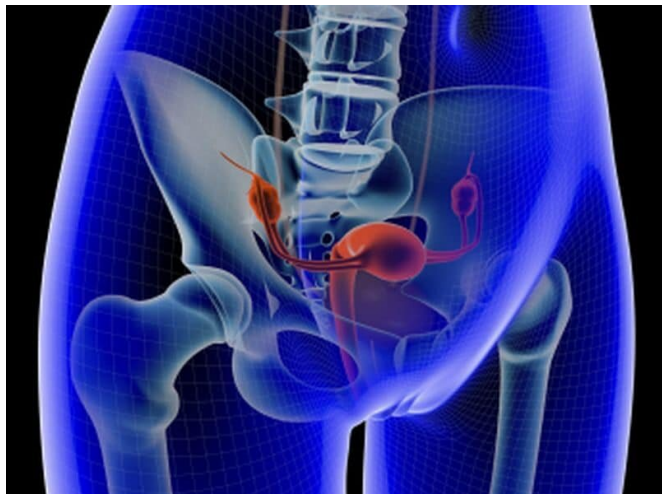


# Lymphadenectomy does not up survival in advanced ovarian cancer

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and lymphadenectomy groups, respectively (hazard ratio for death, 1.06; 95 percent confidence interval, 0.83 to 1.34;  $P = 0.65$ ); in both groups, median [progression-free survival](#) was 25.5 months (hazard ratio, 1.11; 95 percent confidence interval, 0.92 to 1.34;  $P = 0.29$ ). The lymphadenectomy group more often had serious postoperative complications, including incidence of repeat laparotomy (12.4 versus 6.5 percent;  $P = 0.01$ ) and mortality within 60 days after surgery (3.1 versus 0.9 percent;  $P = 0.049$ ).

"The results of this prospectively randomized, adequately powered, international, multicenter trial add level 1 evidence to the long-standing discussion about the role of [lymphadenectomy](#) in advanced ovarian cancer," the authors write.

Several authors disclosed financial ties to the [pharmaceutical industry](#).

(HealthDay)—For patients with advanced ovarian cancer who have undergone intra-abdominal macroscopically complete resection and have clinically negative lymph nodes, lymphadenectomy is not associated with longer overall or progression-free survival, according to a study published in the Feb. 28 issue of the *New England Journal of Medicine*.

Philipp Harter, M.D., Ph.D., from Charité-Universitätsmedizin Berlin, and colleagues intraoperatively randomly assigned patients with newly diagnosed advanced ovarian [cancer](#) who had undergone macroscopically complete resection and had normal lymph nodes before and during surgery to undergo (323 patients) or not undergo lymphadenectomy (324 patients).

The researchers found that the median number of removed nodes was 57 among patients who underwent lymphadenectomy (35 pelvic and 22 para-aortic nodes). Median overall survival was 69.2 and 65.5 months in the no-lymphadenectomy

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