IS-13 Management of retroperitoneal lymph nodes in advanced ovarian cancer

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BACKGROUND: Evaluation of pelvic and para-aortic lymph node status is an integral part of the staging operation for ovarian cancer. But, there are still debates about the role and extent of lymphadenectomy. The aim of this study is to evaluate the effect of lymphadenectomy on the survival of patients with advanced ovarian cancer. PATIENTS AND METHODS: Between 1996 and 2008, 185 patients with stage III or IV ovarian cancer were treated at Seoul National University Hospital. A total of 103 underwent lymph node dissections with a median number of 22 nodes retrieved, whereas, in 82 patients, lymphadenectomy was omitted. The two groups were compared with respect to the overall (OS) and progression-free survival (PFS). RESULTS: With a median follow-up period of 25.0 months (range 1.7 to 211.7 months), the median OS was 54.6 months for no lymphadenectomy and 51.1 months for lymphadenectomy (P = .67). And, there was no statistical difference in progression-free survival between the two groups (21.8 vs. 26.5 months; P = .88). The extent of lymphadenectomy and the amount of residual disease did not affect the survival data. CONCLUSION: Pelvic and/or paraaortic lymph node dissection did not improve the survival of advanced ovarian cancer patients.

IS-14 Pulmonary Toxicity after a Quick Course of Combinatorial Vincristine, Bleomycin, and Cisplatin Neoadjuvant Chemotherapy in Cervical Cancer

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Objective: Pulmonary toxicity is one of the most serious adverse effects associated with a quick course of vincristine, bleomycin, and cisplatin neoadjuvant chemotherapy (NAC-VBP). The aim of this study was to evaluate pulmonary toxicity related to a quick NAC-VBP course. Methods: A total of consecutive 61 patients, who underwent at most 3 cycles of NAC-VBP every 10 days in FIGO stage IB-IIB cervical cancer from 1995 to 2007, were retrospectively analyzed. Results: Of the 61 study subjects, 7 (11.5%) were identified to have pulmonary toxicity and 2 (3.3%) died of pulmonary fibrosis progression despite aggressive treatment and the use of a multidisciplinary approach. No factor predisposing pulmonary toxicity was identified. Initial symptoms were non-specific, but bronchiolitis obliterans organizing pneumonia and interstitial pneumonitis were characteristic findings by high-resolution computed tomography of the chest. The benefit of steroid therapy was uncertain and was associated with steroid-induced diabetes mellitus requiring insulin therapy in two patients. Conclusions: Fatal pulmonary toxicity is a major concern of a quick NAC-VBP course. Thus, these patients require special monitoring for bleomycin-induced pulmonary toxicity.

IS-15 Adjuvant Concurrent Chemoradiotherapy-Induced Neutropenia as a Prognostic Indicator of Treatment in Cervical Cancer

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Objective. To evaluate the association of adjuvant concurrent chemoradiotherapy-induced neutropenia with survival in patients with squamous cell carcinoma of the uterine cervix. Materials and Methods. One hundred seven patients with stage IB-IIB cervical cancer were analyzed. The median follow-up was 39.3 months (6.7-74.1 months). All patients had received radical surgery, including pelvic lymphadenectomy, followed by paclitaxel + carboplatin-based concurrent chemoradiotherapy. Relative neutropenia, defined as an absolute neutrophil count <1000/mm3 at the concurrent chemoradiotherapy cycle nadir, was correlated to the pathologic findings and survival outcomes. Results. Sixty-two percent of patients (n = 66) experienced neutropenia at least one cycle during concurrent chemoradiotherapy, and demonstrated improvement in disease-free survival (P = 0.047), although not in overall survival. Disease-free survival gain was more significant, especially in the subgroups with parametrial invasion or lymph node metastasis (P = 0.033 and P = 0.028, respectively). Treatment-induced neutropenia was proved as the only significant independent factor to recur in cervical cancer (P = 0.037) among several variables, such as parametrial invasion, involvement of the resection margin, and lymph node metastasis. Conclusions. Concurrent chemoradiotherapy-induced neutropenia is a prognostic indicator of treatment efficacy in patients with cervical cancer, especially in patients with advanced disease. Individualized dose titration of concurrent chemoradiotherapy could be beneficial, although further systemic study is required. Key words: Uterine cervical cancer, Concurrent chemoradiation therapy, Neutropenia.