









Cervix Cancer Education Symposium, January 2017, Mexico









Gynecologic Cancer Int Cervix Cancer Research	GYNEC CANCER IN An Organization of In Groups for Children The	OLOGIC TERGROUI						
Multivariable Cox Regression								
characteristics	HR (95% CI)	P	HR (95% CI) P					
Brachytherapy								
No	(reference)		reference)					
Yes	0.64 (0.57-0.71)	<.001	0.66 (0.60-0.74)	<.001				
Stage								
IB2	1 (reference)		1 (reference)					
11	1.18 (0.93-1.49)	.17	1.16 (0.93-1.44)	.18				
111	2.28 (1.80-2.88)	<.001	2.14 (1.72-2.67)	<.001				
IVA	3.50 (2.49-4.92)	<.001	3.08 (2.24-4.22)	<.001				
Histology	· /		. ,					
SCC	1 (reference)		1 (reference)					
Adenocarcinoma	1.32 (1.10-1.60)	.004	1.28 (1.08-1.52)	.005				
Other	1.26 (0.97-1.64)	.08	1.26 (0.98-1.60)	.07				
Cervix Cance	Other significant factors: Age; Marital Sta er Education Symposium	Other significant factors: Age; Marifal Status; Race; Ethnicity; Registry Cervix Cancer Education Symposium, January 2017, Mexico						





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SBRITO	Recurrent C	
Deodato et al. Oncol Repo 22:415-419 1 pt w vaginal recurrence	30 Gy/6 fractions	7/11 FAIL 2 Grade 4 fistulae 1 Grade 4 ileus
Guckenerger et al. Rad onc 94:53-59 7 central recurrences	50 Gy + 5 Gy x3	7/10 FAIL

























Gynec Cervix	Gynecologic Cancer InterGroup Cervix Cancer Research Network CANCER INTERGROUP							
	X-ray versus CT brachytherapy after chemoradiation							
	#	Imaging During BT	Local control (%)	Disease specific Survival (%)	Overall Survival (%)	Grade 3-4 Toxicity		
	118	Xray	74	55	65	22.7		
	117	СТ	78.5*	60	74	2.6		
(Charra-Brunaud et al. STIC Radioth Oncol 2012 Cervix Cancer Education Symposium, January 2017, Mexico							



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First author	#	Stage	Dose	LC	Imaging	
Eisbruch	11	IIB-IVA	68-73 Gy	64%	СТ	
Ishohashi	25	IB2-IVA	-	68%	CT	
Sharma	42	IIB-IVA	-	62%	CT	
Kannan	47	IIB-IVA	75	68%	СТ	
Wang	20	IIB-IIIB	87	90%	СТ	
Lee	17	IIB-IVA	77	88%	СТ	
Pinn- Bingham	116	IB1-IVA	98	85%	CT	
Viswanathan	6	IIB-IVB	85	83%	CT and MR	
Yoshida	29	IIB-IVB	-	93%	СТ	
Kamran	56	IIB-IVA	80Gy	MR 97% CT 87%	MR vs CT	
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		014	Group	for Clinical Trials in G			
	#	Stage	FU	LC	DFS	OS	Late G3+
Vienna	189	IA-IVB	2.8	78	68	58	2
NIRS Japan	84	IB-IVA	3.7	90		78	0
Korea	97	IB1-IVB	3.4	97	80		2
UK	28	IB1-IIIB	1.9	96	81		14
UK	40	IB-IVA	5.1	89	74	69	
Canada	57	IB1-IIIB	1.8	89	62	86	4
Tokyo	51	I-IVA	3.3	92	85	82	0
UCSD	76	IB-IVA	1.4	94	70	75	1
Poland	216	IB-IVA	4.4	94.5	66	59	3
BWH	128	IB-IIB	2.5	96	88	88	0



Gynecologic Cance Cervix Cancer Rese	GYNECOLOGIC CANCER INTERGROUP In Page of the Alexandron of Carolina apy: se		
POINT A DOSE BY TUMOR SI Fraction	ZE (<4 vs. >4 cm) AND Median Overall Point A dose (cGy)	BRACHYTHERAPY FRACTION Tumor ≤4 cm Median Point A dose (cGy)	- LEAST SQUARES MODEL Tumor >4 cm Median Point A dose (cGy)
1	488.86	467.20	521.86
2	484.80	463.68	516.63
3	480.70	460.16	511.40
4	476.60	456.64	506.17
5	472.50	453.13	500.93
Overall percent change	-3.46	-3.11	-4.18
p-value	0.049	0.2	0.12
Least squares model equation	y=493-4.1(fxn#)	y=470.7-3.5(fxn#)	y=527-5.23(fxn#)
3% c 4% c	lecrease ir lecrease ir	n point A dose 1 n point A dose 1	Tumors <u><</u> 4cm Tumors > 4cm Cho et al. Gyn Onc epub 2016
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Gynecologic Cancer InterGroup WWWenFgOnoology:org/Resources/Contou GYNCervical-Brachytherapy

- Parametrial extension defines whether CT differs from MR contours
 - No parametrial extension=identical contours
 - Poor parametrial response = similar contours
 - Good parametrial response = largest discrepancy in contours

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