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Mesa redonda

Recomendaciones ALATRO en cáncer de cuello uterino

Rosalba Ospino MD, Oncóloga radioterápica
Radioterapia Oncología Marly
Bogotá - Colombia

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Cirugía vs. radioterapia cáncer cervical IB–IIA

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Original Article

Check for updates

Randomized study between radical surgery and radiotherapy for the treatment of stage IB–IIA cervical cancer: 20-year update

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Cirugía vs. radioterapia cáncer cervical IB–IIA

Autor (año)*	Método de tratamiento	Número. de pacientes	>IB1 (%)	Tratamiento adyuvante	SG 5-Años (%)
Brewster et al. (2001)	Cirugía	741	17	27% RT	84
	Radioterapia	298	50		69
Yamashita et al. (2005)	Cirugía	115	51	63% RT	80
	Radioterapia	37	76		82
Bansal et al. (2009)	Cirugía	4012	33	NA	85
	Radioterapia	873	80		65
Doll et al. (2011)	Cirugía	169	0	21.6% RT	95
	Radioterapia	29	0		70

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Materiales y métodos

- Distribución aleatoria:
  - Histerectomía radical más linfadenectomía pélvica.
  - Técnica cajón. LDR punto A 70 - 90Gy.
- RT adyuvante, al menos uno:
  - Estadio quirúrgico mayor que pT2a.
  - Invasión estroma cervical > 7mm.
  - Metástasis de ganglios linfáticos. Bordes positivos

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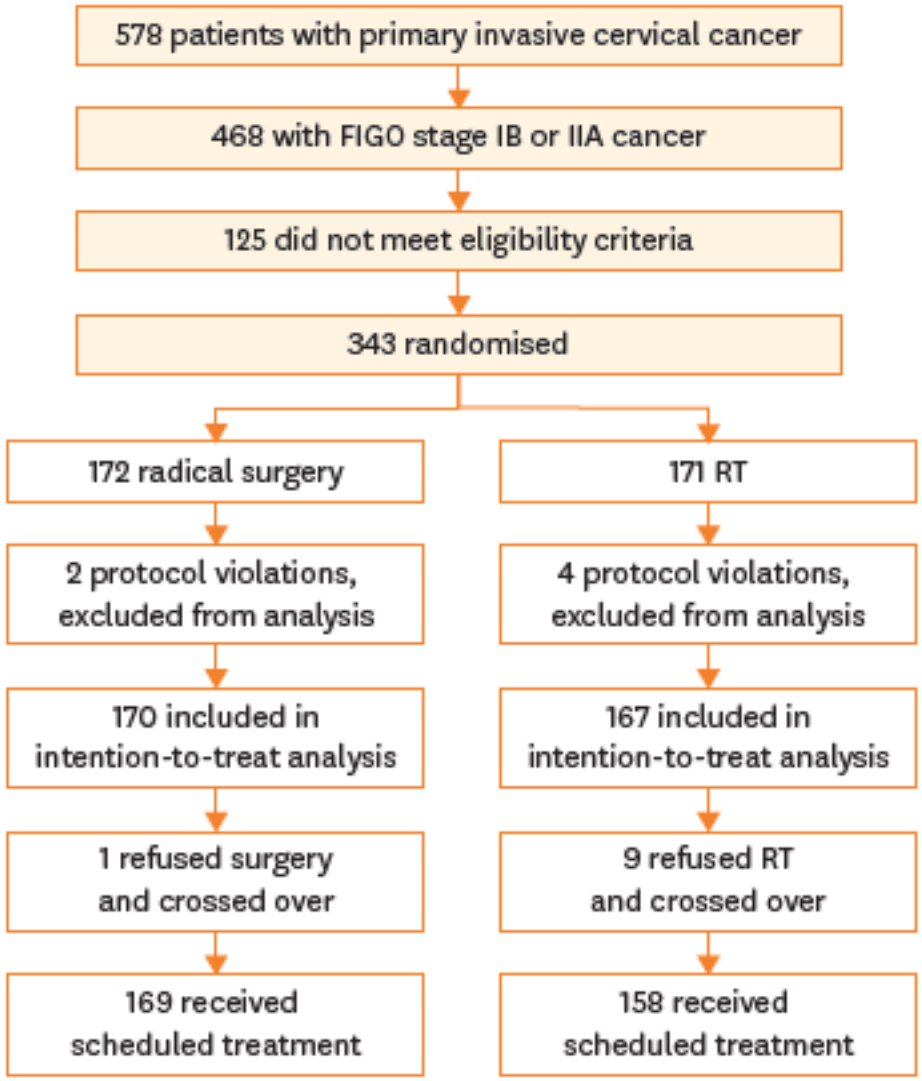

