Conclusions Even though we can’t compare groups, we can see a tendency of oncological behavior between them. Time to relapse was longer in LARH, without distant metastasis or deaths. Adenocarcinoma seems to have worst outcomes. We need more follow up and more patients to evaluate if this combination of techniques is safer than the MIS.

Objectives The objective of this study was to determine the timing and treatment duration of definitive radiation therapy and the factors affecting its delivery to women with cervical cancer in a tertiary referral hospital in the Philippines.

Methods This was a single center, retrospective study performed among 107 women with newly-diagnosed, biopsy-proven bulky or locally-advanced cervical cancer (FIGO 2018 stage IB3 – IVA) served from January 1 to December 31, 2019 and received radiation therapy. Individual medical records were reviewed to retrieve demographic information, pertinent clinical data, treatment details, and disease status of each patient.

Results Out of 456 new cases referred to the subspecialty clinic, 329 (72%) were candidates for concurrent chemoradia-tion (CCRT) and brachytherapy (BT). Only 107 (32.5%) women have received treatment at the time of the study. Among these, 51 (48%) completed treatment, while 28 (26%) received external radiation therapy only, and another 28 (26%) were still ongoing primary treatment. The median interval from first clinic consult to initiation of treatment was 85 days. The median total treatment duration was 81 days. Furthermore, only 4 women (8%) completed treatment within 56 days.

Conclusions This study showed that there was substantial delay in initiation and protraction in delivery of definitive radiation therapy in our cohort. Due to the severe imbalance of patients with ideal and protracted treatment duration, no factors were identified affecting radiation therapy delivery. Still, apart from supplementing the existing institutional infrastructure, other opportunities to improve the gaps in treatment planning and delivery were identified in this study.

Objectives Little is known about the patterns of chemotherapy use in women with cervical cancer. We examined chemotherapy use in the primary setting and at the time of first recurrence.

Methods We identified patients in the IBM MarketScan database with cervical cancer who underwent first-line hysterectomy or radiation therapy between 2011–2020. The use of clinically relevant therapeutic regimens was determined in the primary setting and at the time of first recurrence.

Results We identified a total of 5390 patients: 2667 (49.5%) underwent primary hysterectomy and 2723 (50.5%) received primary radiotherapy. Among patients who underwent primary hysterectomy, 36.7% received adjuvant radiation, and 23.1% received primary chemotherapy. The most common chemotherapy regimens were single agent platinum (51.7%), platinum combination therapy (35.2%) and non-platinum drugs (3.4%). Among patients treated with primary radiation, 73.6% received primary/concurrent chemotherapy, either platinum alone (66.4%), platinum in combination with another agent (32.2%), or non-platinum drugs (1.4%). The median duration of primary chemotherapy was 1.2 months. Therapy for recurrent cervical cancer was initiated in 959 patients. The most commonly used regimens were platinum combination (63.9%), non-platinum cytotoxic agents (16.5%), single platinum agent (14.9%), targeted therapy with bevacizumab (6.0%) and immunotherapy with pembrolizumab (3.2%). The median duration of first-line chemotherapy for recurrence was 2.5 months (IQR, 1.2–5.1 months).

Conclusions Platinum-based chemotherapy is the most commonly used therapy in patients with cervical cancer in the primary setting and at the time of recurrence. The rate of utilization of non-platinum agents at first recurrence has increased over time.

Objectives To analyze the main statistical indicators for cervical cancer in the Republic of Uzbekistan.

Methods The object of the study was statistical data on cervical cancer in Uzbekistan annual official report - ‘Information on diseases of malignant neoplasms’.

Results In the structure of the general oncological incidence, cervical cancer takes 3rd place, accounting for 7.1% of all newly diagnosed malignant neoplasms. At the same time, in the structure of oncological morbidity among women, cervical cancer occupies the 2nd place (12.1% of all new cases of malignant neoplasms). In 2021, 1827 new cases of cervical cancer were detected in the Republic, and the incidence rate was 5.3 per 100 thousand population. There were 66.1% cervical cancers in stages I-II, and 28.6% in III-IV stages. By the end of 2021, there were 9591 patients with cervical cancer. In the Republic, 1008 patients died from cervical cancer, while the mortality rate per 100 thousand population was 2.9. At the same time, in the overall structure of oncological mortality, cervical cancer takes 5th place, accounting for 6.9% of