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# Radiotherapy vs. radiotherapy + chemotherapy of advanced cervical cancer (IIB - IVA): Regression of tumor, early and late sequelae, relapses of disease and 3-year survival (The Third phase)

**KEYWORDS:** Cervix Neoplasms; Radiotherapy; Drug Therapy; Treatment Outcome

## INTRODUCTION

A prospective randomized study of 184 patients with advanced cervical cancer (stage IIB - IVA) treated with either radiotherapy alone (RT group) or radiotherapy + chemotherapy (RT + CH group) was started at the beginning of May 2002 and the last patient of this series was treated in March 2003. (Project No 1683 of Ministry of Science, Technology and Development of Rep. Serbia - II Phase of study). The aim of this study is to show comparison of treatment results of advanced cervical cancer using either RT or RT + CT.

## PATIENTS AND METHODS

Clinical material of 184 cervical cancers was randomized in two groups: RT - 94 (51.1%) patients and RT + CT - 90 (48.9%) patients. Distribution of patients by stages (FIGO), histopathological type (and grade), and age was very similar in both groups.

Treatment regimes were:

1. RT group: - EBT - 46Gy/22 fractions, 2 parallel opposite fields without central Pb shields + HDR brachytherapy - 5x7 Gy/A (Uterine tube + 2 vaginal ovoids)
2. RT + CT group: RT as first group + CT using cisplatin (5 cycles during radiotherapy, once a week).

## RESULTS AND DISCUSSION

Partial regression of cervical tumor immediately after the end of the treatment

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was 86% of patients for RT group vs. 83% of the patients in RT + CT group. Early complications (diarrhea, dysuria, abdominal pains, nausea, vomitus, leucopenia, thrombocytopenia, anemia, febricity) were noted in 37.5% patients of RT group vs. in 58,3% of the patients of RT+CT group (I Phase of study).

Corrected actuarial 3-years survival (RT vs. RT+CT): stage IIB-76% vs. 84%; stage IIIB-49% vs. 60%; total-63% vs. 76%-there is no statistically significant difference between two groups  $p > 0.05$ .

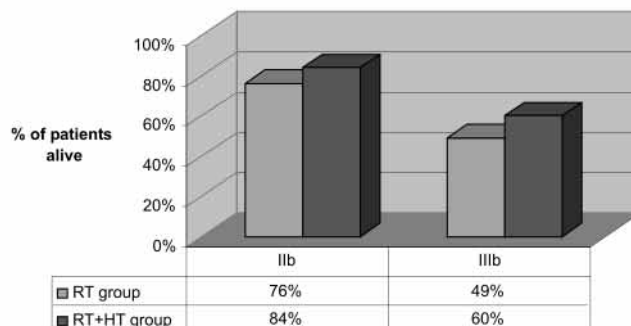


Figure 1. Corrected actuarial 3-year survival

Late sequelae were noted as follows (French -Italian glossary): RT group vs. RT+CT group: G1-23% vs. 20%; G2-29% vs. 30%; G3+4-14% vs. 22%, all of late seq. - 66% vs. 72% - there is no statistically significant difference between two groups  $p > 0.05$ .

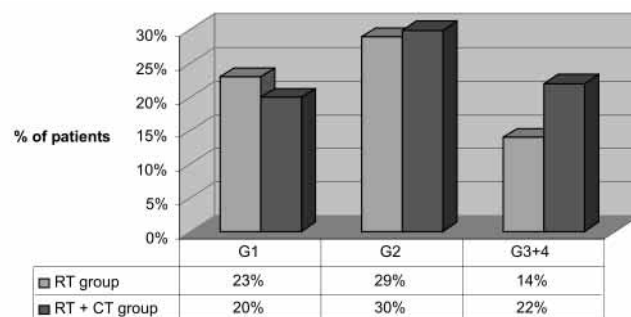


Figure 2. Distribution by therapeutic modality and sequelae

Relapses were: (RT vs. RT+CT): local (regional) 5% vs. 3%, metastatic 12% vs. 13%, local and metastatic 4% vs. 6%, total 21% vs. 22% - there is no statistically significant difference between two groups  $p > 0.05$ .

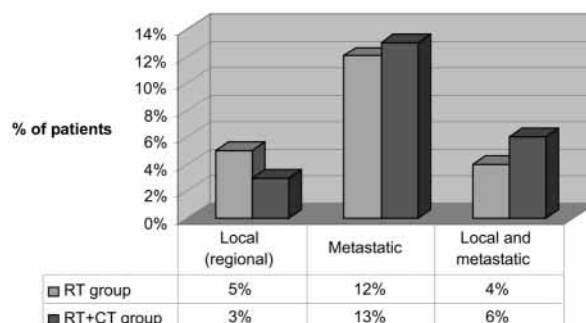


Figure 3. Distribution by therapeutic modality and relapse

## CONCLUSION

Period of following of our patients after treatment is still short (3 years) and yet we cannot bring conclusions. Based on relapses of disease and sequelae in these two groups of patients we can conclude that there was no benefit of RT + CT vs. RT alone in the treatment of locally advanced cervical cancer.



We shall follow-up fate outcome and shall compare results of these two groups of treated patients next 5 years.

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