

Session D. Gynecologic cancer

D06 **Concurrent chemoradiotherapy (cCRT) with weekly cisplatin (wCDDP) in locally advanced cervical cancer (LACC) patients (pts): a monoinstitutional experience**

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Background: Patients affected by LACC (stage Ib2-IV) could be equally treated with neoadjuvant CT followed by surgery or with radical cCRT. The standard CT is based on wCDDP given concurrently to RT. The present report is aimed to describe the toxicities and the clinical outcomes of pts treated with wCDDP plus RT for LACC.

Patients and methods: From May 2001 to November 2014, we treated a consecutive series of 87 patients. The treatment consisted of whole pelvic external RT (plus RT boost in patients with parametrial invasion) and brachytherapy (B) in selected cases,

with good clinical response to external RT. CDDP was given weekly at the dose of 40 mg/sqm, starting on day 1 of RT. Acute and late toxicities were evaluated according to NCIC and LENT-SOMA criteria respectively.

Results: Major pts characteristics were: median age 55 yrs (range 30-79); median PS 0 (range 0-2); FIGO stage: Ib2 in 7 pts, IIa in 7, IIb in 28, IIIa in 3, IIIb in 26, IVa in 8, IVb (without visceral metastasis) in 8. Histology: squamous in 77 pts, adenocarcinoma in 8, mixed (squamous and adenocarcinoma) in 1, and undifferentiated in 1. Pts treated with external RT alone (39 pts) received a median total dose of 63 Gy (range 43.-67), which was 74.4 Gy (range 50-85) in pts receiving also B (48 pts). The treatment was completed in 71% of the pts. The median number of delivered CT courses was 5 (range 1-8): one patient received only 1 course of wCDDP due to gastrointestinal toxicity. Out of the 372 administered courses of wCDDP, 3 were at reduced dose due to patient compliance, 9 due to haematological toxicities, 10 due to non-hematological toxicities, 11 due to age; administration of therapy was delayed due to haematological and non-haematological toxicities in 10 and 4 courses, respectively. Grade 3-4 toxicities consisted of anemia (1 pt), neutropenia (4 pts), nausea (2 pts), diarrhoea (2 pts), constipation (1 pt), fatigue (1 pt). No grade late toxicity 3-4 was observed. The response was evaluable in 78 pts with a rate was 88.4% (54 CR and 15 PR). After a median follow-up of 34 mos, the 2-year OS and DFS were 79.9% and 69.2% respectively, with median OS and DFS not reached.

Conclusions: Our experience confirms the good activity and tolerability of this combined CT-RT treatment in LACC, according to the literature data.