Tumori, 96: 553-559, 2010

Feasibility and outcome of concurrent chemoradiotherapy for recurrent cervical carcinoma after initial surgery

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ABSTRACT

Aims and background. The prognosis for recurrent cervical carcinoma following initial surgery is dismal even when aggressive radiotherapy or salvage surgery is used. We retrospectively reviewed hospital records to evaluate the efficacy and feasibility of concurrent chemoradiotherapy as a salvage treatment.

Methods. From 1999 to 2007, 47 patients received salvage chemoradiotherapy. Involved-field irradiation was delivered at a median dose of 64.8 Gy (range, 36-100.2), including brachytherapy boost in 10 patients. Pelvic re-irradiation was performed in 4 of the 12 women who had a previous history of pelvic radiotherapy. All but one patient received cisplatin-based concomitant chemotherapy during radiotherapy.

Results. The median overall follow-up period was 27 months and for surviving patients was 57 months. The interval between initial surgery and recurrence was 22 months (range, 4-203), and the median recurrent mass size was 4 cm (range, 0.5-11). In 34 patients, recurrent tumors were confined to the pelvis (21 central and 13 peripheral). Grade 3-4 acute hematologic toxicity was the most frequent toxicity and was observed in 29 (62%) women. Five-year actuarial cumulative incidence of severe gastrointestinal and genitourinary toxicity was 13% and 7%, respectively. Thirty-three patients (70%) showed a complete response and 9 (19%) a partial response following salvage chemoradiation. Five-year overall and disease-free survival rates were 44% and 41%, respectively.

Conclusions. Salvage chemoradiotherapy appears to be a feasible treatment option for women with recurrent cervical carcinoma following surgery. The treatment had a high salvage rate and acceptable late complication rate, despite being associated with substantial acute toxicity. Free full text available at www.tumorionline.it

Key words: chemoradiotherapy, recurrence, uterine cervical cancer.

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Received September 14, 2009;
accepted March 9, 2010.