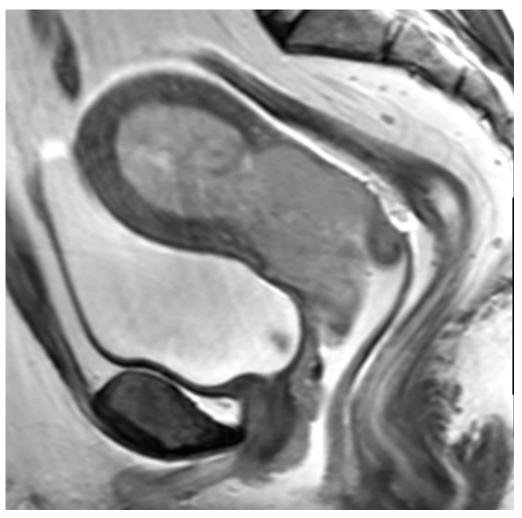
CASE 1. Para-Aortic LN positive Cervix Cancer

History: 46 yo with 2 month history of daily vaginal bleeding. Physical reveals a 3 cm mass protruding from the cervical os. The cervix is diffusely expanded, 5 cm in width no visible disease on the cervix. US shows a 11 cm uterus and a thickened endometrial stripe. Biopsy shows poorly differentiated adenocarcinoma, HPV positive. There is minimal bilateral parametrial extension, Stage IIB.



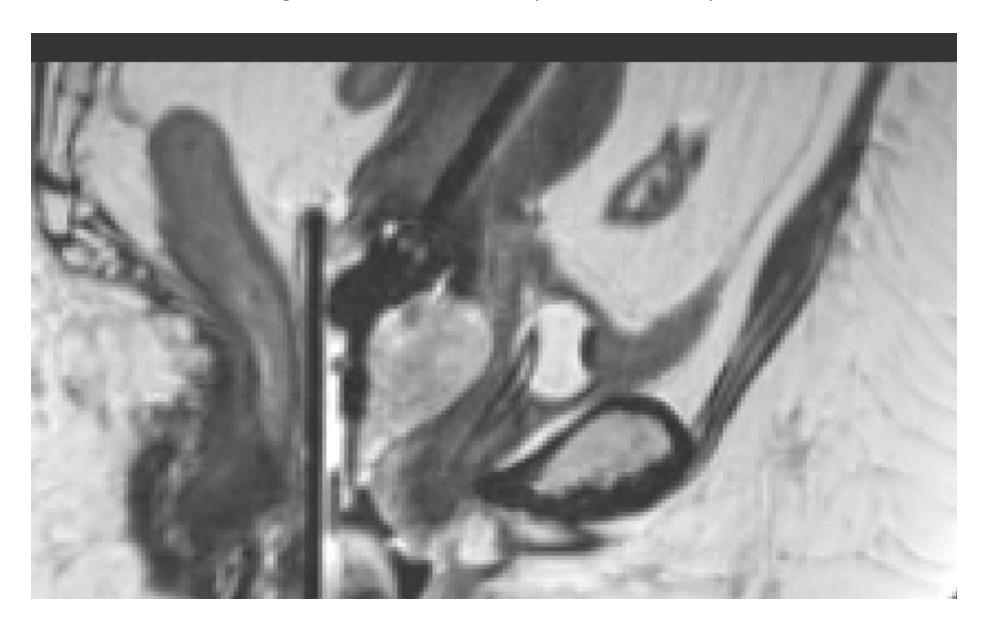
CASE 1. Para-Aortic LN positive Cervix Cancer



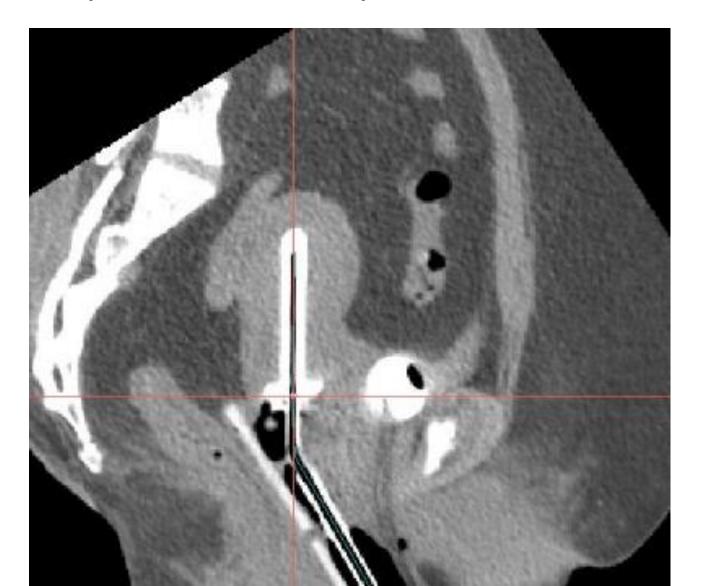
T2 MRI post 50.4 Gy with Tandem in place.



