

Concurrent chemoradiotherapy or radiotherapy alone for locally advanced cervical cancer in elderly women

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ABSTRACT

Aims and background. To evaluate the efficacy and toxicity of concurrent chemoradiotherapy or radiotherapy alone in elderly patients with locally advanced cervical carcinoma (stage IB2-IVA).

Methods and study design. We retrospectively reviewed the medical records of 105 women aged ≥ 65 years who received radiotherapy (group I, n = 61) or concurrent chemoradiotherapy (group II, n = 44). Patients received a median dose of 76.4 Gy to point A, including 30-35 Gy of high-dose intracavity brachytherapy. The concurrent chemoradiotherapy group received platinum-based chemotherapy.

Results. The median follow-up was 65 months for surviving patients. There was no significant difference in compliance to radiotherapy between the two groups. Most acute toxicities were hematologic; acute hematologic and gastrointestinal toxicity were significantly more common in group II. Five-year overall survival and cancer-specific survival rates were, respectively, 53.5% and 66.6% in group I and 61.8% and 68.8% in group II. Performance status, comorbidity index, tumor size, and stage were independent prognostic factors for overall survival, whereas stage was the only prognostic factor for cancer-specific survival.

Conclusions. The analysis showed no benefit of concurrent chemoradiotherapy with respect to overall survival and cancer-specific survival in elderly women. A prospective study is needed to determine the role of concurrent chemoradiotherapy in this population. Free full text available at www.tumonline.it

Key words: cervical carcinoma, chemoradiotherapy, elderly, radiotherapy.

Conflict of interest statement: The authors declare that there are no conflicts of interest.

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