J Cancer Sci Ther 2016, 8:4(Suppl)
http://dx.doi.org/10.4172/1948-5956.C1.064

The prognostic significance of thromboembolic events in patients treated for invasive cervical carcinoma

Gwyn Richardson
University of Texas Medical Branch, USA

Objective: Among cancer patients, thromboembolic events are a common and potentially fatal complication. This study was designed to determine the incidence of thromboembolic events in relation to the diagnosis, treatment and progression of disease in cervical cancer patients.

Study Design: We reviewed records for cervical cancer patients treated at a single institution from 1995-2008. Data collected included demographic characteristics, stage, histologic type, treatment received, time to recurrence, salvage therapy, thromboembolic event and its temporal relationship to cancer diagnosis, and survival.

Results: Seven hundred sixty-six patients were diagnosed with invasive cervical cancer during study period. Records were available on 747 patients for mean follow up of 33 months. The incidence of thromboembolic events in cervical cancer patients was 9.0%. Incidence of thromboembolic events was higher in patients with advanced stage. There was no statistically significant difference when accounted by race, smoking history or tumor histology. As expected in patient with advanced stage, treatment modality was related to increased incidence of thromboembolic events. Survival analysis data showed that patients with thromboembolic events had a significantly poorer survival than patients without thromboembolic events.

Conclusions: Thromboembolic events at the time of cervical cancer diagnosis are associated with advanced disease and poor prognosis. Following therapy, thromboembolic events may be the first sign of recurrence and confers a grim prognosis.

gwrichar@utmb.edu

Is it possible to define an optimal time for chemotherapy after surgery for ovarian cancer?

Jan Blaakaer
Aarhus Universitetshopital, Denmark

Objective: To investigate the actual time from primary surgery for ovarian cancer (OC) to initiation of chemotherapy (TI) amongst Danish women in 2005-2006, and to compare the survival for groups with early initiation (≤ median TI) and late initiation of adjuvant chemotherapy (>median TI).

Methods: All Danish women who underwent surgery for OC in the period between 1 January 2005 to 31 December 2006 recorded in the Danish Gynaecological Cancer Database (DGCD) were included. The five-year survival was estimated overall and by TI exposure. The Cox proportional hazard regression analysis was used to compute the adjusted hazard ratio (HR).

Results: The median TI was 32 days (25-75% quartile: 24 days; 41 days). The strongest prognostic factors for death were residual tumour and the International Federation of Obstetrics and Gynecology (FIGO) stage. The unadjusted HR for death in patients with TI > 32 days compared with TI≤32 days was 0.85 (95% CI: 0.70; 1.04), p-value 0.12. When adjusted for residual tumour and FIGO-stage the HR was 1.13 (95% CI: 0.92; 1.39), p-value 0.26. The overall five-year survival was 42.8%, (95% CI: 38.9%; 46.5%).

Conclusions: This nationwide population-based cohort study revealed a non-significant increased risk of death for patients with TI>32 days compared with the reference TI≤32 days. The strongest prognostic factors were residual tumour after surgery and FIGO-stage. The overall five-year survival was 42.8% (95% CI: 38.9%; 46.5%).

jab@dadlnet.dk