

17th International Meeting of the European Society of Gynaecological Oncology, Milan, Italy, September 11-14, 2011. – Abstract № 843.

**Long-term outcomes of multimodality treatment for initially unresectable uterine cervix cancer**

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*Objective of the study:* Evaluation of the results of the novel multimodality treatment procedure for initially unresectable cervical cancer (IUCC) patients.

*Materials and methods:* The study enrolled 42 IUCC patients administered multimodality treatment consisting of 2-3 courses of cisplatin and gemcitabine chemotherapy, and gemcitabine chemoembolization of two or one uterine artery, followed by a brachytherapy treatment at a dose of 10 Gy and type III hysterectomy with two-sided salpingo-ovariectomy and iliac lymph node dissection (95.2%) or anterior pelvic exenteration (4.8%). Annual survival rates were calculated using the Kaplan-Meier method.

*Results.* Two-sided chemoembolization of uterine arteries (CEUA) caused a post-embolic syndrome in all IUCC patients which was absent when one uterine artery was occluded. Two-sided CEUA allowed to perform radical operations in 94.1% of stage IIB patients, while one-sided chemoembolization – in 76.5%, and 76.5% and 50% respectively for stage IIIB. Postoperative morbidity developed only after two-sided CEUA and accounted for 14.7% (11.9% of early complications and 2.8% of late ones).

Recurrence occurred in 9 (21.4%) patients after the multimodality treatment (local relapses in 4 (9.5%) and metastatic disease in 5 (11.9%). Overall 3-year survival rate in the study cohort was 82.0%, relapse-free survival – 84.6%, metastasis-free survival – 88.4%.

*Conclusions:*

1. Neoadjuvant chemotherapy with embolization of two uterine arteries increases surgical radicality by 17.6% for stage IIB and by 26.5% for stage IIIB versus one-sided CEUA.

2. The administration of neoadjuvant chemotherapy incorporating CEUA results in overall 3-year survival rate of 82.0%, relapse-free survival of 84.6% and metastasis-free survival of 88.4%.