Progress of Adjuvant Therapy after Radical Resection of Early Cervical Cancer

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Abstract: Radical surgery is the first choice for the treatment of early cervical cancer. Patients need radiotherapy and chemotherapy according to the risk factors. Concurrent chemoradiotherapy with cisplatin is recommended according to NCCN recommended guidelines for the treatment of cervical cancer, with any post-operative high-risk factors (lymph node metastasis, positive vaginal margin, and para-uterine infiltration). For cervical cancer patients without high risk factors but with moderate risk factors that meet Sedlis criteria, it is recommended to supplement post-operative pelvic external irradiation ± with concurrent chemotherapy with cisplatin. However, these adjuvant treatments can cause radioactive cystitis and proctitis, even vesicovaginal fistula, rectovaginal fistula, long or irreversible adverse reactions, affecting ovarian function in young patients who retain the ovary, which can lead to a decline in the quality of life of patients. These problems make it a hot topic whether chemotherapy can be used in postoperative adjuvant therapy of cervical cancer patients. This article reviews the research progress of adjuvant therapy for early cervical cancer.

Keywords: cervical cancer; adjuvant therapy; progression

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1. Introduction

Cervical cancer is one of the common gynecological malignancies, and it is also one of the most common causes of female tumor death, which greatly threatens the health of women. With the popularization of cervical cytology screening, the incidence of early cervical cancer in China has increased in recent years[1]. And the patient has the tendency of younger and earlier[2] The prognosis of early stage cervical cancer is relatively good, and comprehensive treatment based on surgery is still the main treatment[3]. Survival rate up to 80%[4] radical hysterectomy and radical radiotherapy + concurrent cisplatin chemotherapy can cure 80% of early cervical cancer patients[5] However, some patients will still relapse after surgery, and recurrence patients poor prognosis, treatment methods are limited. Therefore, the patients with cervical cancer with risk factors should be given standardized adjuvant treatment after operation to reduce the recurrence rate. However, the indications and treatment methods of postoperative adjuvant therapy in patients with early cervical cancer are still controversial. In order to improve the survival rate and prognosis of patients with cervical cancer, the indications and methods of adjuvant therapy for early cervical cancer were reviewed.

2. Adjuvant chemotherapy

Previous studies have shown that adjuvant chemotherapy is effective for patients with risk factors after radical cervical cancer. Lee etc.[6] Retrospective analysis of 101 patients with stage I B- II A cervical cancer who underwent type III radical hysterectomy in two medical centers in Korea from
March 2006 to December 2014, According to the criteria, postoperative pathology met Sedlis criteria or lymph node metastasis, and only adjuvant chemotherapy was accepted. Chemotherapy regimen is platinum-based single drug or platinum-based combination regimen. Turns out, 3-year disease-free survival (disease-free survival,) for all enrolled patients DFS and 5-year overall survival (overall survival,) OS )90.7 per cent and 90.6 per cent, respectively, The three-year DFS and five-year OS of patients with lymph node metastasis who only met the Sedlis criteria were 94.6% and 90.6%, respectively. the three-year DFS and five-year OS in patients with lymph node metastasis were 79.4% and 90.6%, respectively. Previous studies have shown that The 5-year DFS of cervical cancer patients receiving surgical treatment only was 72.1%~74.0%. The five-year OS was 78.6~84.0 per cent; The five-year DFS of patients receiving adjuvant chemotherapy alone was 84.5~93.3 per cent, The five-year OS was 86.5 per cent ~94.9 per cent. Therefore, The author believes that I B~ II A cervical cancer patients with pathological risk factors after radical surgery, Postoperative adjuvant chemotherapy can be selected. Studies have shown(7) For early cervical cancer patients to reduce the scope of surgery, postoperative chemotherapy can effectively reduce the risk of surgery, to prevent pelvic lymph node dissection caused by cystic lymphangioma and lower extremity lymph node edema, but the clinical safety needs to be further confirmed by multicenter clinical studies with longer follow-up time and evidence-based medical data.

3. adjuvant radiotherapy

Previous studies have generally believed that adjuvant chemotherapy is not inferior to radiotherapy. Okazawa-Sakai et al. (8) Retrospective analysis of 122 cases of cervical cancer undergoing radical resection of cervical cancer during 2003-2012 with postoperative pathological risk factors FIGO stage I B~ II B cervical cancer patients, Among them ,82 patients received TP chemotherapy (with high or moderate risk factors), Ten patients received other chemotherapy regimens, Twenty-five patients received postoperative adjuvant radiotherapy, Five patients did not receive adjuvant therapy (only moderate risk factors). For five years OS 95.1%,90.0%,78.9% and 100%, respectively, difference was not statistically significant (P>0.05). To analyze the prognosis of patients with high risk factors, Turns out, TP treatment (including adjuvant radiotherapy and other chemotherapy regimens) is associated with shorter survival times, is an independent influencing factor of patient survival time. A multivariate analysis of the prognosis of the TP group, Turns out, the positive of cut edge is related to short survival time. According to this study, TP regimen of chemotherapy is effective in postoperative adjuvant therapy in patients with early cervical cancer. When there are some risk factors, Chemotherapy alone may not be enough to control local recurrence, This situation recommends pelvic radiotherapy plus systemic chemotherapy. So for patients with high risk factors after radical cervical cancer, Adjuvant chemotherapy is similar to synchronous radiotherapy and chemotherapy, but the adverse reactions occur differently. Patients with risk factors after radical cervical cancer receiving postoperative adjuvant chemotherapy is not inferior to radiotherapy or chemotherapy. However, in patients with positive margin, non-squamous cell carcinoma, invasion of the uterus and high rate of lymph node metastasis, Chemotherapy alone doesn’t give patients good local control, may consider increasing pelvic radiotherapy.

4. Conclusions

To sum up, the adjuvant treatment of early cervical cancer, according to whether there are risk factors and personal constitution, can be considered for chemotherapy and or radiotherapy.

References