Gynecologic Cancer InterGroup
Cervix Cancer Research Network

Cervix Carcinoma Case: Metastatic

Dr Mariza Tunmer
Radiation Oncologist
Johannesburg

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Cervix Carcinoma: Metastatic

Ms TL

32yr

17 March 2016

Presented to local hospital casualty with nausea & vomiting, abd pain;

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P1G1	2 year old child; Single mother.
PMhx:	Nil of note; RVD negative
PShx:	C/S; Ankle injury; Breast augmentation;
Social:	Smoker, 6 pack years
Occupation:	Administrative Manager
Fam hx:	Maternal Grandmother: Lymphoma at 71 years of age

In casualty: seen by a Surgeon

Dx with a peptic ulcer – PPI, Stilpayne;

Abd-pelvic ultrasound 17 March 2016

Cervix mass – 6.4 x 5.6cm

Endometrail stripe normal and no fluid in the uterus; ovaries normal;

Liver normal; Kidneys normal; Bladder normal;

No comment on LNs

D/C from casualty – Referral to Gynae

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Gynae: Pt assessed as ca cx Stage IIIB

PAP 24 Mar 2016 Suspicious for squamous carinoma

Biopsy 1 April 2016 Moderately differentiated keratinizing squamous cell ca;

+LVSI;

High Risk			
Serotype **16**	Detected	Serotype **31**	Not detected
Serotype **18**	Not detected	Serotype **45**	Not detected

Intermediate Risk			
Serotype **33**	Not detected	Serotype **56**	Not detected
Serotype **35**	Not detected	Serotype **58**	Not detected
Serotype **39**	Not detected	Serotype **59**	Not detected
Serotype **51**	Not detected	Serotype **66**	Not detected
Serotype **52**	Not detected	Serotype **68**	Not detected

Low Risk			
Serotype **6**	Not detected	Serotype **11**	Not detected

Urine (catheter specimen) 1 April 2016 No malignancy

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CT scan pelvis 31 Mar 2016:

- Large mass involving the cervix – 7x5.5x5.5cm
- Lesion abutts the bladder and rectum but no obvious infiltration; Bladder outline smooth and regular; No free fluid in the abdomen.
- No adnexal cystic or solid mass lesions are evident.
- No significant inguinal or iliac LNs are identified.

Referred to a Gynae Oncologist

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Gynae Oncologist:

LMP: 1/12 ago, regular menses but intermenstrual bleeding

Currently not sexually active and no partner;

Last PAP was done when the patient was pregnant

O/E:	Left s/c LNs – 3cm in size		
Breasts:	NAD	Abd:	SNT; No HSM
PV:	6-7cm cervix mass with upper 1/3 vaginal involvement; No VVF/RVF		
PR:	Para bilat, left to PSW		

Plan	FNA L s/c LN and full staging CT scan
FNA LN 8 Apr 2016:	Metastatic squamous cell carcinoma

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CT scan neck, chest, abd, pelvis 8 Apr 2016

Conglomerate of left cervical LNs

Cluster of superior mediastinal & middle mediastinal LNs

No pulmonary nodules

Large fungating cervix mass

Lesion inseparable from the posterior wall of the bladder. Rectum not invaded.

Multiple enlarged inguinal, iliac and para-aortic LNs

No liver lesions

Spleen, pancreas, adrenal glands, kidneys enhance normally;

No destructive bone lesions

Assessment: Cervix ca Stage IVB – referred for systemic Rx

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Medical Oncologist:

April 2016

1st line Cisplatin/Paclitaxel/Bevacizumab

Target Lesion	08/04/2016	14/06/2016	26/08/2016	02/12/2016	30/03/2017	24/05/2017
Left supraclavicular node (1)	26 x **33**mm	**24** x 21mm	**8** x 8mm	5 x **5**mm	5 x **5**mm	**5** x 5mm
Left supraclavicular node (2)	**23** x 20mm	**16** x 14mm	8 x **10**mm	**5** x 5mm	< **5**mm	<**5**mm
Left level 5 node	9 x **11**mm	**5** x 4mm	**7** x 7mm	**6** x 5mm	**6** x 5mm	**6** x 4mm
Thoracic inlet node	**25** x 12mm	**9** x 6mm	**5**mm	**scar**	**scar**	**scar**
AP window node	**25** x 14mm	**22** x 12mm	8 x **13**mm	7 x **10**mm	5 x **9**mm	5 x **7**mm
Left para-aortic node	**16** x 15mm	**10** x 8mm	**5** x 5mm	4 x **5**mm	7 x **11**mm	10 x **19**mm
Left external iliac node	**25** x 24mm	16 x **16**mm	8 x **11**mm	7 x **10**mm	7 x **8**mm	**8** x 7mm
Right external iliac node	20 x **20**mm	**18** x 17mm	**17** x 16mm	15 x **16**mm	13 x **14**mm	12 x **26**mm
Cervix mass	**72** x 70mm	38 x **47**mm	**42** x 13mm	**30** x 14mm	**45** x 24mm	**43** x 33mm
Sum of LDs	**250**mm	**167**mm	**118**mm	**87**mm	**102**mm	**119**mm

