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## Neo Adjuvant Chemotherapy (NACT) followed by radical surgery in Locally Advanced Cancer Cervix (LACC): A retrospective study

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**Aim:** Neoadjuvant chemotherapy and radical surgery have emerged as a possible alternative to conventional radiation therapy (RT) in a locally advanced cervical cancer by eliminating of micrometastases and shrinking of the primary tumour bulk to achieve radical operability. The aim of this study is to evaluate the efficacy of NACT in the patients with locally advanced cancer cervix (LACC), to determine the percentage of LACC patients who needed adjuvant radiation after treatment with NACT and surgery and to evaluate the disease-free interval (DFI) at two years in these patients after this treatment.

**Methods & Materials:** From 2007 to 2013 a retrospective data collection of women undergoing radical hysterectomy for cervical cancer FIGO Ib2 to IIB, after neo-adjuvant chemotherapy conducted at Rajiv Gandhi Cancer Institute and Research Centre, New Delhi, India. The median age group was 52 years with the range of 30 to 80 years.

**Results:** Total of 103 women, received NACT, out of which 45 patients received TIP regimen (paclitaxel + ifosfamide + cisplatin) and 58 received CP regimen (carboplatin + paclitaxel). Out of 103 patients, 5 (4.85%) patients were of adenocarcinoma, 7 (6.79%) were of adenosquamous, and rest of 91 (94.1%) were of squamous cell carcinoma. 23 patients were presented with stage IB2, 4 patients with stage IIA and 76 patients were in stage IIB. On the basis of MRI report and clinical examination, the clinical efficacy was evaluated, 28 (27.18%) obtained complete response to NACT, 66 (64%) obtained partial response, and 6 (5.82%) were non-responder to NACT. Furthermore the efficacy of NACT was measured in terms of optimal pathological response, 16 (15.53%) obtained complete response, 35 (33.98%) obtained near complete response, and 52 (50.48%) obtained partial response. Adjuvant treatment was given for adverse factors in histopathology report, such as in 23 patients LVSI was present, 20 patients had positive pelvic lymph nodes, 2 had parametrium involvement, 3 got positive margins, and 35 patients had more than 50% of stromal involvement. 8 out of 23 (34%) patients in stage IB2, 2 out of 4 patients (50%) in stage IIA, and 17 out of 76 patients (22%) in stage IIB were spared from the adjuvant radiotherapy as received optimal pathological response to NACT followed by radical surgery. Recurrences were noted in 16 (15.53%) patients i.e. 4 (3.88%) with local recurrence and 12 (11.65%) presented with distant recurrence.

**Conclusion:** NACT can effectively eliminate and downstage the locally advanced cervical cancer so that resectability improves and increases the chances of wide surgical resection with tumor free margins which otherwise is not possible. With the judicious use of NACT followed by radical surgery, adjuvant treatment can be avoided in patients with pathological cure, which can be preserved for later salvage treatment, if recurrence occurs during follow up. The results of NACT followed by radical surgery in LACC patients is encouraging, however, long term follow up and large randomized control trials should be carried out to make this approach as standard of care within this group of the patients.

### Biography

Sristee Shrestha Prajapati has pursued her MBBS from Dagestan State Medical Academy, Russia. She completed her MD in Obstetrics & Gynecology from Zhengzhou University. Presently she is working as a Physician and Surgeon in Bhaktapur Cancer Hospital, Nepal. She received IMA Fellowship (Gynae Oncology) from Rajiv Gandhi Cancer Institute in 2015.

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