Fig. 1. Trial profile.
See original paper [1].
FIGO, International Federation of Gynecology and Obstetrics; RT, radiotherapy.

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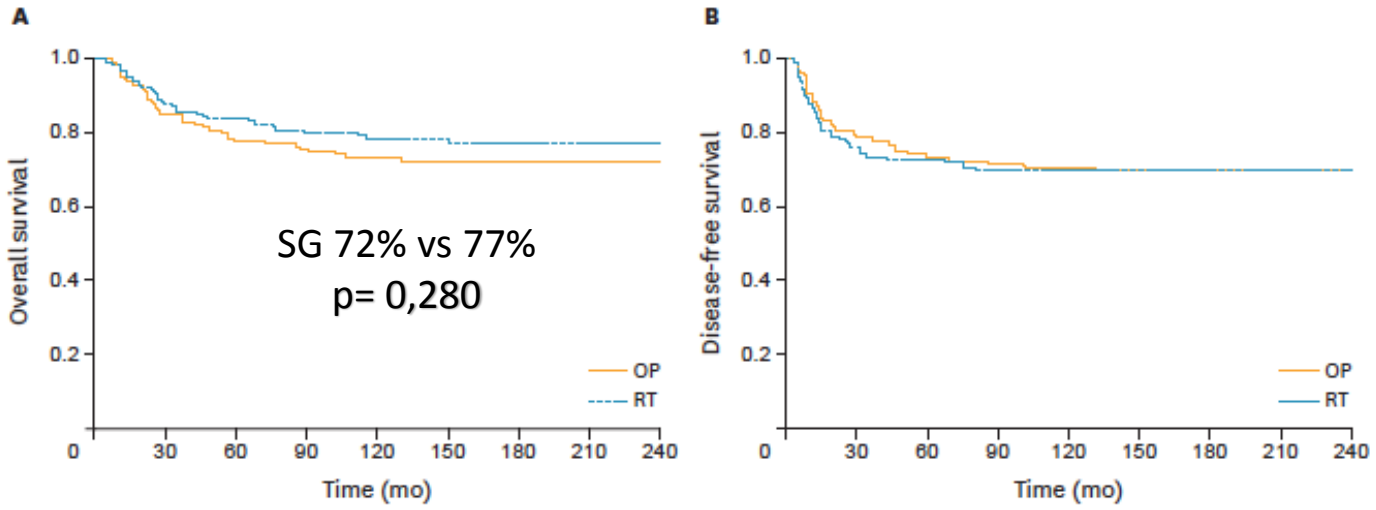

Fig. 2. Overall survival (A) and disease-free survival (B).
OP, surgery; RT, radiotherapy.