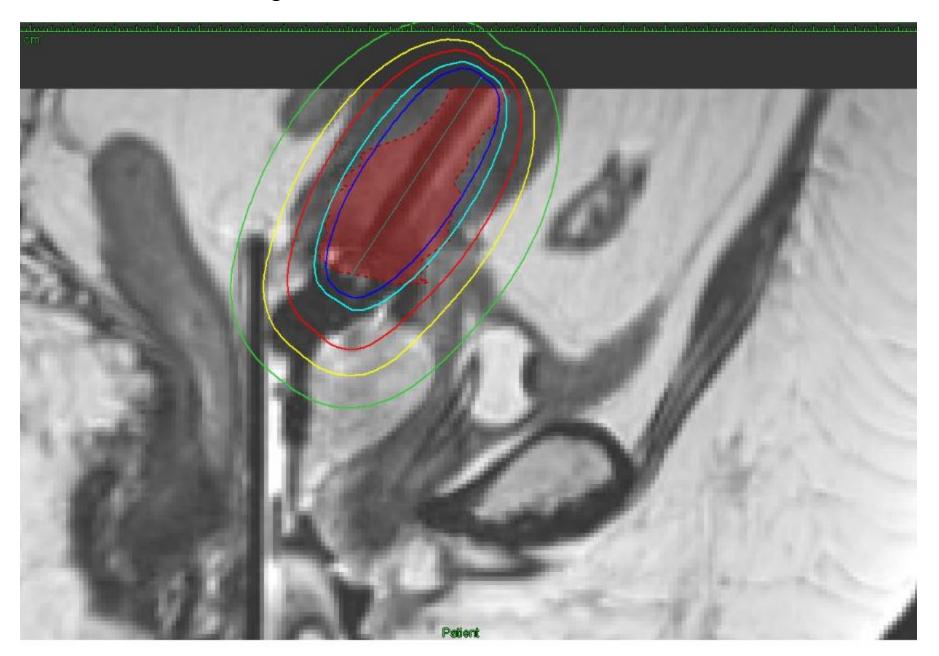
Sagittal MRI with tandem in place after 50.4 Gy.



Sagittal CT post 5o.4 Gy with tandem in place.



Sagittal MRI: HRCTV and doses.



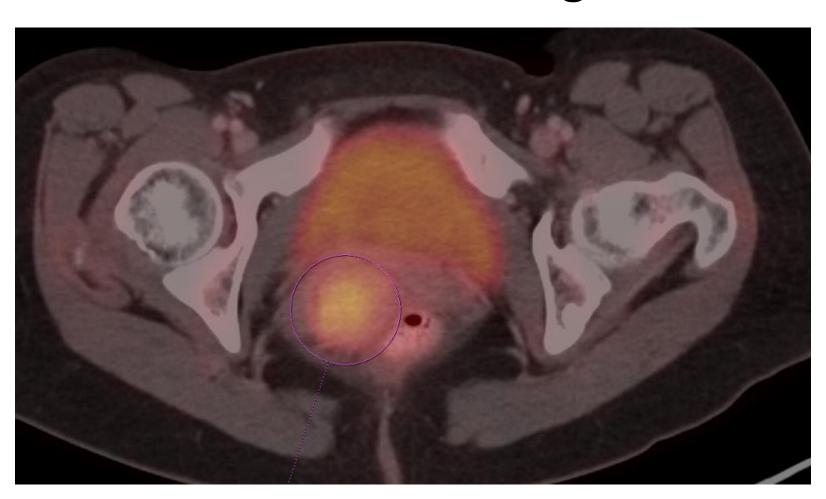
Case 2. IB1 Cervix in a 42 yo

- Presents with 2 month history of vaginal bleeding. 2 cm cervical mass on exam. HSIL on pap smear. Biopsy shows squamous cell carcinoma with questionable LVSI. Stage IBI
- PET/CT showed avid cervical mass and questionable R ovary vs R Internal Iliac LNs
- Lap radical hyst was attempted. FS showed + R Int Iliac LNs, 5/21. Left pelvic LNs were negative.
- Should the hysterectomy be aborted?

