

ROMIC

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Impact

The main goal of this thesis is to evaluate the role of ovarian metastases in colorectal cancer patients. Moreover, we researched the rationale behind the need for increased awareness among physicians regarding the presence or development of ovarian malignancies in colorectal cancer patients. The relevance of this thesis is addressed by the fact that 1. ovarian metastases seem to occur more frequently in younger/premenopausal colorectal cancer patients as compared to older patients (Chapters 2, 3, & 4); 2. in a highly selected patient population ovarian metastases are not as harmful as previously expected (Chapter 5); 3. the ovaries are generally considered unresponsive to systemic therapy, which is unfortunately still poorly understood (Chapter 6); 4. cytoreductive surgery followed by hyperthermic intraperitoneal chemotherapy showed better overall survival in colorectal cancer patients with ovarian metastases compared with surgery alone (Chapter 2); 5. there is a higher incidence of (primary) ovarian cancer in colorectal cancer patients compared to the general population (Chapter 7); and 6. oncologic outcomes may improve following a prophylactic salpingo-oophorectomy in colorectal cancer patients (Chapters 8 & 9).

The findings provided by this thesis are thus relevant for women suffering from colorectal cancer and those involved in the care of these patients. Physicians that may particularly benefit from these findings are general practitioners, gastroenterologists, gynecologists, medical oncologists, and surgeons. Therefore, all findings described in Chapter 8 are presented in a Dutch scientific magazine that is generally read by a wide medical audience. In Chapter 8, we also address the social and economic impact of the implementation of prophylactic surgery by representing the cost-effectiveness of this oncological surgical procedure. This cost-effectiveness was calculated as the price for one additional year of good health, generally expressed in quality-adjusted life years (QALY). According to the Dutch Health Council, €20,000 for one QALY is considered cost-effective, while €80,000 per treatment is considered the absolute maximum. The approximate cost per QALY for postmenopausal patients receiving PSO is expected to lie below the cost-effective range. However, this analytic model is based on assumptions. Prophylactic salpingo-oophorectomy may, in fact, have no impact on quality of life or oncologic outcome in colorectal cancer patients or could potentially have more detrimental consequences than expected for the current population. Since all these aspects have not yet been systematically and prospectively investigated on a large scale, we can neither confirm nor negate the hypothesis of the potential benefits of prophylactic salpingo-oophorectomy. In the near future, the results of the ongoing prospective study described in Chapter 9 will be relevant for female colorectal cancer patients aged ≥ 60 years, their treating clinicians, and researchers from different countries worldwide. Ultimately, the findings of the latter study could expand awareness

of ovarian malignancies in colorectal cancer patients. Finally, this could lead to changes in colorectal cancer guidelines and potentially improve care for all female patients with colorectal cancer.