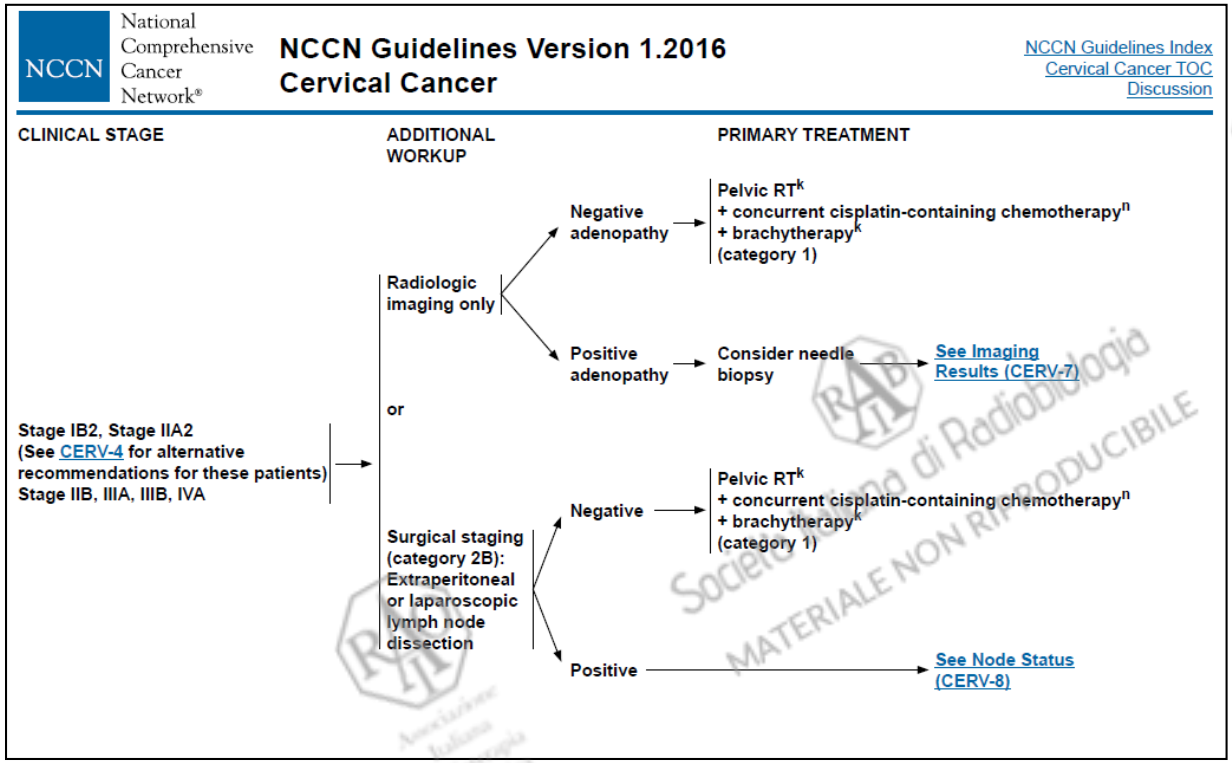
RADIOCHEMIOTERAPIA E CHIRURGIA
VERSUS
RADIOCHEMIOTERAPIA e HDR-BRT
NEL CARCINOMA LOCALMENTE AVANZATO DELLA CERVICE UTERINA: STUDIO CASO-CONTROLLO

CARCINOMA DELLA CERVICE UTERINA IN STADIO LOCALMENTE AVANZATO



Stage	Treatment	Issue
IA1	Conization or simple hysterectomy ± salpingo-ophorectomy and PLND if LVSI	Conservative surgery
IA2	Conization/radical trachelectomy or modified radical hysterectomy and PLND	Adjuvant CT/RT if risk factors (LVSI, G3, positive resection margins, multiple nodes)
IB1, IIA	Radical hysterectomy and PLND	Adjuvant CT/RT if risk factors (LVSI, G3, positive resection margins, multiple nodes)
IB2, IIB–IV	Combination CT/RT with cisplatin	NACT to large bulky tumors prior CT/RT

PLND, pelvic lymphadenectomy; LVSI, lymphovascular space invasion; CT, computed tomography; NACT, neoadjuvant chemotherapy; RT, radiation therapy.

