

Title : Recurrent Carcinoma Cervix–Not the End of World

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Asbtract :

Objective: In Recurrent Cervical cancer, the impact of Interstitial brachytherapy was seen in patients who had recurrence, for whom Pelvic Exenteration was not feasible due to extensive disease. Material & Methods: A total of 15 patients with Recurrent Cervical cancer who developed recurrence after 1yr were treated using Interstitial Brachytherapy. They had received prior Chemoradiation and Brachytherapy. 10 Patients had received Palliative Chemotherapy (Pacli+Carbo-3 to 6 cycles). The patients had received Total Bladder dose of (60-70Gy) and Total Rectal dose received prior was (60-67Gy). Patients received Interstitial irradiation HDR-600 cGy * 3

fractions using a Transperineal Syed-Neblett template with mean tumor dose of 2900 cGY, the mean Bladder dose was 2200cGY and mean Rectal dose was 2000 cGY. Result: We analysed 15 patients, 9 patients are alive, 7 patients have complete response, 6 deaths were due to progressive disease. Maximal survival of 26 months was seen in 1 patient. The median average survival after ISBT is 13 months. The complication rates are 40% (GrI-II Cystitis) and 53.3%(GrI-II Proctitis) and 2 patients had Gr IV Proctitis.

Conclusion : There was no significant differences between the stages. In Patients with Recurrent Cervical cancer who have received prior chemoradiation and having good performance status and who are not suitable for Pelvic Exenteration, reirradiation can be considered by Interstitial Brachytherapy. The total bladder and rectal doses received prior to the treatment is very important before considering Reirradiation.