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The role of chemotherapy in recurrent cervical cancer

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Carcinoma of the uterine cervix is the second most common cancer of women worldwide. The available literature on the treatment of patients with advanced/recurrent and metastatic cervix cancer is discussed in the presentation. Single-agent chemotherapy for patients with advanced cervix cancer can be divided into those who received platin-based therapy and those who received nonplatin-based therapy. The concept of combination chemotherapy requires the establishment of a standard single agent and then addition of drugs that have demonstrated single-agent activity, no-overlapping toxicity and additive or synergistic antineoplastic activity in an effort to develop a combination with improved efficacy and minimal or no increase in toxicity. Doublets that were selected for further investigation in phase III clinical trials include Bleomycin plus Cisplatin, 66 Fluorouracil plus Cisplatin, Paclitaxel plus Cisplatin, Ifosfamide plus Cisplatin, Gemcitabine plus Cisplatin, Vinorelbine plus Cisplatin and Topotecan plus Cisplatin. When compared with single-agent Cisplatin, most doublets demonstrate a response advantage over cisplatin alone. The role of chemotherapy in patients with advanced, recurrent or metastatic cervix cancer has been directed at improved objective response rates and palliation of symptoms while trying to maintain an acceptable level of toxicity. The literature is rife with anecdotal reports of dramatic responses that were not able to be duplicated in broad phase II or III trials and single-agent cisplatin remained the treatment of choice until the recent report demonstrating a modest survival advantage for the combination of Topotecan plus Cisplatin over Cisplatin alone. Further clinical trials need to be reconciliation of this dilemma and the optimal treatment of disease need to be illuminated.

Biography

Samed Rahati has completed his PhD from Hacettepe University and Postdoctoral studies from Baskent University School of Medicine.

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