Gynecologic Oncology
Volume 107, Issue 1, Supplement, October 2007, Pages S127–S132
5th International Conference on Cervical Cancer

7090||

Preoperative concomitant chemoradiotherapy in locally advanced cervical cancer: Safety, outcome, and prognostic measures

G. Ferrandina[a], F. Legge[a, b], A. Fagotti[b], F. Fanfani[a], M. Distefano[b], A. Morganti[c], N. Cellini[d], G. Scambia[a, b]

International Journal of Gynecological Cancer:
August 2009 - Volume 19 - Issue 6 - pp 1119-1124
doi: 10.1111/IGC.0b013e3181a8b08f
Original Articles: Cervical Cancer

Neoadjuvant Chemoradiation Followed by Radical Hysterectomy in FIGO Stage IIIB Cervical Cancer: Feasibility, Complications, and Clinical Outcome

Fanfani, Francesco MD*; Fagotti, Anna MD*; Ferrandina, Gabriella MD†; Raspagliesi, Francesco MD‡; Ditto, Antonino MD‡; Cerrotta, Anna Maria MD§; Morganti, Alessio MD||; Smaniotto, Daniela MD¶; Scambia, Giovanni MD*

Gynecologic Oncology
Volume 102, Issue 3, September 2006, Pages 523–529

7286||

Surgery after concurrent chemoradiotherapy and brachytherapy for the treatment of advanced cervical cancer: Morbidity and outcome: Results of a multicenter study of the GCCLCC (Groupe des Chirurgiens de Centre de Lutte Contre le Cancer)

J.M. Classe[a], P. Rauch[b], J.F. Rodier[c], P. Morice[d], E. Stoeckle[e], S. Lasry[f], G. Houvenaeghel[g]

The Oncologist
Gynecologic Oncology

Results of the GYNECO 02 Study, an FNCLCC Phase III Trial Comparing Hysterectomy with No Hysterectomy in Patients with a (Clinical and Radiological) Complete Response After Chemoradiation Therapy for Stage IB2 or II Cervical Cancer

Philippe Morice,[a,o,p] Philippe Rouanet,[d] Annie Rey,[b] Pascale Romestaing,[e] Gilles Houvenaeghel,[f] Jean Charles Boulanger,[g] Jean Leveque,[h] Didier Cowen,[i] Patrice Mathevet,[j] Jean Pierre Malhaire,[k] Guillaume Magnin,[l] Eric Fondrinier,[m] Jocelyne Berille,[n] Christine Haie-Meder[c]

European Journal of Surgical Oncology (EJSO)
Volume 42, Issue 10, October 2016, Pages 1519–1525

9577||

Consensus statement

Radical hysterectomy after chemoradiation in FIGO stage III cervical cancer patients versus chemoradiation and brachytherapy: Complications and 3-years survival

F. Fanfani[a], E. Vizza[b], F. Landoni[c], P. de Iaco[d], G. Ferrandina[e], G. Corrado[b], V. Gallotta[f], M.A. Gambacorta[g], A. Fagotti[f], G. Monterossi[f], A.M. Perrone[d], R. Lazzari[h], S.P. Colangione[h], G. Scambia[f]

Chemotherapy Followed By Surgery Vs Radiotherapy Plus Chemotherapy in Patients With Stage IB or II Cervical Cancer

This study is ongoing, but not recruiting participants.

Sponsor:
European Organisation for Research and Treatment of Cancer - EORTC

Information provided by (Responsible Party):
European Organisation for Research and Treatment of Cancer - EORTC

ClinicalTrials.gov Identifier:
NCT00039338

First received: June 6, 2002
Last updated: May 18, 2015
Last verified: May 2015
History of Changes

76 PTS TRATTATE CON RT-CT E CHIRURGIA ⟷ 76 PTS TRATTATE CON RT-CT E BRT HDR

ETA'
STADIO
ISTOLOGIA

	CHIRURGIA	BRT	TOTALE
ETA'			
Media	54	55	54
Intervallo	33-82	30-89	30-89
STADIO FIGO N (%)			
IIB	62 (81.6)	62 (81.6)	124 (81.6)
IIIA	1 (1.3)	1 (1.3)	2 (1.3)
IIIB	8 (10.5)	8 (10.5)	16 (10.5)
IVA	3 (3.9)	3 (3.9)	6 (3.9)
IVB	2 (2.6)	2 (2.6)	4 (2.6)
ISTOLOGIA N (%)			
Squamoso	67 (88.1)	67 (88.1)	134 (88.1)
Adenocarcinoma	5 (6.6)	5 (6.6)	10 (6.6)
Altro	4 (5.3)	4 (5.3)	8 (5.3)