Case 2. IB1 Cervix in a 42 yo PET/CT: R Iliac region



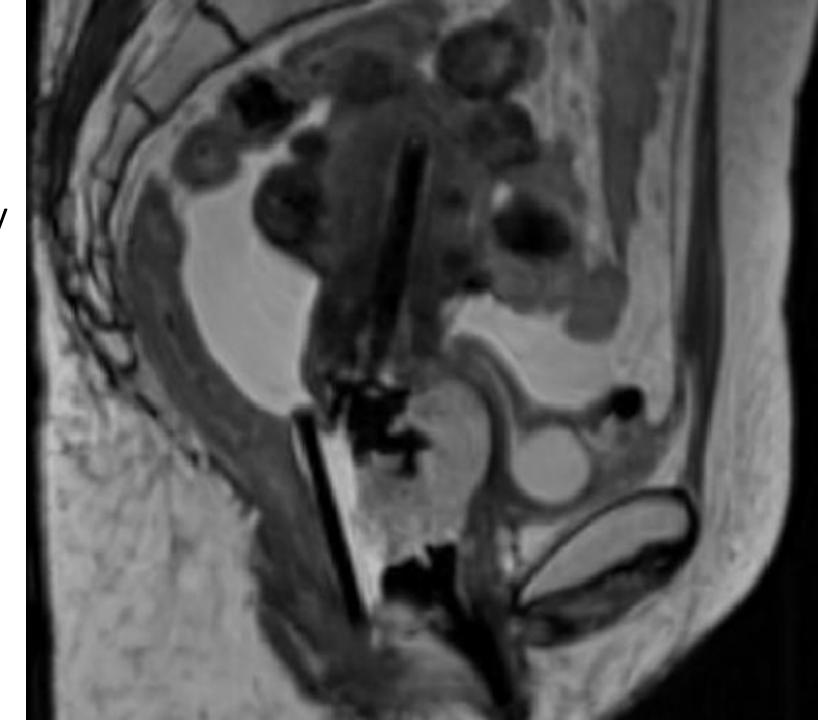
Case 2. IB1 Cervix in a 42 yo PET/CT: Cervix region



