

# **\*Dr. Zohreh Yousefi**

fellow ship of gynecology oncology of Mashhad university

**Fatemeh Homaei, Marzieh  
Talebian, Habibollah Esmaily**



# *Failure of Treatment in Cervical Cancer Patients*

**DR Zohreh Yousefi**

Professor of Obstetrics and Gynecology of Mashhad University of Medical Sciences, Iran.  
Fellowship of Gynecology-Oncology

Email: [yousefiz@mums.ac.ir](mailto:yousefiz@mums.ac.ir) - Site: [www.zohrehyousefi.com](http://www.zohrehyousefi.com)

**Cervical cancer is the second cause of women death of gynecology malignancy which has an important role in our country with mortality rate of 50%.**

# ***Treatment:***

**Surgery or Radiotherapy**

**Surgery is limited to stage IIA of the disease**

**primary radiotherapy is used for treatment  
in all stages of the disease.**

**indications of Radiotherapy  
after surgery**

**for the patients with the  
medium to high risks factors .**

## ***High risk factors:***

- **vaginal positive margin**
- **lymph nodes involvement**
- **macroscopic involvement of parameter**

## ***Objective:***

**To evaluate the indications of postoperative radiotherapy with studying the files of the patients with cervical cancer that had undergone radiotherapy after hysterectomy.**

# ***Materials and Methods***



In this cross-sectional study,  
**93 patients** with cervical cancer who  
had undergone radiotherapy after  
hysterectomy and were referred to  
tumor clinics of Ghaem and Omid  
hospitals **10** years from 1988 to  
2008 were studied.

**Inclusion criteria** was: performing radiotherapy after hysterectomy in the patients with cervical cancer and  
**exclusion criteria** was incomplete information of files.

- ***Evaluated parameters:***
- ***Failure type of Treatment***
- **Overall survival**
- **disease free survival**
- **1 year, 18 months,**
- **2 years, 3 years, 5 years**

## ***Statistical analysis:***

- **Chi-square**
- **Log Rank**
- **kaplan-mayer**

# ***Results***

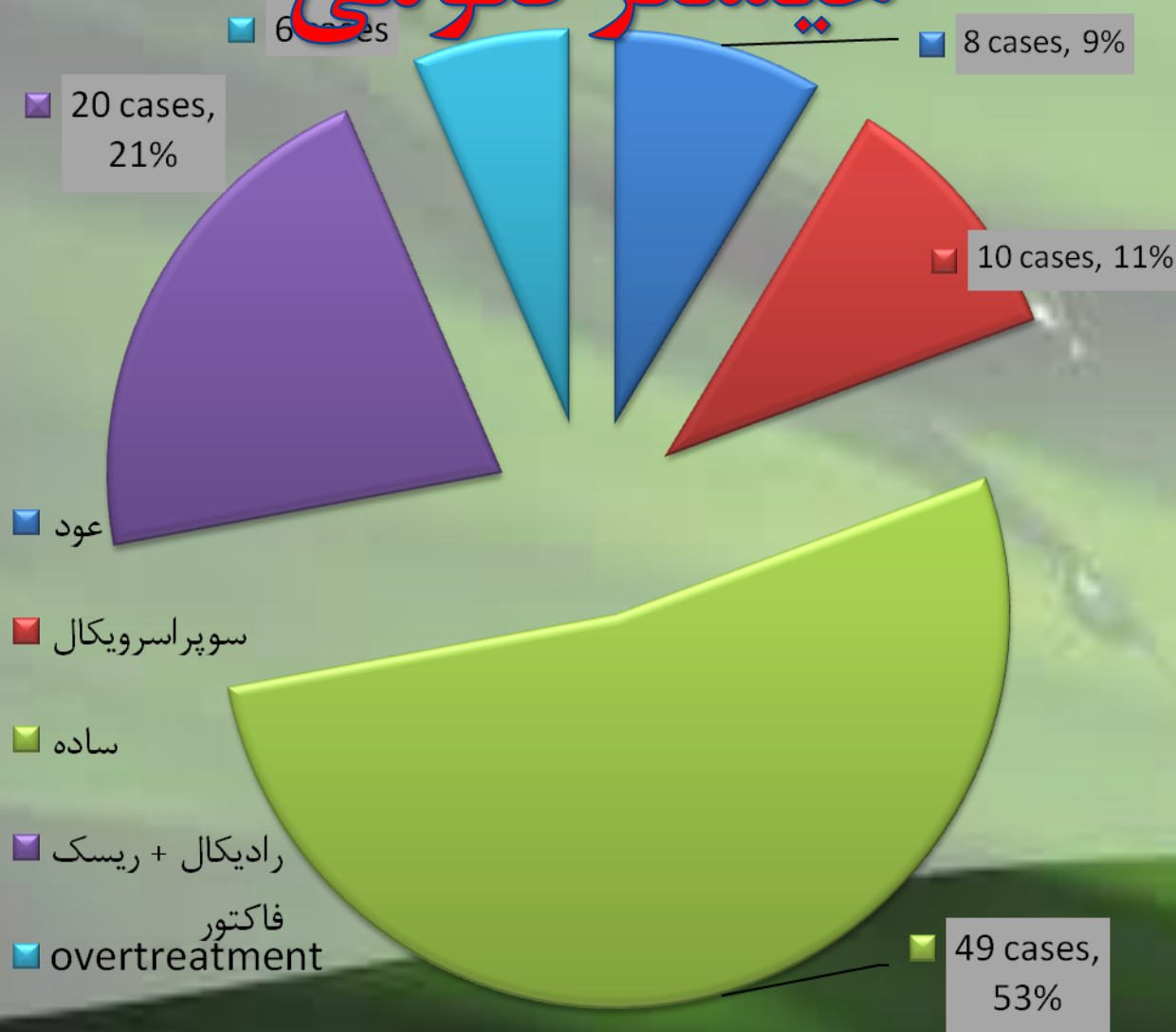
**28 patients**  
**55 cases**  
**10 cases**  
**hysterectomy.**