76 PTS TRATTATE CON RT-CT E CHIRURGIA

RT-CT neo adiuvante

45Gy PELVI +/- LA concomitante a CT con CISPLATINO 40 mg/m²

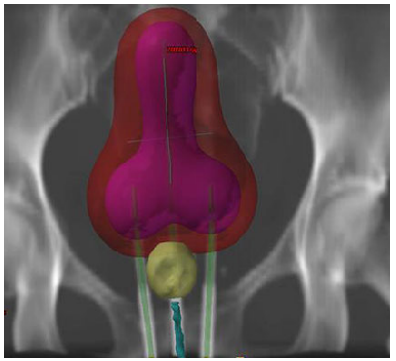
CHIRURGIA

76 PTS TRATTATE CON RT-CT E BRT

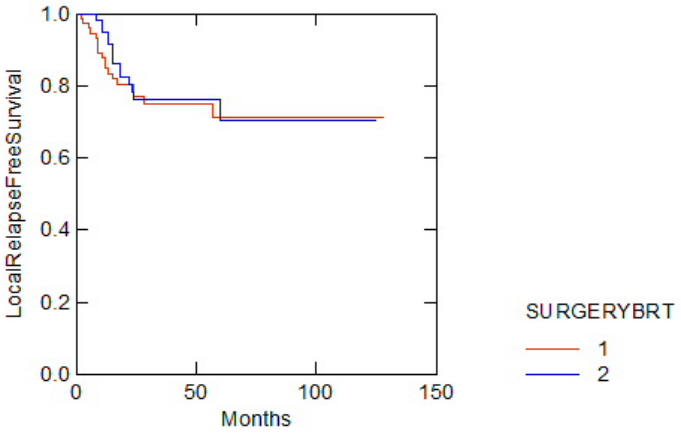
RT-CT

45Gy PELVI +/- LA concomitante a CT con CISPLATINO 40 mg/m²
14Gy BOOST (LINFONODI PET+)

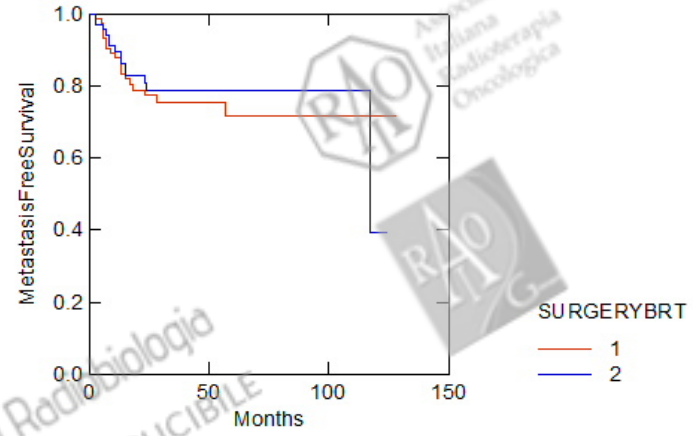
BRACHITERAPIA HDR endouterina
21Gy (17-28 Gy)



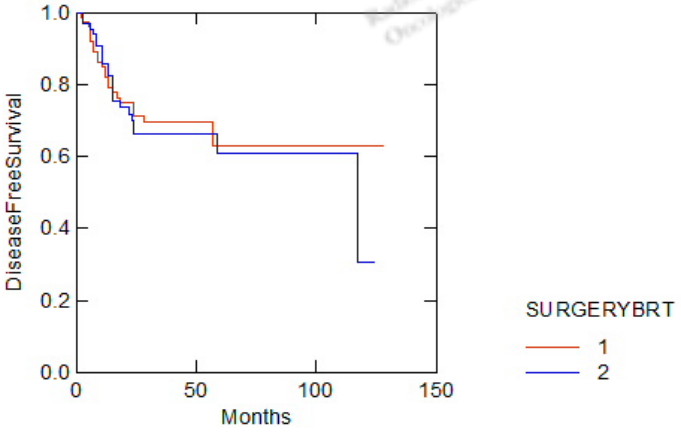
3y SOPRAVVIVENZA LIBERA DA RECIDIVA LOCALE
75% vs 76% p=0.73



