



# Prof. Fabrice Lécuru: the change in ovarian cancer management is quick

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## Editor's note

In 2017, a prestigious book *Ovarian Cancer* edited by Prof. Eric Pujade-Lauraine, Prof. Isabelle Ray-Coquard and Prof. Fabrice Lécuru was released. It presents the unique expertise of international investigating groups in the management of ovarian cancers. To benefit the physicians and patients in China and to further the communication in the field, we are pleased to invite Prof. Fabrice Lécuru to conduct an interview with a focus on the management of ovarian cancer, some special moments throughout his career and some stories of the book.

## Expert's introduction

Fabrice Lécuru, MD, PhD (*Figure 1*) is a gynecologic surgeon in the Surgical Oncology Department for Breast and Gynecology in the Georges Pompidou European Hospital and “Université de Paris”. He obtained a medical degree in Lille [1991], a PhD in Paris V University [1997] and a full Professorship in Paris V University [1998]. He is head of department since 2007. His fields of interest and expertise are advanced laparoscopy for gynecologic malignancies, robotic surgery and radical surgery for advanced ovarian cancers. Fabrice Lécuru is involved in teaching (Co-chairman of European Inter-University Diploma of Gynecologic Oncology with Prof. E Pujade Lauraine, Prof. F Golfier, Prof. P Mathevet, Prof. JM Classe and Prof. F Kridelka). He developed experimental studies to assess the impact of pneumoperitoneum on tumor cell diffusion and migration. He is also involved in clinical research as PI (clinical trials on sentinel node biopsy in cervical cancer and preservation of lower limb lymphatic drainage) or associated investigator in more than 15 trials. He belongs to the Groupe d'investigateurs national d'évaluation des cancers de l'ovaire (GINECO) and has been head of the “surgical sub-group” within the GINECO. Prof Fabrice Lécuru is an active member



**Figure 1** Fabrice Lécuru, MD, PhD.

of scientific societies, including the American Society of Clinical Oncology, the Society of Gynecologic Oncology, the European Society of Gynaecologic Oncology, the International Gynecologic Cancer Society and of the EORTC organization. Prof Fabrice Lécuru has co-authored more than 150 peer-reviewed articles in international journals.

## Interview questions

### *About the journey as gynecologic surgeon*

**GPM:** You are a board-certified gynecologic surgeon.

**What inspire you to become an expert in this field?**

**During your study life, who are some of the key people that have been critical to your career?**

**Prof. Lécuru:** At the beginning of my training in obstetrics and gynecology, I was interested in fertility aspects. However, I subsequently moved to the field of gynecologic oncology, feeling the challenge of treating women of severe diseases like ovarian or cervical cancers; while preserving quality of life and also fertility. I also quickly understood

that major clinical researches and improvement should occur soon. My residency with Prof. D Querleu and Dr. E Leblanc, have been determinant in this choice.

**GPM: Laparoscopic radical hysterectomy is an established alternative to abdominal open radical hysterectomy for the surgical treatment of cervical cancer. Do you remember your first case of laparoscopic radical hysterectomy?**

**Prof. Lécuru:** I don't precisely remember my first case. I remember well all the learning curve before this case, and how I measured the challenges of this operation. Laparoscopy was at its beginning in gynecologic oncology at this time. I had to train and understand for laparoscopy and radical hysterectomy at the same time. It was challenging. However, I understood quickly all the benefits of laparoscopy to see and manage the pelvic anatomy.

**GPM: Do you think that the laparoscopic radical hysterectomy will replace the traditional abdominal open radical hysterectomy? What is status in your hospital?**

**Prof. Lécuru:** Since the publication of the LACC trial, open surgery has replaced MIS for radical hysterectomy. We had strong debates after the publication of this paper to decide how to implement these results in our practice. But 1 year after the paper everybody agrees that early cases should be mostly operated on by an open access. Only some selected cases of very good prognostic diseases (tumors <2 cm without LVSI) could have a MIS approach. For advanced stages, there is no more indication for surgery. Chemoradiation is an established standard. We had some hopes with neoadjuvant chemotherapy followed by radical surgery, but recent randomized trials demonstrated that we had to put surgery in the away.

