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NEOADJUVANT CHEMOTHERAPY FOLLOWED BY RADICAL SURGERY VERSUS CHEMORADIATION FOR STAGE IB2, II A AND I B CERVICAL CANCER: AN OPEN-LABEL, PHASE III, RANDOMIZED CONTROLLED TRIAL

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Methods Women diagnosed with invasive CC stages IB2, IIA or IIB will be randomized to: Experimental arm: CHR (cisplatin 40 mg/m² (D1, D8, D15, D21 and D28) in D8 and D15), each 21 days, 3 cycles) or Control ARM: (cisplatin 75 mg/m² (D1) plus paclitaxel 80 mg/m² (D1, II A or II B will be randomized to: Experimental arm: NCT plus radical surgery might be advantageous according to previous trials. The aims of this RCT are to access efficacy and tolerability of this experimental treatment. Primary end point is 5y OS. Secondary endpoints include: disease free survival, operability rate and complete pathological response rate.

Results Eleven patients have been recruited. The Median age was 43.5 years. NCT plus radical surgery was completed in 4 patients and alterations in chemotherapy schedule were not necessary. All patients in the NCT arm became operable. Two patients in the CHR arm had the treatment delayed.

Conclusions NCT is well tolerated with signs of high activity in cervical cancer. The CHR schedule seems more prone to suffer delays.

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PELVIC OSTEOSARCOMA AFTER RADIATION THERAPY OF UTERINE CERVICAL CANCER – A CASE REPORT

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Methods We report a rare case of a patient with pelvic osteosarcoma after radiation therapy of uterine cervical cancer: a 58-year-old woman who received pelvic irradiation for stage IB 2 uterine cervical cancer 7 years before was diagnosed with post-radiation osteosarcoma of the iliac bone.

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Conclusions There is a relation between FIGO staging, DFS and OS. In our series, Pattern C tumors seem to have higher incidence of nodal involvement and local and distant recurrences.
A RETROSPECTIVE STUDY SHOWING THE SAFETY OF MINIMALLY INVASIVE SURGERY OF CERVICAL CANCER

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Objectives Cervical cancer (CC) is the fourth most common malignancy in women worldwide. Surgical treatment, including radical hysterectomy and pelvic ± para-aortic lymphadenectomy, is the gold standard for women with early stage CC. Recently, the LACC trial demonstrated that minimally invasive surgery was associated with lower rates of disease-free survival (DFS) and overall survival (OS) than open surgery among women with early-stage CC. The aim of the current study was to present our experience with laparoscopic treatment of patients with CC in terms of OS and DFS as well as the type and site of recurrence.

Methods This was a retrospective analysis of a prospectively collected database of patients with CC who underwent laparoscopic surgery. The primary outcome of this study was to evaluate the 5-year OS and DFS. Secondary outcome was to compare the rate and the type of recurrences rate.

Results Ninety-one patients were included in this study. All patients underwent laparoscopic radical treatment; no conversion was required. DFS was 33.7±27.2 months. A total of 10 patients (11.0%) had recurrence diagnosed during follow-up. Site of recurrence were: pelvis in 6 cases (6.0%), lymph node in one case (1.0%), lung in two cases (2.0%) and both pleural and pelvis in 1 case (1.0%). Time to recurrence among patient who had recurrence was 14.4±10.8 months. OS was 32.5±27.1 months.

Conclusions Although we acknowledge the limitations of the study design, this retrospective series demonstrated the safety of laparoscopic radical treatment of patients with CC as demonstrated by the low rate of recurrence.