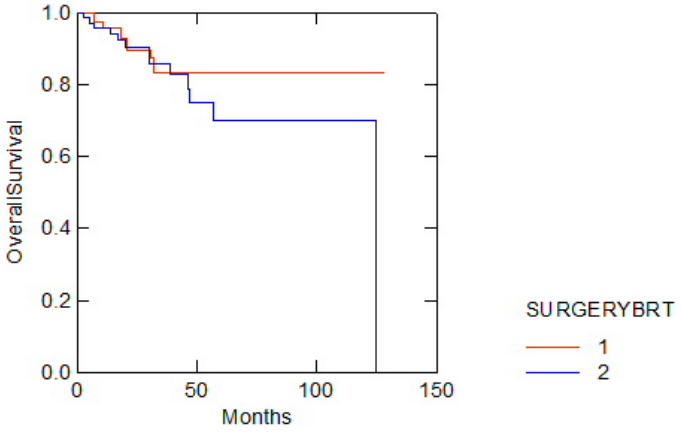
3y SOPRAVVIVENZA LIBERA DA METASTASI A DISTANZA 75% vs 79% p=0.64



3y SOPRAVVIVENZA LIBERA DA MALATTIA
69% vs 66% p=0.77



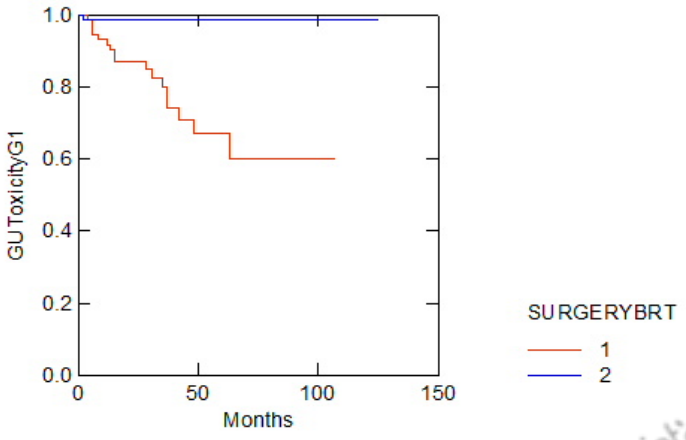
3y SOPRAVVIVENZA
83% vs 86% p=0.30

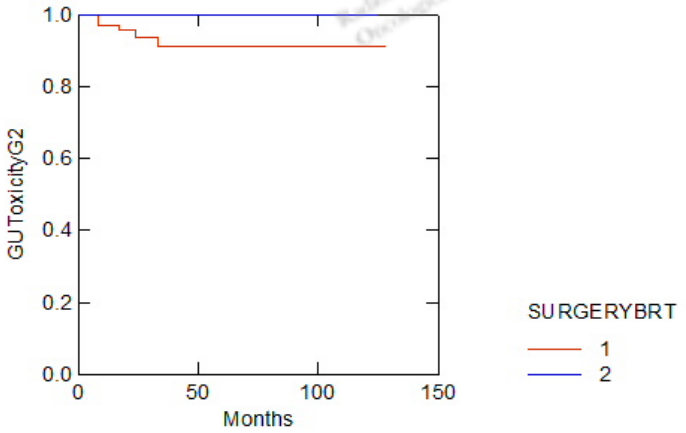


DIFFERENZA NON SIGNIFICATIVA

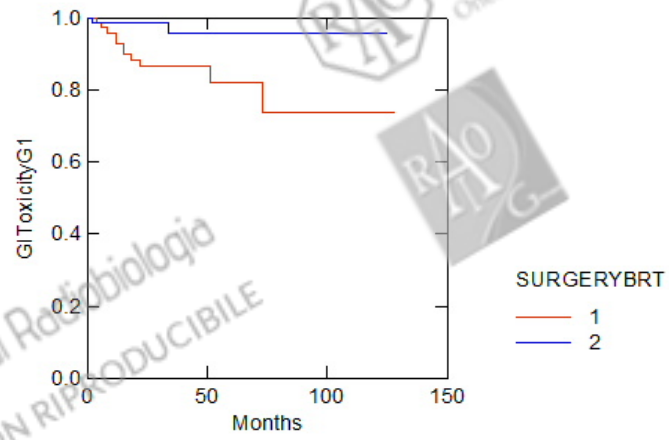
DIFFERENZA SIGNIFICATIVA TOSSICITA' GU G1 e G2 & GI G1