**GPM: What would you comment sentinel lymph node biopsy on cervical cancer? Can you introduce your clinical trials on sentinel lymph node biopsy?**

**Prof. Lécuru:** Sentinel biopsy is a smart technique for nodal assessment of early cervical cancer. This enhances the precision of the biopsy and the pathological information, with diagnosis of micrometastases and isolated tumor cells. It could also decrease morbidity. We are now conducting an international validation study (SENTICOL III) to demonstrate that survival is similar after sentinel biopsy or lymphadenectomy, with a decreased morbidity.

**GPM: You have involved in teaching for years. Can you briefly introduce the teaching system of medicine in France? What are the challenges of current teaching system?**

**Prof. Lécuru:** Teaching surgery is an ambitious goal. We need to conciliate training of young surgeons and preserve technical quality for the patients. It's a daily task. In France we used a companionship system for a long time. However, we will probably move to a more elaborated system, with more and more simulation and lab work. Companionship allows the teacher to adapt the training to the junior skill and commitment. You can assist him (her) for a part of an operation or the totality according to the case difficulty and what the junior has already performed. However, there is few metrics. It's mainly a subjective opinion: you can perform this operation alone or not. Using stimulation, lab and curriculum allows an objective follow-up of the junior training and improvement. However, you can be certified to perform a hysterectomy, but probably not a "difficult" hysterectomy. This has no clear definition. But the senior surgeon will be able to determine if the senior can do by himself or not. This is a subjective frontier.

**GPM: You have been head of the surgical sub-group within the GINECO. What is the aim of this group and what does your role entail?**

**Prof. Lécuru:** The GINECO group is dedicated to clinical research in gynecologic cancer. Beside development of new drugs, the surgical sub-group addresses surgical questions. We participated in several trials, like DESKTOP III, SHAPE, TRUST and we are conducting the SENTICOL III trial.

**GPM: Is there a specific research topic you will be pursuing in the future and what do you hope to achieve?**

**Prof. Lécuru:** The interaction between the tumor and the patient, at the sentinel node level, will be to topic of the coming years. We have used the sentinel node biopsy technique to assess the nodal status of the patients with or without nodal metastasis for 20 years. Subsequently we incorporated the low volume metastases as isolated tumor cells and micrometastases in our algorithm. But I think that in the future the most important information coming from these nodes will be an analysis of the interaction between the tumor and a patient at biological and immunological levels.

*About the book of Ovarian Cancer***GPM: What are the latest developments in the concepts and management of ovarian cancer?**

**Prof. Lécuru:** Integration of HRD and PARPi in the treatment of advanced ovarian cancer is the most important improvement since many years. These drugs, given at the time of platinum sensitive relapse or as a maintenance therapy have changed the prognosis of mutated and non-mutated patients.

**GPM: What sparked your interest in editing the book Ovarian Cancer?**

**Prof. Lécuru:** It seemed us important to establish the “state of the art” in ovarian cancer management. We wanted to summarize the recent “practice changing” trials. However, in a few years, many things have already changed and will change.

**GPM: What are the key features of this book? How many international investigating groups in ovarian cancers participate in this book?**

**Prof. Lécuru:** This book has been written by well-recognized authors, relying on results of recent “practice changing” trials. All leading groups involved in ovarian cancer treatment have been solicited, for instance, AGO, MITO, MANGO, etc.

**GPM: Compare with being a surgeon, what do you feel as an editor? Do you have plan on the second edition?**

**Prof. Lécuru:** These are two different and exciting jobs. To define and balance the list of chapters and to obtain the agreement of famous authors is great challenge. A second edition will be soon necessary since the change in ovarian cancer management is evolving so quickly. Place of surgery according to the histological type and biologic feature of the tumor has to be defined. We will probably treat differently high-grade serous cancers with or without BRCA mutation or HRD presence. We will segregate this disease (and the place of surgery) in several rare diseases. The question will not be limited to primary of interval debulking. We could

discover new concepts with late and limited resections, no surgery at all, etc.

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