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Preliminary results of nimotuzumab plus concurrent IMRT and chemotherapy on cervical cancer

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Objective: To evaluate the safety and efficacy of nimotuzumab plus concurrent intensity-modulated radiation therapy (IMRT) and chemotherapy of unresectable cervical cancer.

Methods: From December 2013 to February 2017, 34 patients with cervical cancer on stage (FIGO) IB2-IVB were received concurrent chemoradiotherapy plus nimotuzumab. The prescription dose of radiation was 50.4 Gy/28f on pelvic field with or with not extended field radiation. An additional 30-36 Gy to Point A were delivered with high-dose-rate techniques. Cisplatin of 40 mg/m2 and nimotuzumab of 200mg were infused intravenously once weekly during RT for 6 weeks. The main outcome measure was toxicity evaluated by CTCAE 4.0. Secondary outcome measure was short-term outcome evaluated by RESIST1.1.

Result: The median of followed up time was 23.4 months (8.3-45.5 months). Almost all patients were local advantaged cancer except 2 patients with distant metastases. All patients received external radiotherapy. 2 patients were not treated with brachytherapy. 6 patients failed to finish radiotherapy within 56 days. All of 34 patients received concurrent treatment with nimotuzumab for 6 times. 2 patients refused chemotherapy. There was no life-threatening toxicity. Grade 1/2 of nausea, vomiting and diarrhea were 70.6% (24/34), 32.4% (11/34) and 52.9% (18/34), respectively. Grade 3 of leucopenia, granulopenia, thrombocytopenia and anemia were 52.9% (18/34), 17.6% (6/34), 14.7% (5/34), and 11.8% (4/34) respectively. Grade 3 of nausea and vomiting were 8.8% (3/34) and 2.9% (1/34), respectively. No grade 3 of anorectal inflammation. Rectovaginal fistula was observed in one case 6 months after radiotherapy, and operation was performed. Surgical treatment of intestinal obstruction was performed in one case. 2 cases got vaginal stenosis. The objective response rate was 100%. Complete response was achieved in 29 cases (85.3%) and partial response in 5 cases (14.7%).

Conclusion: Nimotuzumab plus concurrent IMRT and chemotherapy may represent an effective and well-tolerated treatment in patients with unresectable cervical cancer.

Biography

Qu Ang is the Attending Physician of the Department of Radiation Oncology, Peking University Third Hospital. Her research direction is on radiotherapy on gynecologic cancer, including EBRT, HDR and LDR brachytherapy.

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