

Chairman's introduction

The management of ovarian cancer continues to be an area of very active debate. It is the most lethal of the gynaecological cancers, and yet there have been significant advances in recent years on several fronts. Its management illustrates, perhaps more than any other epithelial cancer, the crucial interplay between different disciplines in producing optimal results. The central link is between specialist surgery and systemic therapy, generally chemotherapy. In recent years, the expansion of understanding, particularly in molecular terms, of the underlying processes involved in ovarian cancer biology, adds an extra vital link in the multidisciplinary chain which is necessary to combat the disease.

This symposium has been constructed to exemplify these principles, and it brings together international experts in their respective fields. Prof. Ignace Vergote provides a comprehensive review of the current surgical management of ovarian cancer, highlighting those areas which are the topics of most debate at present. These include the important issue of timing of surgery. Should the conventional practice of "upfront" primary surgery remain the standard of care, or is there a case for delaying surgery until after a course of initial chemotherapy has been given? The management of relapsed ovarian cancer is a key area for expert decision-making, and one question here is: what is the role of surgery in relapsed disease? Vergote also discusses the important issue of conserva-

tive surgery for Stage I disease, particularly in the context of fertility-sparing for young women.

Prof. Nicoletta Colombo then tackles the whole area of optimal chemotherapy, and explains the current controversies surrounding combination regimens, both as part of initial treatment, and for relapsed disease. These are key issues for the practising clinician. Increasingly, it is becoming apparent that each patient will require individual discussion and decision-making, taking full account of available evidence from randomised trials.

While the results of treatment have generally improved over the past 5–10 years, much remains to be done to increase the curability of the disease. Prof. Ate van der Zee explains the rational way forward, which is clearly based on the better understanding of the molecular basis of the disease and its treatment.

The treatment of ovarian cancer continues to provide food for controversial debate, and it is clear that careful randomised clinical trials have had and will continue to have a central role in resolving many of the uncertainties. I conclude the symposium by providing a framework for future clinical trials. The hope and expectation is that clinicians involved in treating this disease will continue their commitment to these trials, through which significant advances in management are confidently expected.

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