Original Article
DOI: 10.1159/000366249

Total or Subtotal Colectomy in Patients Undergoing Surgery for Primary or Recurrent Epithelial Ovarian Cancer

Anton Oseledchyk[a] Alina Abramian[a] Christina Kaiser[a] Manuel Debald[a] Christian Domröse[a] Nicholas Kiefer[b] Christian Putensen[b] Dimitrios Pantelis[c] Walther Kuhn[a] Nico Schäfer[c] Mignon-Denise Keyver-Paik[a]
[a]Department of Obstetrics and Gynecology, Center for Integrated Oncology, University of Bonn, Germany
[b]Department of Anaesthesiology and Intensive Care Medicine, Center for Integrated Oncology, University of Bonn, Germany
[c]Department of Surgery, Center for Integrated Oncology, University of Bonn, Germany

Supplemental Table 1: Memorial Sloan-Kettering Cancer Center surgical secondary events grading system [27]

Grade	Description
0	No events observed within 30 days postoperatively
1	Use of oral medications, bedside interventions to treat an event
2	Use of intravenous medications, total parenteral nutrition, enteral nutrition, or blood transfusion to treat an event
3	Interventional radiology, therapeutic endoscopy, intubation, or operation required to treat an event
4	Residual and lasting disability requiring major rehabilitation or organ resection
5	Event resulting in death of patient

Supplemental Table 2: List of patients with total or subtotal colectomy; (1) tumorprogression under 2nd line chemotherapy; (2) insufficient primary therapy abroad; TB tumor debulking ;HE hysterectomy; AE adnectomy; PS peritoneal stripping; OE omentectomy; SBS short bowel syndrome; LNE pelvic and paraaortal lymphonodectomy.

Pat. No.	Age	Diagnosis	Ileo-stomy	Ileo-stomy rever-sal	previous therapy	residual tumor	aditional resection	Grade 3–5 postoperative complications
1	55	primary	*yes*	*after 8 months*	Doxorubicin and Cyclophosphamide (Parker Scheme after Borderline Tumor in 1987)	<3mm mesenteric	TB, LNE, PS, peritoneal stripping, diaphragmatic stripping and resection	none
2	51	palliative	*no*	-	1st line Carboplatin and Paclitaxel; 2nd line Carboplatin and Gemcitabine	<10mm peritoneal cancer in pelvis and diaphragm	TB, resection of jejunum, ileum an colon	abscess: CT guided drainage twice in 4th and 7th weeks postoperative; death on day 58 after surgery du to massive tumor progression
3	32	recurrent	*yes*	*no*	Carboplatin and Paclitaxel; Etoposide; unknown Anthracycline (not specified) (2)	>10mm subdiaphragmatic and hepatic	TB, complete resection of ileum with jejunostomy, splenectomy, HE, AE, OE, PS	short bowel syndrome
4	63	primary	*no*	-	Neoadjuvant: 2 cycles of Carboplatin and Paclitaxel	>10mm subdiaphragmatic and mesenteric	TB, HE, AE, OE, PS	none
5	68	recurrent	*no*	-	Carboplatin and pegylated liposomal doxorubicin (Mixed Müllerian Tumor in primary diagnosis)	>10mm epigastric peritoneal cancer, mesenteric lymph nodes	TB, HE, AE, OE	none
6	47	recurrent	*yes*	*no (1)*	1st line Carboplatin and Paclitaxel	< 10 mm diffuse lesions	TB, partial gastric resection, PS, HIPEC	none
7	57	primary	*yes*	*no*	Neoadjuvant: 2 cycles of Carboplatin and Paclitaxel	>10mm stomack, truncus coeliacus, retroperitoneal lymph nodes	TB, HE, AE, OE	vesiko-peritoneal fistula 3 months after operation
8	67	palliative	*no*	-	1st line Carboplatin and Paclitaxel; 2nd line Carboplatin monotherapy; 3rd line antibody therapy with dendritic cells	< 10 mm diffuse lesions	TB, PS	anastomosis leakage and peritonitis on 5th postoperative day, placement of secondary ileostomy; short bowel syndrome with anasarka
9	54	primary	*no*	-	None	none	TB, HE, AE, OE, PS, LNE, diaphragmatic stripping and resection	symptomatic pelvic lymphocele
10	58	primary	no	-	None	none	TB, HE, AE, OE, PS, LNE	diarrhea grade 3
11	53	recurrent	no	-	Carboplatin and Cyclophosphamide; Carboplatin and Paclitaxel; Treosulfan; IP Chemotherapy; Gemcitabine and Doxorubicin	<5mm mesenteric	TB, peritoneal stripping, ileum resection	wound healing disorder

Survival

Due to the small size and heterogeneity of or study group the survival data is not for sufficient statistical analysis and comparison to other study. Consequently for the completeness of content it is summarized here.
Statistical analysis was performed with SPSS 22.0. Figures and Tables were compiled with Microsoft Exel 2011. Progression free survival and overall survival was calculated with the Kaplan Meier method. The median follow up was 9 months (range, 1.8 – 38.3).
We observed a median progression free survival of 14.7 months (range, 1.8 – 36.3 months) and a median overall survival of 38.3 months (range, 1.7 – 38.3 months) in the five primary disease patients, respectively. In the recurrent setting median progression free survival was 5.4 months (range, 4.8 – 9 months) and median overall survival 9.0 (range, 7.8 – 10.6 months) months.

Supplemental Table 3: List of patients and their PFS (progression free survival) and OS (Overall survival)

Pat. No.	Diagnosis	Recurrence	PFS [Mo]	Death	OS [Mo]
1	primary	no	36.32	no	36.32
2	palliative	no	1.91	yes	1.91
3	recurrent	no	8.97	yes	8.97
4	primary	yes	13.84	no	28.76
5	recurrent	yes	5.42	yes	8.48
6	recurrent	yes	7.40	no	7.76
7	primary	yes	14.66	yes	16.86
8	palliative	no	6.48	yes	6.48
9	primary	no	1.78	no	1.78
10	primary	yes	21.63	yes	38.30
11	recurrent	yes	4.80	yes	10.62