

EAGOT Cervical Cancer Committee

Multi-institutional retrospective study on chem otherapy and pelvic radiotherapy for stage IVB cervical cancer | JGOG1088S |



Our Clinical Question

Pelvic irradiation is useful for metastatic (FIGO stage IVB) uterine cervical cancer?

P atient

I ntervention

C ontrol

O utcome

- □ FIGO stage I VB cervical cancer
- ☐ Additional Pelvic irradiation
- Chemotherapy (without RT)
- □ OS improvement



NCCN Guidelines Version 1.2023 Cervical Cancer

NCCN Guidelines Index
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Discussion



NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

Cervical Cancer

Version 1.2023 — April 28, 2023

NCCN.org

NCCN Guidelines for Patients* available at www.nccn.org/patients

- 1. System ic Chemotherapy if in good general condition (Paclitaxel, CDDP/Carboplatin ± bevacizumab)
- 2. If distant metastases is oligometastasis and can be irradiated, Radiotherapy for
 - Primary lesion
 - Regional pelvic nodes
 - Distant metastases
- 3. Palliative radiotherapy for symptom relief



- 1. System Indication of RT for IVB cervical cancer
 - 1) Disease control for case with oligometastasis
 - 2) Symptom control (palliation)
- 2. If distan
 - Radiotherapy for
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Radiotherapy for

Primary lesion

What, When and How should we give RT therapy for stage IVB patients ??



Effectiveness of local treatment in other types of metastatic disease

- 1. Metastatic <u>prostate</u> cancer
 - Significant OS/PFS benefit in Chemo+local RT > Chemo

Parker et al. Lancet 2018

- 2. Advanced small cell lung cancer
 - Significant OS/PFS benefit in Chemo+following chest RT > Chemo

 Slotman et al. Lancet 2015

- 3. Metastatic <u>colon</u> cancer
 - Equivalent survival rate

 Chemo Primary resection following chemo

Effectiveness of local treatment in other types of metastatic disease

- 1. Metastatic <u>prostate</u> cancer
 - Significant OS/PFS benefit in Chemo+local RT > Chemo

Parker et al. Lancet 2018

- 2. Advar
 - Sig
 - >

"Local treatment"

is one of the important treatment strategy for metastatic cancer

est RT

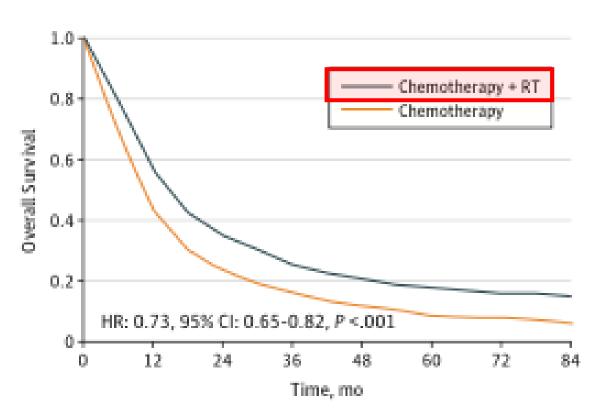
- 3. Metastatic <u>colon</u> cancer
 - Equivalent survival rate

 Chemo Primary resection

Chemo Primary resection following chemo

Additional radiotherapy for FIGO IVB Cervical Cancer

Some retrospective studies has been reported showing a survival benefit with the addition of whole pelvic irradiation in the initial treatment of stage IVB.



1: Chemotherapy alone 2: Chemotherapy with WPR Censored ogrank p=0.0055 0.8 Proportion of Patients Alive 0.2 0.0 Time in Months

U.S. National Cancer Database

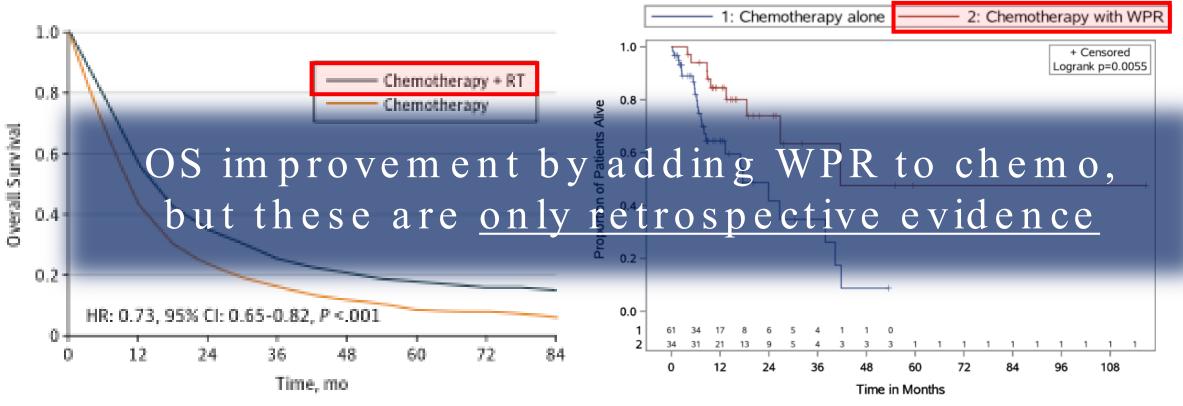
Retrospective review of several U.S. facilities

Wang et al. JAMA oncology 2018

Perkins et al. Gynecol Oncol 2020

Additional radiotherapy for FIGO IVB Cervical Cancer

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Summary Tadiotherapy for IVB cervical cancer

Primary/initial Whole Pelvis Radiation may

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    ✓ reduce pelvic tumor-relates symptoms
        (bleeding, pain, ureteral obstruction □ □ □)
    ✓ improve survival
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But,

- These evidence was only from some retrospective studies,
- Indication? IVB is extremely heterogeneous population
- Procedures?
 RT→Chemo□ Chemo→RT? Irradiation area? Dose?

We decided to conduct a retrospective observational study

Research organization and future prospects





Japanese gynecologic Oncology Group

☐ Gynecologic Oncologists ☐

Japanese Radiation Oncology Study Group

□ Radiation Oncologists □

Retrospective study

→ prospective RCT (chemo vs chemo+WPR)

Inclusion criteria, Endpoints...

Inclusion criteria

- 1.18 years old or older
- 2. Histologically diagnosed uterine cervical cancer (SCC, Adeno, or Adenosq)
- 3. Primary stage FIGO IVB
- 4. Who received Platinum doublet chemotherapy 4 cycles or more, or received chemotherapy and pelvic radiotherapy as primary treatment

Endpoints

Primary \Box OS

Planned enrollment 300 cases

What is your opinion or situation about RT for IVB cases?







Back up slides

Survey in JROSG

Q1 🗆

Number of cases in which pelvic radiotherapy was initiated for stage IVB cervical cancer between 2016 and 2020

 \rightarrow 203 cases \square 14 facilities \square

In the above cases,

Q2 🗆

Number of cases with organ metastasis

$$\rightarrow 107 (53\%)$$

Q3 🗆

Number of cases in which radiotherapy was administered as first-line treatment (without prior chemotherapy).

$$\rightarrow 150 (74\%)$$