

RESULTS OF COMBINED TREATMENT OF PATIENTS WITH LOCALLY ADVANCED CERVICAL CANCER

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Background. In the structure of malignant neoplasms, in Kazakhstan cervical cancer ranks fifth in general population, accounting for 5.01%, and among women, cervical cancer stably ranks third, accounting for 9.1%. At the same time, the intensive incidence rate of cervical cancer in 2015 amounted to 10.4‰ per 100 thousand of the population, which in absolute numbers amounts to 1,826 new cases. The cervical cancer is a visual localization, the specific weight of the III-IV stages in the Republic of Kazakhstan remains high, in 2015 it was 12.9%, stage IV - 2.2%. The overall five-year survival rate in 2015 was 56.7%.

The aim of the study was to study the results of combined treatment of patients with locally advanced cervical cancer.

Methods. A retrospective analysis of the histories of 177 patients with cervical cancer IIb and III stages with histological verification is presented. The patients with the III developed stage prevailed. All patients are divided into 3 groups, one control and two investigated. Patients of the control group (n=55) received only radiation therapy. The study group 1 (n=77) received radiotherapy in combination with ftorafur per os at a dose of 1200 mg in days of beam gamma therapy (800 mg in the morning and 400 mg in the evening). The study group 2 included 45 patients in whom radiotherapy was performed in combination with cisplatin (40 mg / m²) every 7 days during the entire course of radiation therapy. The effectiveness of combined treatment was assessed according to standard WHO criteria (1978) using clinical, ultrasound and CT examination methods. Survival of the patients was determined by the method of E. Kaplan-P. Meier. The interval was 1 month.

Results. Control group complete clinical response (CCR) was detected in (14.5 ± 4.8)%, PCR- in (30.9 ± 6.2)% of patients. The study group 1 – CCR (7.8 ± 2.6)% and PCR (41.6 ± 4.7)%, the study group 2 in (20 ± 5.9)% and (53.3 ± 7.4)% respectively. The frequency of CCR and PCR in the control group was 45% of patients, in the study group 1 - 49.4%, in group 2 - 73.3%. The absence of clinical effect was observed in the control group in (20 ± 5.4)%, in the study group 1 (14.3 ± 3.4)%, group 2- (8.9 ± 4.2)% patients with cervical cancer. The annual and 3-year survival in patients receiving only radiotherapy was 84% and 47%, in patients receiving radiotherapy + ftorafur - 92% and 64%, and in patients receiving radiotherapy + cisplatin was 100% and 65%, respectively. Comparative analysis revealed no statistically significant difference in 3-year survival in patients who received radiation with fluorouracil and radiation with cisplatin (Gehan's Wilcoxon (p = 0.93214), Cox's Mantel-Test (p = 0.87384), Log Rank p = 0.88052)). The 3-year survival rate is the same in these groups. But the combination of radiation with ftorafur and cisplatin statistically significantly increases the 3-year survival in patients with locally advanced cervical cancer comparing with patients receiving only radiotherapy (Gehan's Wilcoxon (p = 0.02050), Cox's Mantel-Test (p = 0.01636), Log-Rank (p = 0.01935)).

Conclusion. Combination of radiotherapy with cisplatin allowed to increase the frequency of CCR and PCR by 28.3% in comparison with only radiation therapy. Combination of radiation therapy with ftorafur and cisplatin statistically significantly increases the 3-year survival in patients with locally advanced cervical cancer comparing with patients receiving only radiation.