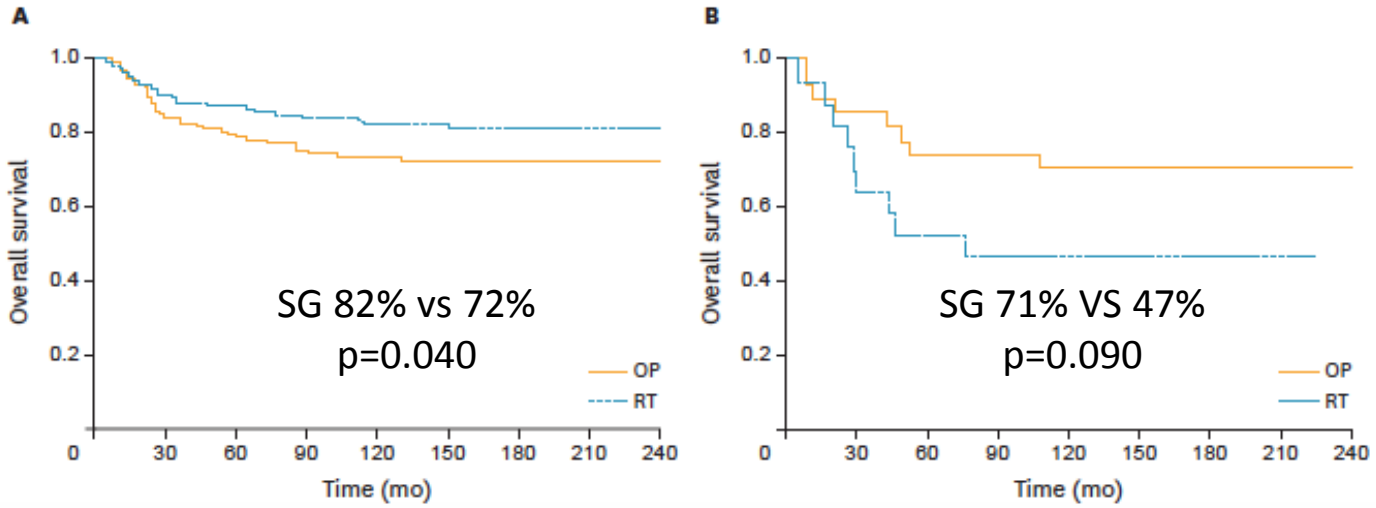

Fig. 3. Overall survival for squamous cell carcinoma (A) and adenocarcinomas (B).
OP, surgery; RT, radiotherapy.

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Resultados

- **Seguimiento** mínimo de **19 años.**
- **Murieron 33 pacientes (10%)** por otra enfermedad.
- **Recurrencias: 94 pacientes (28%).**
- **Recaída 13.5** Cirugía; **11.5 meses RT** (p = 0.100).
- Mejor supervivencia: **escamocelulares** (p = 0,020); tumor **<4 cm** (p = 0,008); **ganglios linfáticos** (p <0,001).

Conclusiones

- **Supervivencia similar para los grupos de tratamiento**.

- Mejor tratamiento debe tener en cuenta:

  - Edad.
  - Estado menopáusico y comorbilidades
  - Tipo histológico.
  - Diámetro tumoral.

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Cirugía y Quimioterapia vs RT

Cochrane Library

Cochrane Database of Systematic Reviews

Hysterectomy with radiotherapy or chemotherapy or both for women with locally advanced cervical cancer (Review)

Kokka F, Bryant A, Brockbank E, Powell M, Oram D

¿Cómo se realizó la revisión?

- Literatura de 1966 a 2014: 7 ensayos con sesgo moderado a alto.
- 1217 mujeres:
  - Histerectomía con radioterapia vs radioterapia sola.
  - Histerectomía con quimioradioterapia vs quimioradioterapia sola.
  - Histerectomía con quimioradioterapia vs braquiterapia con quimioradioterapia.
  - **Histerectomía con quimioterapia inicial (neoadyuvante) versus radioterapia sola.**

Resultados principales

- **Quimioterapia neoadyuvante** e **histerectomía** vs **radioterapia sola**: 3 ensayos (571 participantes). (estadios IB2 a III):
- Quimioterapia neoadyuvante más histerectomía, menos riesgo de muerte que radioterapia sola (evidencia de calidad moderada).
- **Un número significativo de participantes que recibieron QT neoadyuvante más histerectomía también recibieron radioterapia.**
- No hubo diferencias de recurrencia entre los dos grupos (evidencia de calidad moderada).

Hysterectomy with radiotherapy or chemotherapy or both for womenwith locally advanced cervical cancer (Review)
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Analysis 1.1. Comparison 1 Neoadjuvant chemotherapy and radical hysterectomy versus radiotherapy alone, Outcome 1 Overall survival.

