ISP-3-2 Efficacy of Nerve Sparing Radical Surgery for Cervical Cancer: A Meta-Analysis

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[Objective] To investigate the efficacy of nerve sparing radical surgery to treat cervical cancer, we performed a meta-analysis using relevant studies.

[Methods] After we searched PubMed, Embase, and the Cochrane library, we performed a meta-analysis using 6 prospective and 8 observational comparative studies including 1,177 patients with FIGO stage IA2-IIIB cervical cancer from 104 potentially relevant studies till 2012. For the meta-analysis, we compared duration of postoperative catheterization, long-term urologic complications (dysuria, urgency or frequency, and stress urinary incontinence), perioperative surveillance (operation time, blood loss and hospitalization), intraoperative and postoperative complications, and disease-free and overall survivals between conventional radical surgery (RS) and nerve sparing radical surgery (NSRS).

[Results] Type II and Type III or C surgeries were performed in one (7.1%) and 13 studies (92.9%). Duration of postoperative catheterization was shorter in NSRS than in RS (standardized mean difference [SMD], 1.494; 95% confidence interval [CI], 2.089 to 0.893), and urgency or frequency was less common in NSRS than in RS in spite of no differences in dysuria and stress urinary incontinence (odd ratio [OR], 0.048; 95% CI 0.009-0.248). Operation time was longer in NSRS than in RS after adjustment with age, stage, histology, body mass index (BMI) and extent of lymphadenectomy (SMD, 0.947; 95% CI 0.642 to 1.255), and blood loss was less in NSRS than in RS (SMD, 0.484; 95% CI 0.686 to 0.283). Intraoperative complication were less in NSRS than in RS (OR, 0.273; 95% CI 0.105-0.715), whereas there was no difference in postoperative complication after adjustment with age, stage, histology, BMI and extent of lymphadenectomy. Hospitalization, disease-free and overall survivals were not different between RS and NSRS.

[Conclusion] NSRS may have advantages of shorter duration of postoperative catheterization, lower rates of urgency or frequency, blood loss and intraoperative complications in spite of longer operation time in patients with early-stage cervical cancer.

ISP-3-3 The efficacy of Neoadjuvant chemotherapy (NAC) in the management of invasive cancer cervix

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[Objective] To evaluate the efficacy of neoadjuvant chemotherapy (NAC) in the management of invasive cancer cervix and its influence on patients’ morbidity and mortality.

[Methods] With a written consent from each patient, records of 191 cervical cancer cases staged IB2 to IIB were reviewed. 73 patients of them received NAC, while 63 were primarily treated by surgery. The CT images before and after NAC were evaluated and compared to the postoperative findings to determine the efficacy of NAC. Survival analyses were calculated using Kaplan Meier curve. This study was approved by the Institutional Review Board.

[Results] 90.5% showed favorable response to NAC (4 with complete & 27 with partial response). Overall progression free survival of NAC responding cases (85% & 88.5% respectively) were similar to stage IB1 cases treated with surgery (91.9 & 91.4%) (P = 0.2298 & 0.7660 respectively). While cases not responding to NAC have a comparable survival rate as cases staged IB2 or more treated surgically regarding the overall survival (85.2% vs 77.4%, p = 0.5691) carrying no more risk to the patients’ prognosis. However, there is a higher incidence of recurrence (36.8%, p = 0.0171) mainly at the pelvic stump (50% of recurrence).

[Conclusion] NAC is an effective method for management of invasive cancer cervix. Poor response to NAC do not affect the patient’s prognosis.

ISP-3-4 A role of neoadjuvant chemotherapy (NAC) for advanced endometrial carcinoma (EC) in comparison with ovarian carcinoma (OC)

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[Objective] Although the pattern of metastasis for advanced EC is similar to OC, adequate treatment for extremely advanced EC without expectation of successful primary cytoreduction is unknown. The objective is to investigate the value of NAC in advanced EC, comparing with OC.

[Methods] Patients with stage III–IVB EC or OC treated by NAC with curative intent between the years of 2006–2012 were identified and data were abstracted regarding outcomes of NAC, interval debulking surgery (IDS), and follow-up. Study protocol was approved by institutional review board.

[Results] We identified 14 EC and 56 OC, of whom, IDSs were performed in 5 (36%) EC and 23 (41%) OC (N.S.). Response rates for NAC evaluated were 6/12 in EC and 23/46 in OC (N.S.). For patients with IDS, the median cycle of NAC and time from start of NAC to IDS were not significantly different between EC and OC. Patients without IDS continued or stopped chemotherapy and their total number of regimen or cycles performed were not significantly different between EC and OC. Grade 3-4 adverse effect (AE) of NAC observed was 2/14 in EC and 10/56 in OC (N.S.), however, life-threatening AEs, such as embolism, were frequently observed in OC compared to EC. Overall survivals of EC in each subgroup with or without IDS were comparable to OC.

[Conclusion] A significant role of NAC in advanced EC equivalent to that in OC could be expected.