 3 disease but not grade 1 or 2. The observed survival benefit may be due to identification of women with more advanced endometrial cancer. Accurate determination of grade and extent of tumor is necessary to delineate which patients may benefit from lymph node sampling at hysterectomy.


Among the conclusions from a recent consensus committee was that in previously untreated advanced ovarian cancer, cisplatin plus paclitaxel has been shown to be superior to previous standard therapy with cisplatin plus cyclophosphamide. However, for many patients, carboplatin plus paclitaxel is a reasonable alternative because of toxicity and convenience issues. The benefits in terms of toxicity for the paclitaxel-carboplatin combination indicate that its widespread adoption at this stage is justified.


The antitumor activity so far observed in phase II studies in which oxaliplatin was given for ovarian cancer ranged between 15% and 30% and has confirmed the preclinical data. These results support the need for additional studies in patients with tumor primarily resistant to cisplatin to establish a role of oxaliplatin in ovarian cancer. Neurotoxicity is the most important side effect.


Because mutations in BRCA1 and BRCA2 in women with breast cancer are associated with an increased risk of ovarian cancer, analysis of these genes should be considered for women diagnosed with breast cancer who have a high probability of carrying a mutation according to the statistical model developed with these data.


Improved molecular biology techniques and a greater understanding of the mechanisms involved in the activation of T cells have allowed the design of more specific cancer vaccine approaches. These advances have resulted in improved systemic antitumor immune responses in animal models.