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May 2017

Gynae onc assessed patient – she still had significant local disease and was symptomatic – PVB;

Otherwise excellent general condition, ECOG 1

MDT discussion – RT for pelvic control

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6 June 2017 started EBRT

7 June 2017 – patient's mother phoned, patient complaining of severe headaches; Pt took Stilpayne; Pt declined to be seen for an assessment; Counselled regarding admission if required and to consider MRI brain if indicated.

9 June 2017 – seen in consulting rooms for review, 4# EBRT

Headaches improved on NSAID; No N/V/D; Mild fatigue; Clinically well, CNS – no FND. Counselled at length.

Patient also asked about safely of sexual intercourse (she had started dating someone 3 months post dx and they were now engaged)

13 June 2017 – EBRT review – 6#

Pt well, no N/V, diarrhoea Grade 1; She noted a headache the day before settled on NSAID.

Clinically stable; no skin reaction.

21 June 2017 – EBRT review – 11#

Pt complaining of fatigue but also unable to sleep;

She noted mild PVB; Pt offered psych support but she felt she was coping and that she had enough support from her mother and fiancé.

23 June 2017 – patient came in again for review

Seen with fiancé

The patient said she could not cope anymore (mentally) and wanted to stop treatment. She felt extremely fatigued.

She was counselled at length. She decided to stop treatment (12#)

She said she would also make an appointment to see her medical oncologist again.

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Medical Oncologist

Restarted Bevacizumab q21d until December 2017

CT scan Sep 2017

Stable disease; No hepatic, pulmonary or bone metastases.

US 15 January 2018

Right flank pain – new Rt hydronephrosis; Seen by urology – stented

CT 18 January 2018

Progressive disease – increase in the size of the cervix mass & LNs; Subcutaneous oedema of the right upper leg related to circumferential infiltration of the right external iliac vessels.

Pulmonary metastases; No liver or bone metastases.

MRI brain January 2018 No brain metastases

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Medical Oncologist

January 2018 2nd line systemic therapy

Cisplatin/Gemcitabine/Bevacizumab – 3 cycles completed

Admissions:

22 – 23 Feb

20 March – 6 April

11 – 27 April

8 – 11 May

13 May – 7 June

US February 2018

DVT Right external iliac vein

US 20 March 2018

No hepatic metastases are noted. Large right pelvic sidewall mass with attenuation of the iliac vein and ureter. RP adenopathy.

There is relative narrowing of the third part of the duodenum which may be seen with an SMA syndrome (nutcracker sign).

CT 26 March 2018

Mixed response of the pulmonary nodules with the majority smaller while one nodule is significantly larger. Increased right-sided hydronephrosis; SMA syndrome

US 9 May 2018

Large mass infiltrating the right pelvic sidewall, right adnexa and bladder. Persistent right-sided hydronephrosis and hydroureter despite double-J stent.

Distended loop of small bowel in the pelvis possibly adherent to the mass in the right adnexa. If the patient has persistent nausea and vomiting consider malignant small bowel obstruction.

CT abd 10 May 2018:

Significant interval increase in size of the mass lesion in the pelvis which infiltrates the bladder & completely envelopes the right distal ureteric stent. Complete attenuation of the right external iliac vein with DVT in the right common femoral vein & marked subcutaneous edema of the right lower limb. Decreased right renal perfusion with increased right hydronephrosis, appropriately sited right ureteric stent. Features are in keeping with disease progression.

21 May 2018

Laparotomy for small bowel obstruction - ileostomy

CT chest 25 May 2018:

No pulmonary emboli; Progressive pulmonary metastases. New small left effusion with atelectatic changes in both lung bases.

Postoperative ileus with distended loops of small bowel but no transition zone.

CT abd 26 May 2018:

Distended loops of small bowel up to the ileostomy in keeping with ileus. Peritonitis with non encapsulated fluid throughout the entire abdomen. Locally advanced tumor in the right iliac fossae with retroperitoneal adenopathy. Liver metastases and pulmonary metastases.

Demised 6 June 2018

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Summary 32 year old pt, single at dx; 2 year old;

Diagnosed **March 2016 with metastatic disease**; demised **June 2018**

?Some unnecessary S/I requested upfront; Initial CT missed pelvic LNs

Systemic therapy – chemotherapy and targeted therapy

RT for local control – defaulted treatment;

2018: PD with hydronephrosis, DVT, bowel obstruction, lung, liver mets

Other aspects of disease – psychosocial, sexual