Review: Hysterectomy with radiotherapy or chemotherapy or both for women with locally advanced cervical cancer

Comparison: 1 Neoadjuvant chemotherapy and radical hysterectomy versus radiotherapy alone

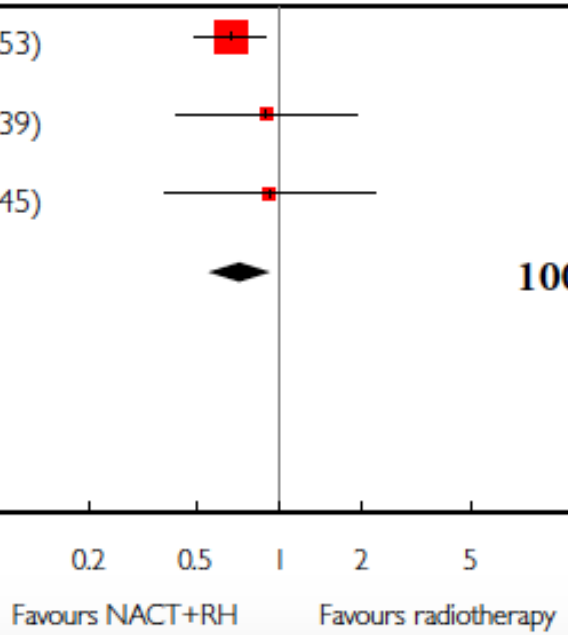
Outcome: 1 Overall survival

Study or subgroup	NACT plus RH N	Radiotherapy alone N	log [Hazard Ratio] (SE)	Hazard Ratio IV,Random,95% CI	Weight	Hazard Ratio IV,Random,95% CI
Benedetti-Panici 2002	210	199	-0.405 (0.153)		78.8 %	0.67 [0.49, 0.90]
Chang 2000	68	52	-0.11 (0.39)		12.1 %	0.90 [0.42, 1.92]
Yamauchi 2010	20	22	-0.08 (0.45)		9.1 %	0.92 [0.38, 2.23]
Total (95% CI)	**298**	**273**			**100.0 %**	**0.71 [0.55, 0.93]**

Heterogeneity: $Tau^2 = 0.0$; $Chi^2 = 0.86$, df = 2 (P = 0.65); $I^2 = 0.0\%$

Test for overall effect: Z = 2.50 (P = 0.012)

Test for subgroup differences: Not applicable



Hysterectomy with radiotherapy or chemotherapy or both for womenwith locally advanced cervical cancer (Review)

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Analysis 1.2. Comparison 1 Neoadjuvant chemotherapy and radical hysterectomy versus radiotherapy alone, Outcome 2 Disease or progression-free survival.

Review: Hysterectomy with radiotherapy or chemotherapy or both for women with locally advanced cervical cancer

Comparison: 1 Neoadjuvant chemotherapy and radical hysterectomy versus radiotherapy alone

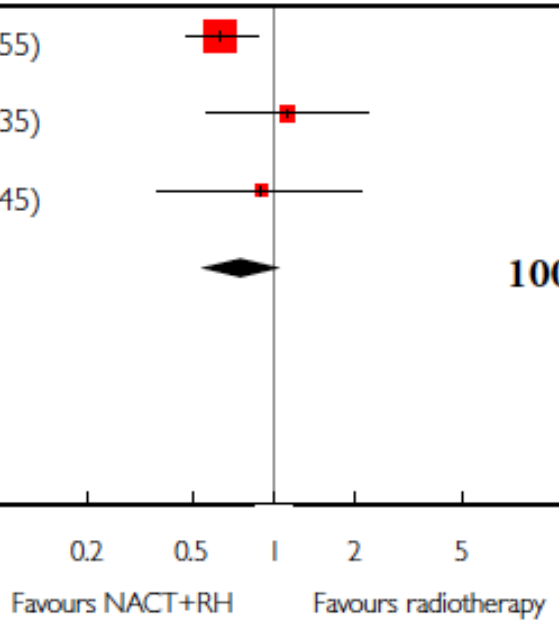
Outcome: 2 Disease or progression-free survival