**radical hysterectomy,**  
**simple hysterectomy**  
**supracervical**

<b>type of treatment after surgery</b>	<b>Frequency</b>
<b>Radiotherapy</b>	<b>69</b>
<b>Chemoradiotherapy</b>	<b>16</b>
<b>missing</b>	<b>8</b>
<b>Total</b>	<b>93</b>

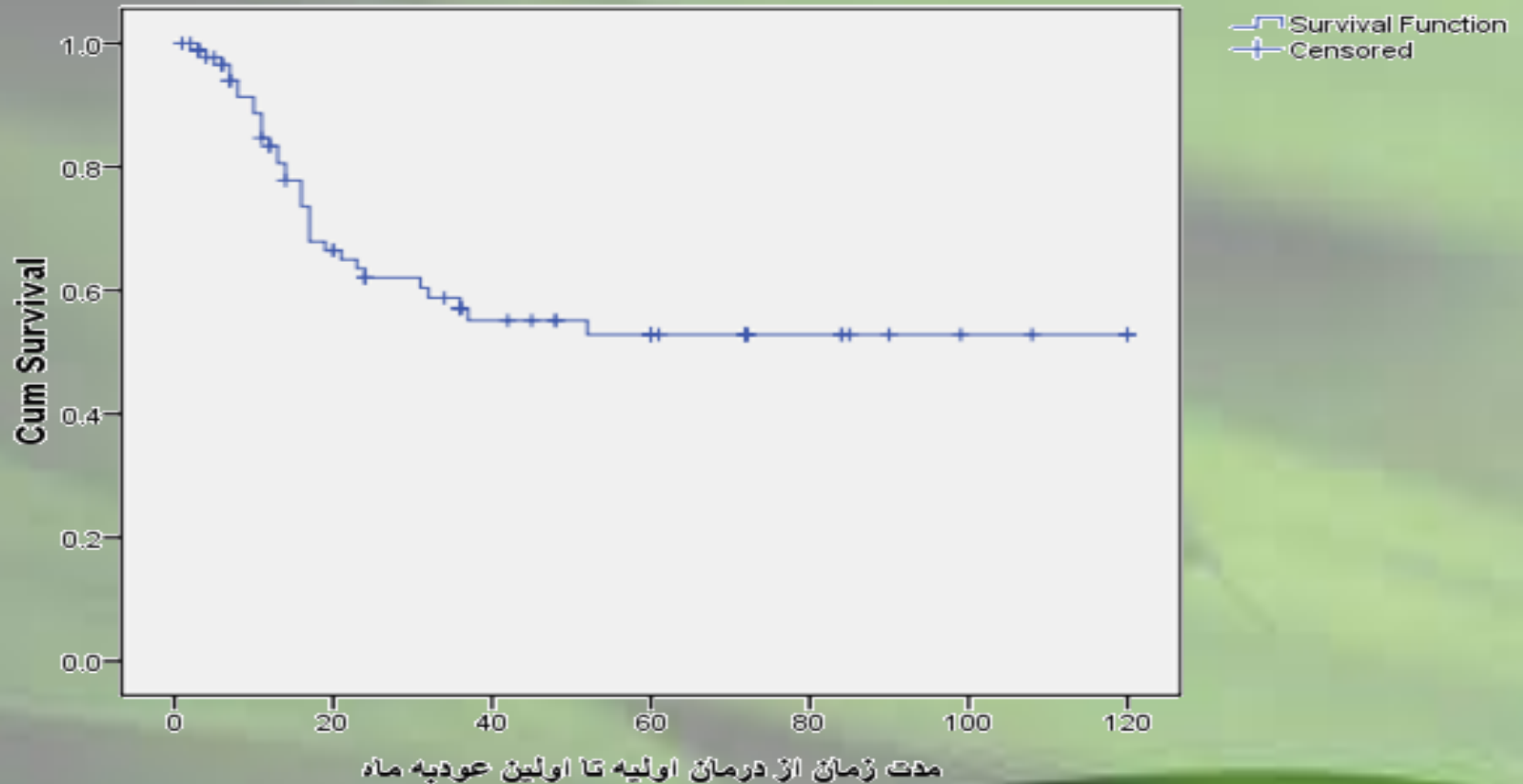
# اندیکاسیون رادیوتراپی پس از

## هیستریکتومی





# The rate of DFS during 10 yrs



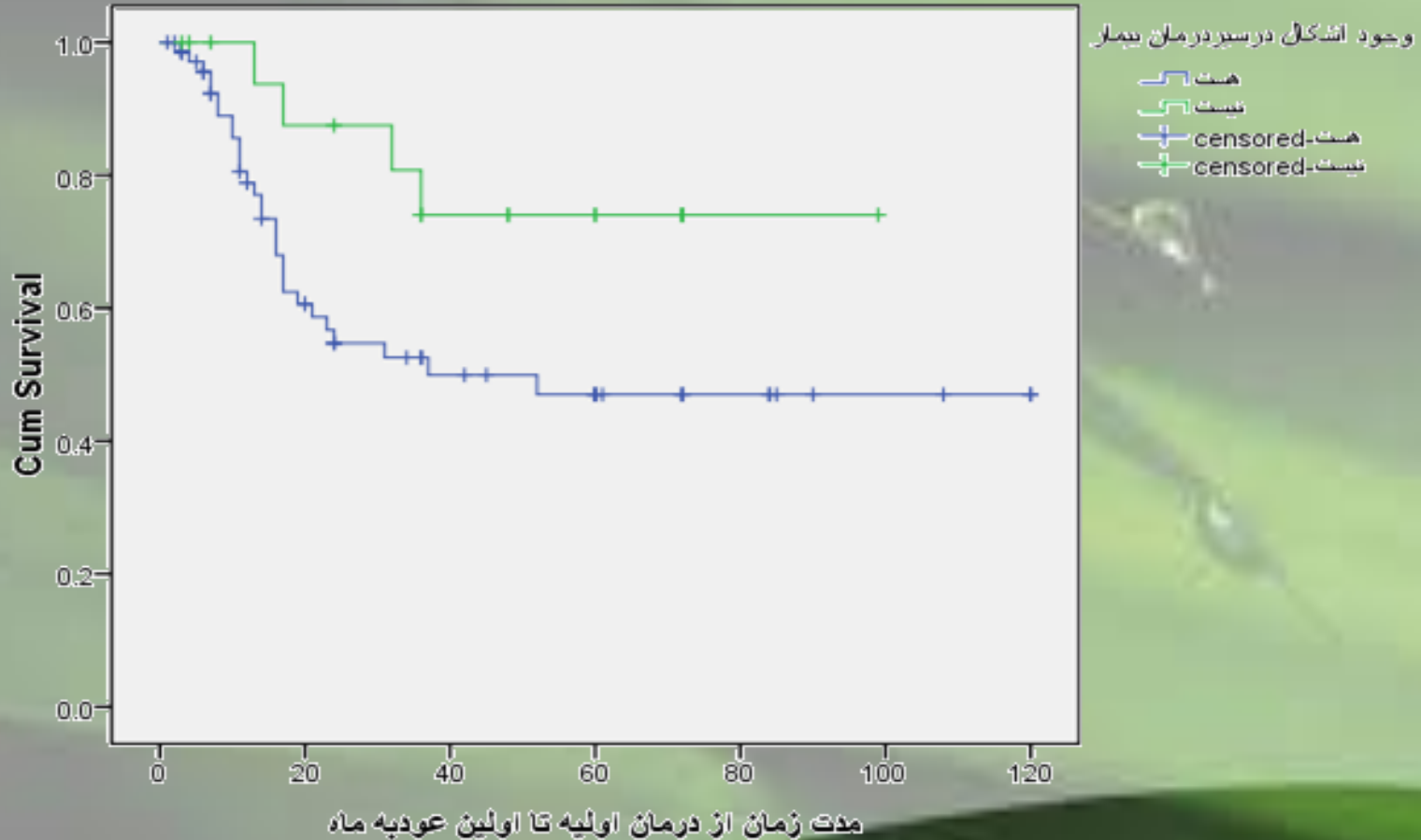
**3 and 5 years DFS were  
52% and 74 %**

