

Preoperative brachytherapy followed by laparoscopic hysterectomy: a new option to consider for early stages cervical cancer in the light of the LACC trial results

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May 11, 2020

Abstract

OBJECTIVES This study aims to report the outcomes of the combination of preoperative brachytherapy (POBT) followed by a Querleu Morrow Type A hysterectomy as an alternative to upfront surgery for early stage cervical cancer (ESCC) (2018 FIGO IA1-IB2). **METHODS** A single center retrospective study conducted between 2001 and 2012. After confirming the absence of pelvic node metastasis, all patients with ESCC underwent Low Dose Rate (LDR) POBT followed by Type A hysterectomy. Primary and secondary endpoints were the Disease Free Survival (DFS) and the associated morbidity respectively. **RESULTS** Out of the 138 patients included, complete response was found in 49.3 % and a residual tumor < 1 cm in 26 %. After a median follow up of 132 months, DFS was 93.5% and 9 recurrences occurred. In univariate analysis, we found that delaying surgery more than 52 days after POBT is associated with a significant decrease in DFS ($p = 0.004$). Pathological complete response was associated with an increased DFS ($p = 0.03$). The brachytherapy related rate of late complications was 17.3% ($n=24$) and the surgery related urinary tract complications rate was 6.5% ($n=9$), with only 2 patients (1.5%) presented grade 3 complications. **CONCLUSION** The multimodal radio-surgical management of ESCC appears to be a reasonable alternative to upfront open radical hysterectomy particularly in patients with high risk ESCC (< 2cm associated with negative prognostic factors or for tumors measuring between 2 and 4cm). This approach is associated with low complications rate and a reasonable rate of local recurrences.

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