Cervical Cancer
Clinical Case Presentation

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Disclosures

No potential conflicts of interest declared
Case Report - Introduction

Initials: G.A., Female
Age: 49 years old
Past medical history: No significant past medical history
Past surgical history: No major surgery
GY history: Term pregnancy: 4 (vaginal deliveries – 2 forceps)
Last pap smear: 2010 negative

One year ago: post coital bleeding – odour, vaginal bleeding
Case report - Diagnosis

**Pap smear:** Atypical Squamous Cells of Undetermined Significance (ASCUS)

**HPV test:** positive 16-18

**Gynecological examination:**
- Cervix 3.5 cm size, irregular surface
- No parametrial involvement
- Cervical eversion bleeding at touch, regular vaginal walls

**Biopsy**
- Histology: squamous cell carcinoma of the cervix, grade 2

**Clinical stage:** Squamous cell carcinoma of the cervix stage IB 1
Case Report – Staging/RMI

MRI pelvis:

- Pathological alteration of the anterior lip of the exocervix of 38 x 26 x 40 mm
- Suspicion of vaginal wall involvement
- Normal parametria and normal pelvic lymph nodes
Case Report – Staging/CT scan

CT chest - abdomen – pelvis

- Cervical lesion of 50 mm
- Bilateral parametrial infiltration
- No cleavage planes with rectum
- No suspicious nodes
Clinical stage: Squamous cell carcinoma of the cervix stage IB 1

Radiological stage: Squamous cell carcinoma of the cervix stage IIB
Q 1: How would you stage this patient?

1. Stage IA1
2. Stage IA2
3. Stage IB1
4. Stage IIB
5. Stage IIIB
6. Stage IVB
Q 2: What is the next step?

1. Start neoadjuvant chemotherapy: 3 cycles TIP (paclitaxel - ifosfamide - cisplatin )
2. Start neoadjuvant chemotherapy: 3 cycles TEP (paclitaxel - epirubicin - cisplatin)
3. Start radiotherapy
4. Start radio-chemotherapy
5. Surgery: Extrafascial hysterectomy + pelvic lymphadenectomy
6. Surgery: Radical hysterectomy + bilateral salpingectomy + pelvic lymphadenectomy
Case report - Surgery

**Surgery:** Mininvasive radical hysterectomy with salpingo-oophorectomy and bilateral pelvic lymphadenectomy

**Macroscopic:** tumour lesion of 38 mm in major axis in the cervix

**Histopathology**

- Squamous cell carcinoma of the cervix G3
- 15 mm cervical stromal invasion in the anterior lip, no free stroma
- Parametria free
- Lymphovascular space invasion. Metastasis at one node out of 38 excised

Pathological stage: pT1b1 pN1 G3
Case report - Surgery
Q 3: What is the next step?

1. Follow-up (annual pap smear and MRI every 6 months)
2. Radiotherapy followed by chemotherapy
3. Chemotherapy followed by radiotherapy
4. Concurrent chemoradiation
5. Chemotherapy alone
6. Radiotherapy alone
Concurrent chemoradiotherapy:
External beam pelvic radiotherapy (45 Gy) + weekly cisplatin (40 mg/m2/wk)

Follow-up:
- Clinical examination and SCC each three months
- Abdominal US each six months
- Thorax- abdomen and pelvis CT scan each year
Clinical Report – First relapse

After 2 years

- **Abdominal pelvic CT scan**: metastatic paraortic nodes + liver metastases

- **PET scan**: pathological aortic uptake + multiple liver lesions

- **SCC** = 2.9 ng/ml (0.0-1.5 ng/ml)
Q 4: What is the best treatment?

1. Radiotherapy

2. Chemotherapy (TIP schedule – paclitaxel/ifosfamide/cisplatin)

3. Chemotherapy (Carboplatin and Paclitaxel)

4. Concurrent chemo-radiation

5. Surgery

6. Enrolment in a clinical trial
Clinical Report – First relapse – Therapy

6 cycles TIP

- Paclitaxel 175 mg/m2 - Ifosfamide 5000 mg/mq - Cisplatin 75 mg/mq q3wks

- SCC=2.2→0.9 ng/ml

- Negative CT scan (performed at the end of chemo)
Clinical Report – Second Relapse

After 5 months

→ cough

Thorax TC scan: bilateral lung metastases

Biopsy of lung lesion: metastasis of squamocellular tumour
Q 5: What is the next step?

1. Chemotherapy with bevacizumab
2. Radiotherapy
3. Supportive care
4. Topotecan
5. Weekly paclitaxel
6. Carboplatin
The patient received 3 cycles of chemotherapy with topotecan

But … after three cycles, CT scan showed a progression of disease (multiple lesions in the lung, lomboaortic nodes and in the pelvis)

After 4 months

Patient died after receiving supportive care