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Adjuvant hysterectomy after chemo radiation for residual disease of cancer cervix

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Aim: The aim of the study was to see the disease-free survival and overall of post irradiated residual or recurrent cervical cancer patients who were treated with adjuvant hysterectomy.

Methods: Figo stage IIb-IIIb, 32 patients who received either concurrent chemo radiation with or without brachytherapy or induction chemotherapy+external beam radiotherapy with or without brachytherapy were treated by either radical hysterectomy or extra fascial hysterectomy. All these patients were treated in Delta Hospital and National Institute of Cancer & Hospital, Dhaka, Bangladesh. Progression free survival and overall survival of these patients were seen.

Results: From 2009-2012, all these patients were diagnosed as central residual or central recurrence on their follow-up (other than central recurrence was the exclusion criterion). During follow-up of these patients on routine clinical examination biopsy was taken for suspicion. Either radical hysterectomy or extra fascial hysterectomy was done after biopsy proof. Surgery was done after 10-12 weeks of their initial treatment. Outcome (disease free survival or overall survival) of radical hysterectomy was not better than extra fascial hysterectomy patients. But morbidity was more in radical hysterectomy patients. There were no severe complications during surgery. About 94% (30/32) of patients had complete remission after surgery and 2 patients had recurrence.

Conclusion: Surgery is the treatment of choice of post irradiated residual or recurrent cervical cancer patients. Extra fascial hysterectomy is sufficient for tumor regression.

Biography

Shahana Pervin is a surgeon at the National Institute of Cancer Research & Hospital, Bangladesh.

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