

Abstract

Purpose:

Cervical cancer is the second most common cause of cancer related morbidity and mortality among women in developing countries including Sri Lanka. In Singapore, although the incidence has consistently declined over the last 3 decades, it remains higher than that seen in Europe or the United States of America.¹

In 2000, significant changes occurred in cervical cancer treatment protocols. The first of these was that level 1 evidence emerged to suggest cisplatin-based chemotherapy concurrent with radiotherapy would improve survival. Secondly, the procedures used in delivering radiotherapy were standardised with the publication of American Brachytherapy Society (ABS) Consensus Guidelines.

In spite of these strict guidelines, little long-term data exists documenting the long-term survival and side-effects that occur when these practices are strictly followed. This is important to decide on the practicability and the effectiveness of a treatment protocol.

This study documents the long-term disease-free survival, overall survival and late toxicities that are a result of these new practices.

Methods and Materials:

A retrospective review was conducted of 44 consecutive patients treated at the National University Hospital, Singapore with concurrent chemotherapy, and following ABS guidelines for radiotherapy for definitive cervical cancer treatment between January 2001 and January 2006.

Results:

The median follow up time was 21 months. 5-year overall survival rate and cause specific survival rate were 72.3% and 5-years DFS rate was 74.7%. The commonest late toxicity was rectal toxicity. Grade 3 and 4 rectal or urinary toxicities were rare.

The commonest site of failure was in distant sites followed by loco-regional sites.

Conclusion:

Despite these changes in practice more than 8 years ago, very few published studies exist documenting the long-term results when these new interventions are used. This study has one of the longest follow-ups of these changes in practice.

It is worth to consider the feasibility of adopting ABS guidelines in our practice in the presence of encouraging long term outcomes with the acceptable side effect profile.