

Meeting abstract

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Chemoradiation with cisplatin followed by either brachytherapy or radical hysterectomy. A non-randomized comparison in FIGO stages IB2-IIA

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Background

The current standard of treatment for locally advanced cervical cancer consists of external radiation plus brachytherapy concurrent with weekly applications of cisplatin. On the other hand, current evidence suggests that preoperative chemoradiation is at least as effective as the standard treatment. Because limitations in the availability of brachytherapy in Mexico and many other developing countries, it is of major interest to determine whether a radical hysterectomy after external chemoradiation has superior or at least equivalent results in terms of survival to chemoradiation and brachytherapy. In FIGO stages IB2-IIA patients.

Patients and methods

This is a non-randomized comparison of both treatment modalities. The data of preoperative chemoradiation modality was taken from the cisplatin arm of a randomized phase II study we performed comparing preoperative chemoradiation with cisplatin against cisplatin/gemcitabine (*IJROBP 2005*). These forty patients were paired against a cohort of 40 patients treated with external radiation and cisplatin plus brachytherapy. In both groups, the dose of external radiation was 50 Gy in 2 Gy fractions and cisplatin was dosed at 40 mg/m² for six

weekly applications. Survival was analyzed with the Kaplan-Meier method and curves compared with the Log-rank test.

Results

There were no significant differences in the clinicopathological characteristics of the patients. Mean age was 45 years (range 24 – 70). In both groups the histologies were squamous cell carcinoma (70%), adenocarcinoma (20%), and adenosquamous (10%). Stage distribution according to the FIGO was as follows: IB2, 22.5%; IIA, 10%; IIB, 67.5%, in both groups. Overall, 100% of patients completed external beam, and surgery or intracavitary brachytherapy. The majority of patients received the planned six courses of weekly cisplatin. At median follow-up (28 months; range 2–58 months), overall survival is 78% and 75% ($p > 0.05$) for the surgical and brachytherapy groups of patients.

Conclusion

The results of this non-randomized comparison suggest that these treatment modalities are equivalent in terms of survival. A randomized study is ongoing to confirm these results.