**3 and 5 years overall survival were  
76.2%, and 67%**

# Comparison of DFS according to failures of treatment

Time	Survival in the group without failure	Survival in the group with failure
6 months	–	95.6%
1 year	–	78.9%
18 months	87.5%	62.5%
2 yrs	87.5%	54.8%
3 yrs	74%	52.6%
4 yrs	74%	49.9%
5 yrs	74%	47%

# Comparison of DFS according to failures of treatment

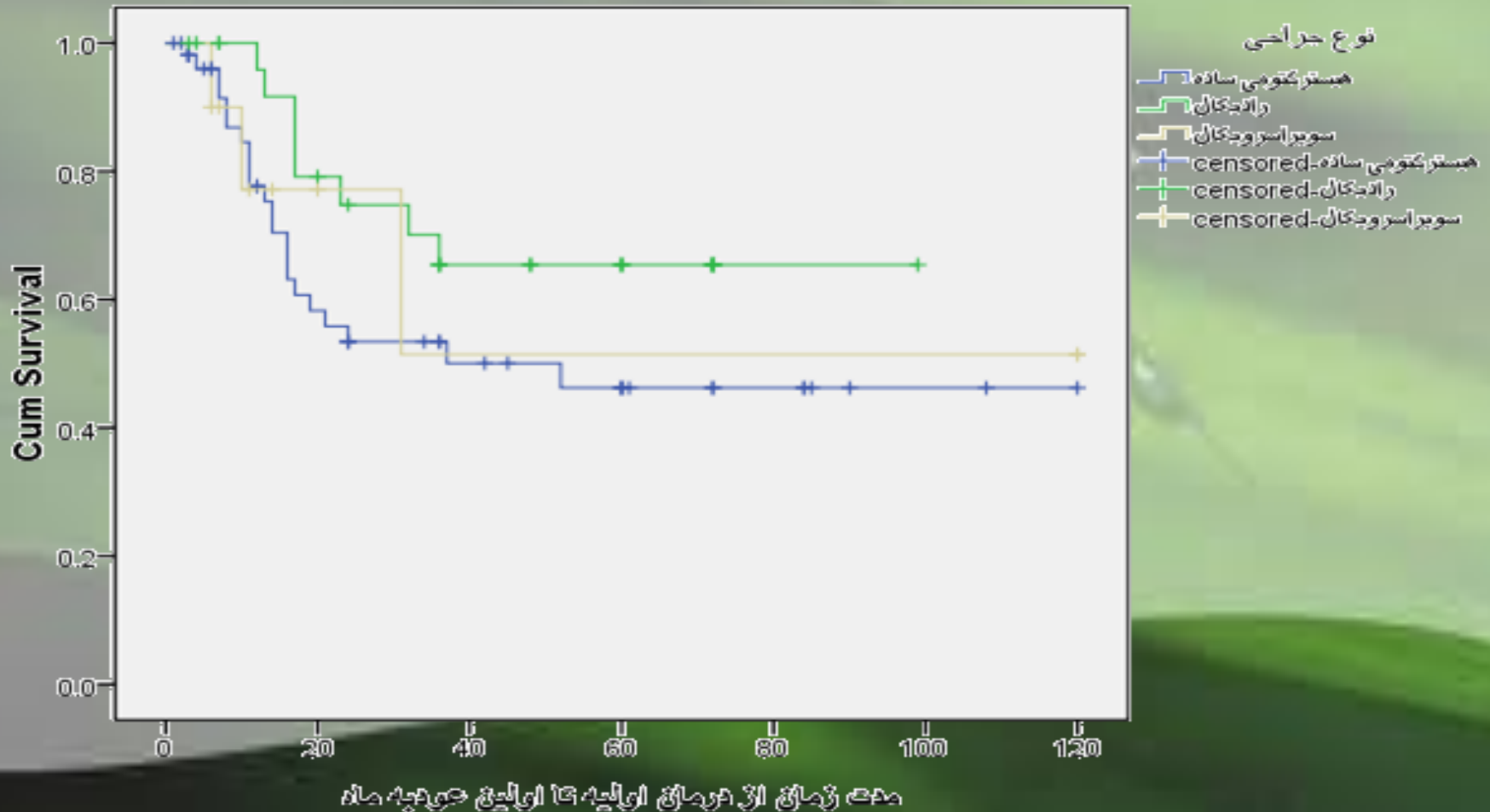


**surgeon errors were determined  
in 64 patients**

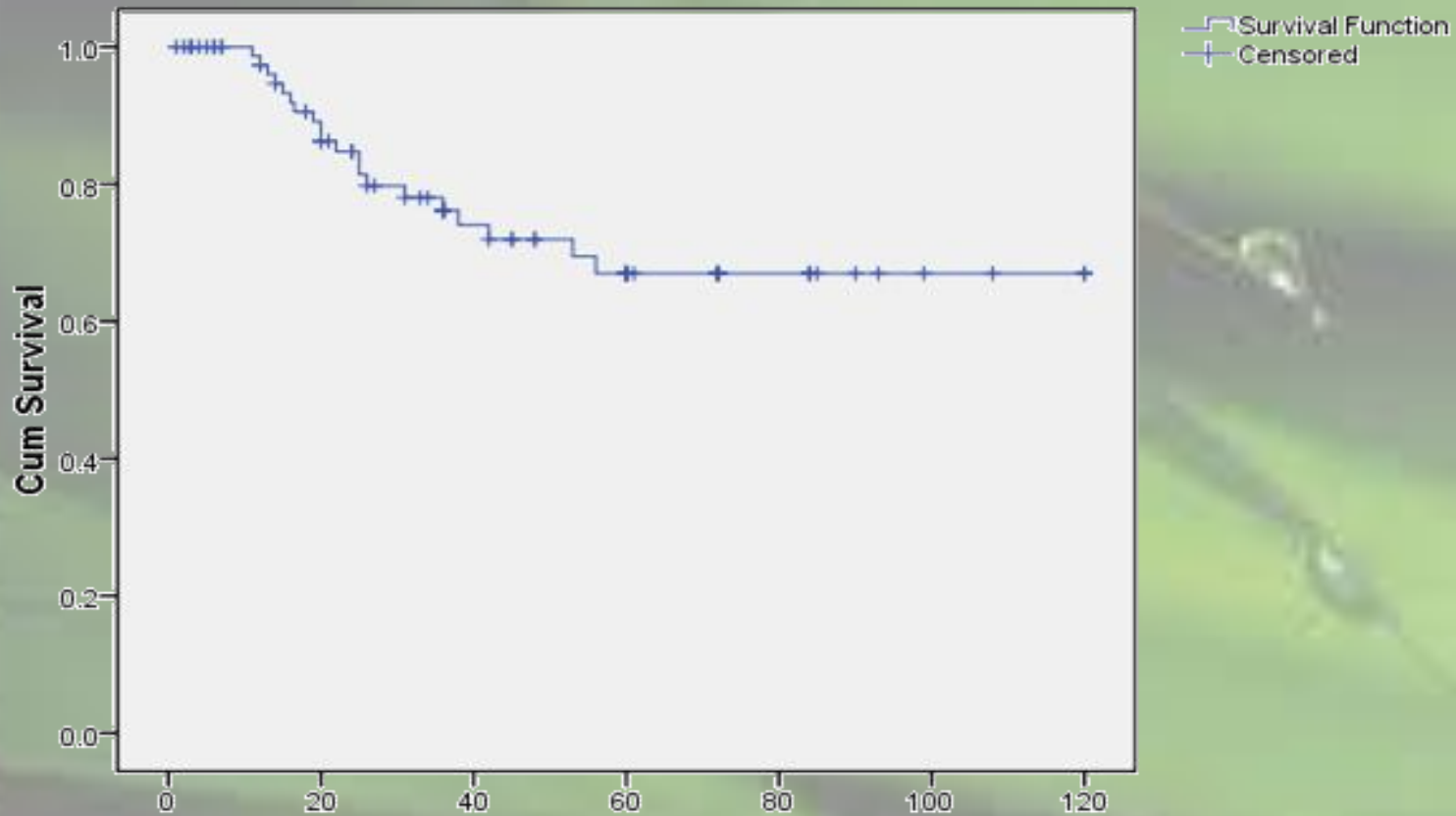
**pathologist errors in 23cases**

**radiotherapist errors in 6patients**

# The rate of DFS during 10 yrs according to type of surgery



# The rate of O.S in the patients



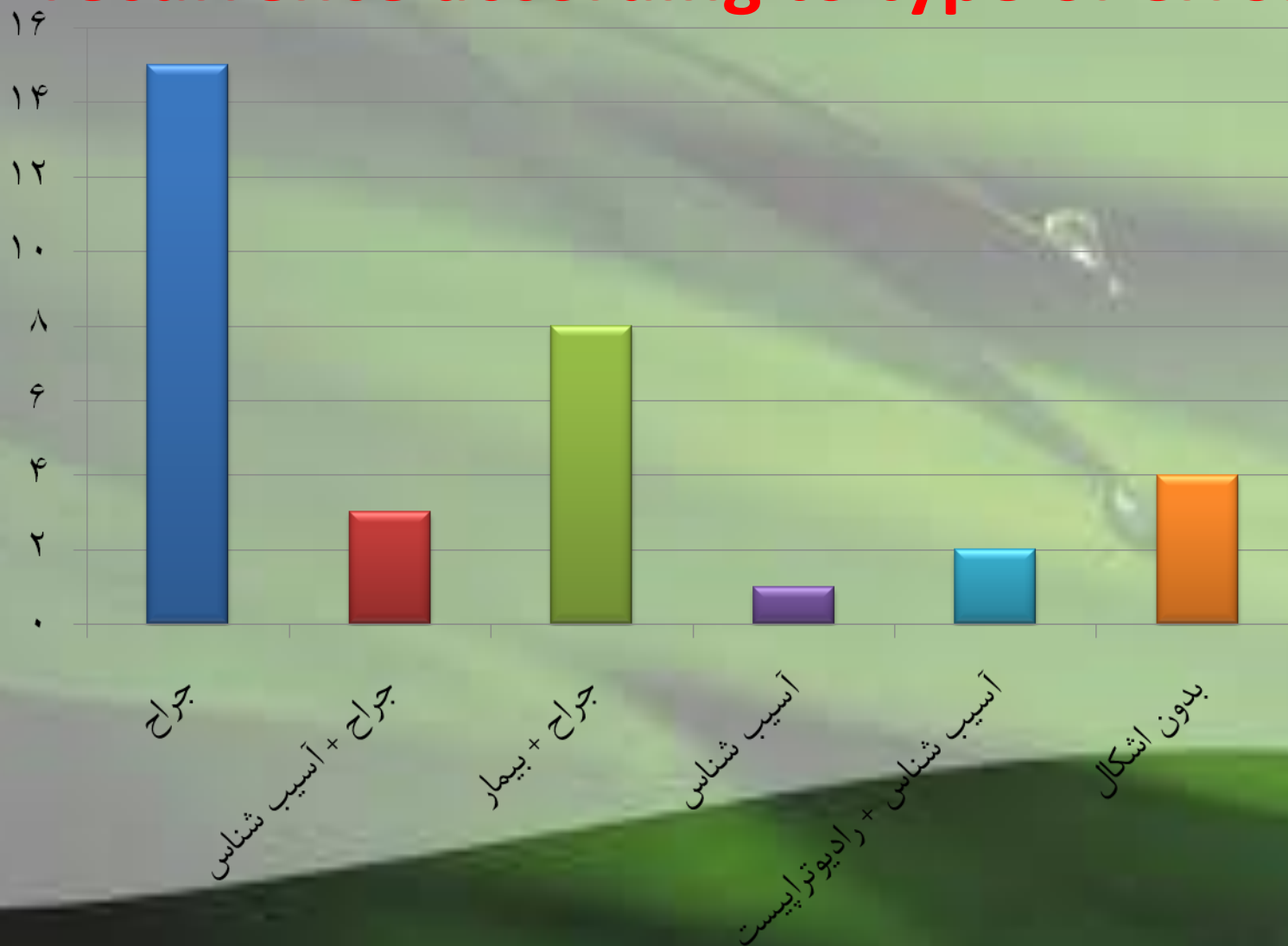