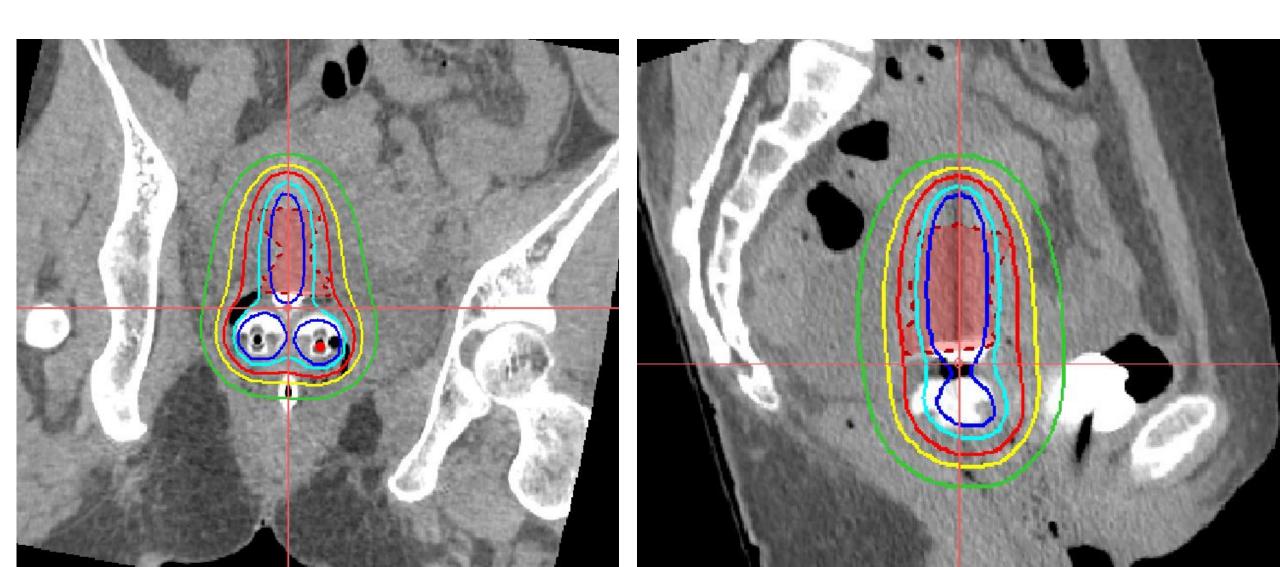
MRI T2: Cervix, Sagittal



T2 MRI: Response after 27 Gy



MRI T2: HRCTV



Case 2. IB1 Cervix in a 42 yo

Prescribed Dose			
TX Modality / Site	Dose/Fx	# of Fx	Tot. Dose
EBRT			
Primary	1.8 Gy	25	45.0 Gy
Parametria LN Bst	0.0 Gy	0.0	0.0 Gy
Pelvic LN Bst	0.0 Gy	NA	0.0 Gy
HDR Brachytherapy			
Prescribed Pnt A			22.8 Gy
Dose Sum (EBRT+HDR)			67.8 Gy
PntA avrg - Equiv. EBRT of 2 Gy per fraction (EQD2Gy)			72.0 Gy
PntB. avrg	50.3 Gy		

Tumor Dose Summary (EBRT + HDR)			
HR CTV	EQD ₂ D90	85.1 Gy	
	Avrg V100	99.2%	

Organs at Risk EQD₂ Summary (EBRT + HDR)				
Name	D _{0.1cc}	D _{2cc}		
Bladder	77.5 Gy	64.1 Gy		
Rectum	66.7 Gy	58.2 Gy		
Sigmoid Colon	57.6 Gy	51.3 Gy		

CASE 3. Cervix cancer, post op

History: Preop: A 42 yo woman with stage IBI SCC of the cervix. Tumor measured 2 cm in size. Post op: A radical hysterectomy, BSO and pelvic LN dissection was performed. Pathology revealed a 1.2 cm well to moderately differentiated SCC with 1.4 cm invasion, margins were close <0.1 cm to deep parametrial margin, LVI present, 0/18 LNs positive.



CASE 3. Cervix cancer, post op



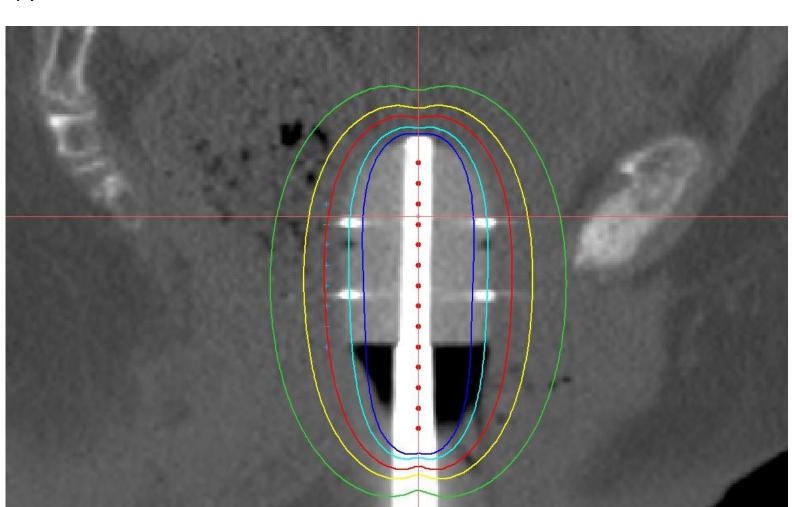
CASE 3. Cervix cancer, post op

Questions:

Should she have adjuvant brachytherapy?

How would you prescribe it?

Comment on the dosimetry?



CASE 3. Cervix cancer, post op

Questions:

What is abnormal?
Are other imaging test warranted?
How would you work this up?
How would you treat this?

