

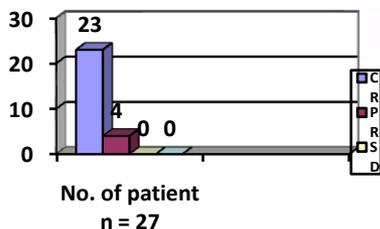
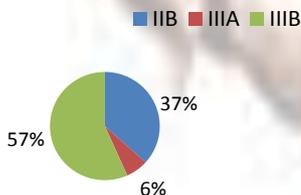
Outcome Analysis Of Cervical Cancer Patients With Para-aortic Lymph Node Metastases

AIM

To assess the outcome of the cervical cancer patients treated with extended field radiotherapy and concurrent weekly chemotherapy followed by brachytherapy.

Various prognostic factors in these patients were also studied to determine their role in the outcome.

STAGE



BACKGROUND

Cervical cancer has a major impact on the lives of Indian women with an estimated 122,844 new cases of cervical cancer in the year 2012, which accounted for 23% of all the cancers in females. 80% of our patients come for treatment with a locally advanced stage of the disease. Further, it has been established that cervical cancer spreads in a progressive but predictable pattern and many patients with locally advanced carcinoma of cervix harbour para-aortic metastasis

MATERIAL AND METHODS

This prospective non-randomised study was conducted at Mahavir Cancer Sansthan, Patna. Thirty cervical cancer patients with high common iliac or para-aortic lymph nodes were included in the study. The study period was from february 2008 to january 2010. All the patients were staged clinically according to the FIGO staging system. External radiation was delivered to the pelvic and paraaortic regions to a total dose of 45Gy in 5 weeks with a fraction size of 1.8Gy/day, 5 days a week. Then the pelvic field was boosted with an additional dose of 5.4Gy in 3 fractions to a total dose of 50.4G in 5.5 weeks. Cisplatin (40 mg/m²) was given weekly with external radiation. This was followed by intracavitary irradiation after a gap of 3-5 days. Three applications of high dose rate brachytherapy were done. The dose given per fraction was 6-7G depending upon the bladder and rectal dose. The overall treatment time was 56-60 days.

RESULTS

It was seen that 36.6% patients had stage IIB, 6.6% had stage IIIA and 56.6% had stage IIIB disease.. Out of the 30 patients 3 (10%) had high common iliac lymph node involvement and rest 27 (90%) patients had para-aortic nodes involvement. 70% of the paraaortic nodes were less than 2 cm. in size whereas 30% were more than 2 cm. 47% of the patients took 5 cycles, 30% took 4 cycles, 13.33% took 3 cycles and 10% took only 2 cycles of concurrent weekly chemotherapy. 27 patients completed the treatment and were available for response evaluation.

The overall complete (local and nodal) response was seen in 85.1% of the patients and rest had a partial response..

The 3 year disease free survival rate was found to be 46.66%. Distant metastasis was seen in 40% of the patients. Response to treatment at first follow-up was the most significant factor affecting survival.

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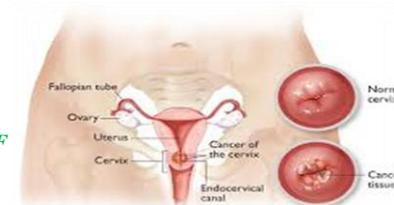
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DISCUSSION

The complete local response rate of 85% seen in our study is less than that seen in similar studies by Sood et al (92%) but better than the overall response rate of 62% in the RTOG trial.

Our 3 year survival rate can be compared to the study by Goodman et al which reported the results of a number of studies demonstrating an overall survival of 30% to 40% in cervical cancer patients with para aortic nodes.

Similar to our study, Vigliottiet also noted that 5 year survival rate for patients with no residual disease after treatment was 50% compared to 23% with moderate size residual disease and 0% for gross residual disease.



CONCLUSION

Cervical cancer patients harbouring para-aortic nodes can be effectively treated with extended field radiation and concurrent weekly platinum based radiotherapy.

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