Study or subgroup	NACT plus RH N	Radiotherapy alone N	log [Hazard Ratio] (SE)	Hazard Ratio IV,Random,95% CI	Weight	Hazard Ratio IV,Random,95% CI
Benedetti-Panici 2002	210	199	-0.46 (0.155)		65.3 %	0.63 [0.47, 0.86]
Chang 2000	68	52	0.11 (0.35)		21.1 %	1.12 [0.56, 2.22]
Yamauchi 2010	20	22	-0.12 (0.45)		13.6 %	0.89 [0.37, 2.14]
Total (95% CI)	**298**	**273**			**100.0 %**	**0.75 [0.53, 1.05]**

Heterogeneity: $Tau^2 = 0.02$; $Chi^2 = 2.49$, df = 2 (P = 0.29); $I^2 = 20\%$

Test for overall effect: Z = 1.68 (P = 0.094)

Test for subgroup differences: Not applicable



Conclusiones de los autores

- **No se encontraron pruebas** de que la **histerectomía** con radioterapia, con o sin quimioterapia, **mejore la supervivencia** de enfermedad **localmente avanzada**.

- **No hubo diferencias (p> 0.05)** en complicaciones graves en los grupos (evidencia de baja calidad).

- La calidad de la evidencia de quimi**oterapia neoadyuvante e histerectomía radical versus radioterapia sola** para los resultados de supervivencia fue moderada, con **evidencia de otras comparaciones de baja calidad.**

Hysterectomy with radiotherapy or chemotherapy or both for womenwith locally advanced cervical cancer (Review)
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REVIEW ARTICLE

Neoadjuvant Chemotherapy Followed by Chemoradiation in Cervical Carcinoma

A Review

Carla Rameri Alexandre Silva de Azevedo, MD,† Luiz Claudio Santos Thuler, PhD,‡¶ Maria Julia Goncalves de Mello, PhD,*§ and Carlos Gil Ferreira, PhD¶#*

Objective: Cervical cancer is a public health problem. A large proportion of patients have locally advanced (LA) disease at presentation and for this group, neoadjuvant chemotherapy (NACT) has an undefined role in the era of chemoradiotherapy. In countries with restricted access to radiotherapy, NACT may precipitate patients' access to an effective treatment approach. We carried out a systematic review to evaluate available data about NACT followed by chemoradiation.

Methods: Studies evaluated the use of NACT followed by chemoradiotherapy. Search strategy was performed in MEDLINE, LILACS, and Cochrane Library from 2003 to 2013. Conference proceedings of American Society of Clinical Oncology annual meeting, International Journal of Gynecological Cancer Society biennial meeting, and European Society