3y SOPRAVVIVENZA LIBERA DA TOSSICITA'
GU G1 79% vs 98% p<0.001
GU G2 91% vs 100% p=0.03





3y SOPRAVVIVENZA LIBERA DA TOSSICITA'
GI G1 86% vs 98% p=0.02



GU G3 99% vs 100% p ns
GU G4 99% vs 100% p ns
2 pazienti hanno sviluppato tossicità GU G3-4

GI G3 99% vs 99% p ns
GI G4 100% vs 98% p ns
3 pazienti hanno sviluppato tossicità GI G3-4

- Risposta patologica
- Residuo di malattia: fattore prognostico sfavorevole indipendente

- Chirurgia come opzione terapeutica in caso di recidiva locale

- OUTCOMES e TOSSICITA' G3-4 → DIFFERENZA non SIGNIFICATIVA

- TOSSICITA' GASTROINTESTINALE G1 e GENITOURINARIA G1-2 minore nelle pazienti sottoposte a RT-CT e BRT

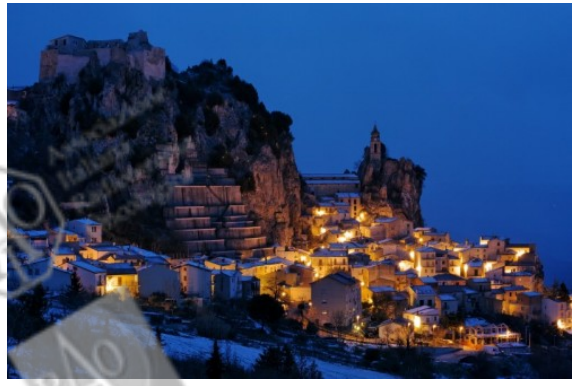
Recommendations from gynaecological (GYN) GEC ESTRO working group (II): Concepts and terms in 3D image-based treatment planning in cervix cancer brachytherapy—3D dose volume parameters and aspects of 3D image-based anatomy, radiation physics, radiobiology

Recommendations from Gynaecological (GYN) GEC-ESTRO Working Group* (I): concepts and terms in 3D image based 3D treatment planning in cervix cancer brachytherapy with emphasis on MRI assessment of GTV and CTV

BRT-HDR 3D con RM → Definizione volume residuo (HR CTV)

STUDIO CASO CONTROLLO CHIRURGIA VS BRT-HDR 3D

GRAZIE PER L'ATTENZIONE



S. CIMA1, G. MACCHIA2, A. GALUPPI3, M. NUZZO2, P. DE IACO4, F. DEODATO2, M. PERRONE4, M.C. VALLI1, A. RICHETTI1, M. FERIOLI3, A. CORTESI3, A. FARIOLI5, S. CAMMELLI3, M. BOCCARDI 2, A. BISCEGLIE2, G. P. FREZZA6, S. CILLA7, V. VALENTINI8, F. ROMANI9, A. G. MORGANTI3

1 Radiation Oncology Unit, Oncology Institute of Southern Switzerland, Bellinzona-Lugano, Switzerland;
2 Radiotherapy Unit, Fondazione di Ricerca e Cura "Giovanni Paolo II", Catholic University of Sacred Heart, Campobasso, Italy;
3 Radiation Oncology Center, DIMES, Sant'Orsola-Malpighi Hospital, University of Bologna, Bologna, Italy;
4 Gynecologic Oncology Unit, Sant'Orsola-Malpighi Hospital, Bologna, Italy;
5 Department of Medical and Surgical Sciences DIMEC, Sant'Orsola-Malpighi Hospital, University of Bologna, Bologna, Italy;
6 Radiotherapy Department, Ospedale Bellaria, Bologna, Italy;
7 Medical Physic Unit, Fondazione di Ricerca e Cura "Giovanni Paolo II", Catholic University of Sacred Heart, Campobasso, Italy;
8 Department of Radiotherapy, Policlinico Universitario "A. Gemelli", Università Cattolica del Sacro Cuore, Rome, Italy;
9Medical Physic Unit, University of Bologna, S. Orsola-Malpighi Hospital, Bologna, Italy.