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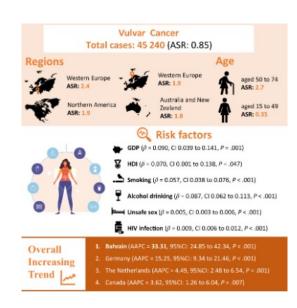


INTRODUCTION

VC is a rather uncommon gynecological malignancy affecting elderly women and the treatment of LAVC is a challenge for both gynecologic and radiation oncologists

Definitive CRT is the treatment of choice, but with disappointing results
In this multicenter study (OLDLADY-1.1), several

Institutions have combined their retrospective data on LAVC patients to produce a real-world dataset aimed at collecting data on efficacy and safety of CRT





MATERIAL AND METHOD

Primary study end-point 2-year-local LC Secondary end-points were 2-year-MFS, 2-year-overall survival (OS) and the rate and severity of acute and late toxicities

Participating centres were required to fill data sets including age, stage, histology, grading as well as technical/dosimetric details of CRT

The toxicity was a posteriori documented through the Common Terminology Criteria for Adverse Events (CTCAE) version 5 scale



RESULTS

All patients, n	65
Median age, years (range)	72 years (32–89)
Stage	IB/II: 4/7 pts
	IIIA-B-C: 15/12/4 pts 54 pts (83%)
	IVA-B: 15/8 pts
Chemotherapy	Cisplatin: 30 (46%)
	Cisplatin plus 5-Fluorouracil: 15 (23%)
	Carboplatin: 3 (4.7%)



RESULTS

Median follow-up of 19 months (range 1–114 months)

2-year actuarial LC: 43.2%

2-year actuarial MFS: 84.9%

2-year actuarial OS: 59.7%

29 patients (44%), CRT was temporarily stopped (median 5 days, range 1-53 days)

The treatment interruption was statistically significant at univariate analysis of factors predicting LC (p:0.05) and OS rate (p: 0.011), and it was confirmed at the multivariate analysis for LC rate (p: 0.032)



RESULTS

In terms of toxicity profile, no G4 event was recorded

Most adverse events were reported as grade 1 or 2

Only 14 acute G3 toxicities, all cutaneous, and 7 late G3 events (3 genitourinary, 3 cutaneous, and 1 vaginal stenosis) were recorded



CONCLUSION

In the context of CRT for LAVC the present study reports encouraging results even if there is clearly room for further improvements, in terms of both treatment outcomes, toxicity and treatment interruption management

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