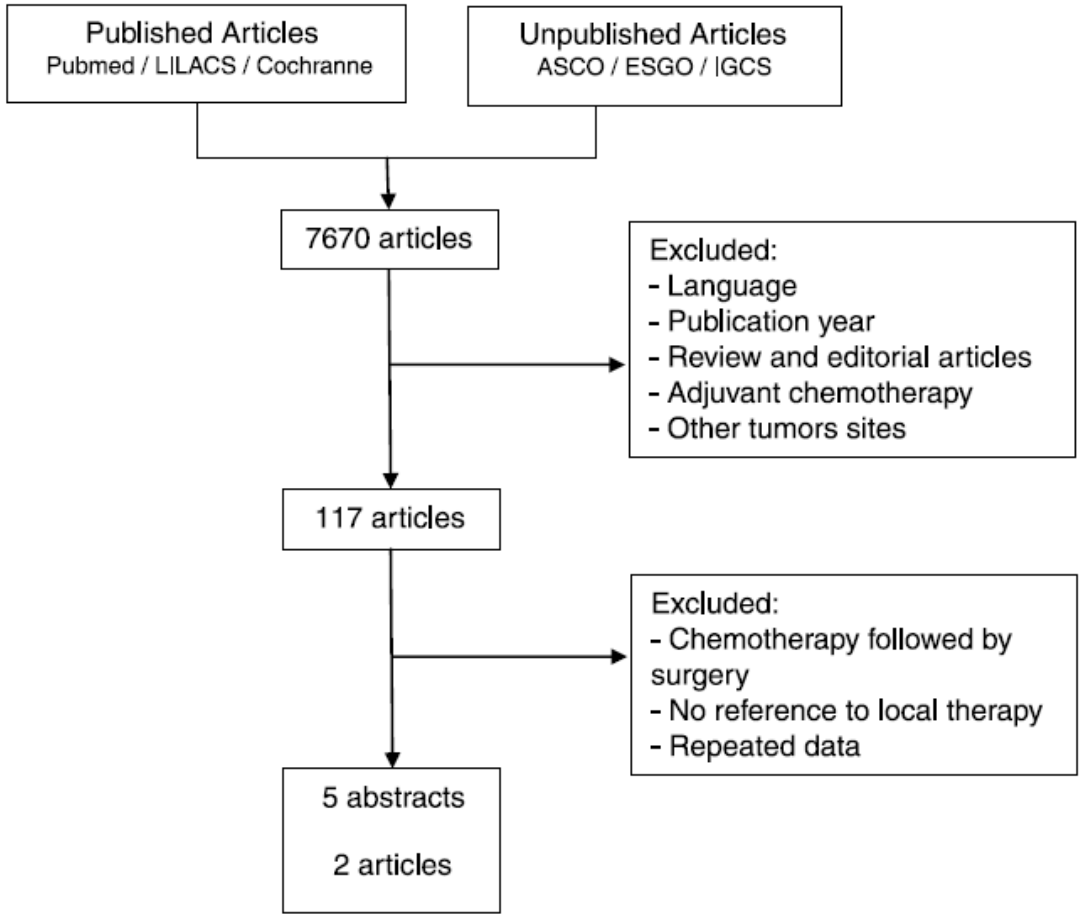

FIGURE 1. Data collecting synthesis.

TABLE 1. Characteristics of neoadjuvant studies

Author	Year	Design	n	Eligibility	Treatment	Staging (%)	RR	Survival
McCormack et al[11]	2013	Phase 2	46	Ib2-IVa	Weekly carboplatin and paclitaxel ×6 followed by CRT (cisplatin + 50.4 Gy + brachytherapy)	Ib2 (11), IIb (50), IIIa (4), IIIb (28), IVa (7)	NACT = 70%, CRT = 85%	3 y, DFS = 68%, OS = 67%
Singh et al[12]	2013	Phase 2	28	IIb-IVa	Weekly carboplatin and paclitaxel ×6 followed by CRT (cisplatin + 50.4 Gy + brachytherapy)	IIb (17.8), IIIb (71.4), IVa (10.7)	NACT = 67.8%, CRT = 85.7%	1 y, DFS = 78%, OS = NR
Rodriguez-Riao et al[13]	2013	Phase 2	57	Ib2-IVa	Cisplatin, paclitaxel and capecitabine followed by CRT	Ib2 (10.2), IIa (2.0), IIb (42.9), IIIb (40.8), IVa (4.1)	100% (c) 48.9% (p)	NR
Paulson et al[15]	2012	Retrospective observational study	49	II-III	3 weekly carboplatin and paclitaxel followed by CRT (with cisplatin)	IIb (81.9), IIIb (10.3), IVa (10.8)	57.2%	2 y, DFS = 65%, OS = 93%
Graham et al[16]†	2012	Retrospective observational study	63	Ib2-IVa	Cisplatin and paclitaxel followed by CRT	I (4.8), II (41.9), III (32.2), IV (21)	>90%	2 y, DFS = 50%, OS = 60%
Nagai et al[14]	2012	Phase 2	22	Patients with common iliac and/or para-aortic node enlargement	Cisplatin and paclitaxel ×2 followed by CRT (with paclitaxel and cisplatin)	NR	90.9%	22 mo, DFS = 68%, OS = 81%
Reed et al[17]†	2010	Retrospective observational study	58*	>IIb	Cisplatin and paclitaxel followed by CRT	NR	92%	NR

*Among these, some received chemotherapy followed by radiotherapy exclusive.
†These abstracts have similar authors and period of recruitment. We tried to confirm whether they were just the updated data cohort by e-mail, but we had no success.
(c), clinical; (p), pathological; G, grade; n, number of patients included who received NACT followed by chemoradiation; NR, not reported.

Gracias