مدت زمان درمان اولیه تا مرگ یا آخرین پیگیری به ماه







# Frequency of the patients with recurrence according to type of error



# Comparison of the rate of O.S in the patients with failure of treatment according to its type

Survival (%)	1 year	18 months	2 yrs	3 yrs	5 yrs
surgeon	93.9	81.8	74.6	65.5	65.5
Surgeon +patient	85.7	85.7	71.4	47.6	0
Surgeon+ pathologist	-	-	80	80	80
Pathologist+ radiotherapist	-	-	-	-	66.7
Test result	Log rank	P = 0.234			$\lambda^2 = 9.27$

# *Discussion*

**The rate of 5-yrs survival: 67%**

**5-yrs DFS: 74%.**

**In comparison with the study of Pieterse et al. and Lasry et al., the rate of survival in the present study was lower.**

**18 months, 3-yrs, and 5-yrs DFS  
in the group without errors were  
87.5%, 62.5%, 74% and**

**in the group with errors  
52.6%, 74%, 47%**

**which the difference was  
statistically significant ( $P=0.05$ ).**

**Radiotherapy after radical surgery at first stages of cervical cancer increases complications of combined therapy.**

Yessaian et al., and the study of the group of Cochrane Gynecology-Oncology

**According to the above research:**

**chemoradiotherapy has increased the rate of **overall survival** rather than radiotherapy, but it didn't improve the rate of **disease free survival**.**

**In the present study:  
failures of treatment in 74 cases.**

**\*Since there was surgeon failure  
in 64 cases, the most failures was  
related to surgeon.**

**About half of the surgeon failures  
(41%) was unsuitable surgery**



The **second more common errors of surgeon** was not examination of the patient before hysterectomy and unawareness of wide tumor extension and parameters involvement; therefore, unsuitable surgery and remaining of tumor residue after surgery.

# ***Conclusion***

**There were failures in 69.9% of cases which this rate is high that it should be removed with attempts of the pathologist, the radiotherapist, and especially the surgeon.**







*Jaki Jodi*  
PHOTOGRAPHY

Thank you

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