Cervix: Oral Abstract

Chemoradiation for the management of locally advanced carcinoma uterine cervix: Comparative evaluation of concomitant weekly versus three weekly cisplatin

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Aim: To determine and evaluate the difference/s, in terms of tumor control and side effects, between weekly and three weekly cisplatin concomitant with external beam radiotherapy for locally advanced carcinoma of cervix.

Materials and Methods: The study was conducted in Radiotherapy Department, University of Health Sciences, Rohtak (India), on sixty previously untreated, histopathologically proven patients of locally advanced carcinoma of uterine cervix. The patients were treated with External Beam Radiotherapy (EBRT) 50 Gy/25 fractions over 5 weeks and concomitant cisplatin, followed by intra-cavitory HDR brachytherapy (ICBT) 700 cGy to point A; three times, once in a week. The patients were assigned randomly either of two groups of 30 patients each. In Group I (Study Group) the patients received three weekly cisplatin 75 mg/m² for 2 cycles while in Group II (Control Group) the patients received weekly cisplatin 40 mg/m² for 5 cycles. Evaluation of response and toxicity was done weekly during treatment and monthly thereafter up to six months.

Results: Stage wise disease response in study and control respectively at the end of treatment was as follows: Stage IIA-CR (80% vs 100%), PR (20% vs 0%); Stage IB-CR (80% vs 76.47%), PR (20% vs 23.53%); Stage IIA-CR (60% vs 100%), PR (40% vs 0%); Stage IIIB-CR (60% vs 60%), PR (40% vs 20%), NR (3% vs 20%). Stage wise disease status at the end of sixth month follow up was as follows: Stage IIA – NED (80% vs 100%), RD (20% vs 0%); Stage IB – NED (80% vs 76.67%), RD (20% vs 23.53%); Stage IIA – NED (60% vs 100%), RD (40% vs 0%); Stage IIIA-CR (60% vs 60%), PR (40% vs 40%). Tumor response was not significantly different in the two groups with respect to age distribution, rural/urban distribution, histopathological distribution and treatment interruption. Maximum level of hematological toxicity (WHO criteria) observed in study and control group respectively at the end of treatment was as follows: Anaemia; Grade II - 4 (13.33%) in both the groups, Leukopenia; Grade II - 1 (3.33%) vs 0 (0%). The worst acute skin reactions observed by the end of treatment in Group I and II respectively were grade II - 2 (6.67%) vs 0 (0%). The worst acute mucosal reactions were grade II - 5 (16.66%) vs 0 (0%). Upper gastrointestinal toxicity (Grade II & III) was 16.7% versus 13.3% respectively. Lower gastrointestinal toxicity (Grade II & III) was 30.8% versus 36.7%. No significant weight loss was observed in either of the groups. Though, all the patients completed the intended treatment, treatment interruption for more than a week was observed in 10 (33.33%) vs 8 (26.67%) patients respectively, due to acute toxicities.

Conclusion: Three weekly cisplatin, concomitant with radiation seems to be the potential, effective and acceptable alternate as standard of treatment for locally advanced carcinoma cervix; especially for increased work load and limited resource setups.

Cervix: Poster Abstract

Neo-adjuvant chemotherapy followed by surgery versus definitive chemo radiation as treatment for localized carcinoma cervix

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Background: Cervical cancer is ranked as the most common cancer in Indian women, second most common cancer worldwide and the leading cause of death in the developing countries. In the developing countries majority of the patients are diagnosed at locally advanced stages. The standard treatment of locally advanced cervical cancer is concomitant chemoradiation (CRT) using platinum based chemotherapy. However, some randomized studies have shown improved results for patients receiving neoadjuvant chemotherapy (NACT) followed by surgical resection in comparison to patient receiving radiation alone. The present study was designed to compare response to the treatment and survival of and NACT followed by radical surgery (RS)