

APPROCCI INTERDISCIPLINARI IN REUMATOLOGIA

5^a edizione

REUMATOLOGIA E MALATTIE NEOPLASTICHE



UNIVERSITÀ DEGLI STUDI DI TORINO

Torino, 13-14 ottobre 2017

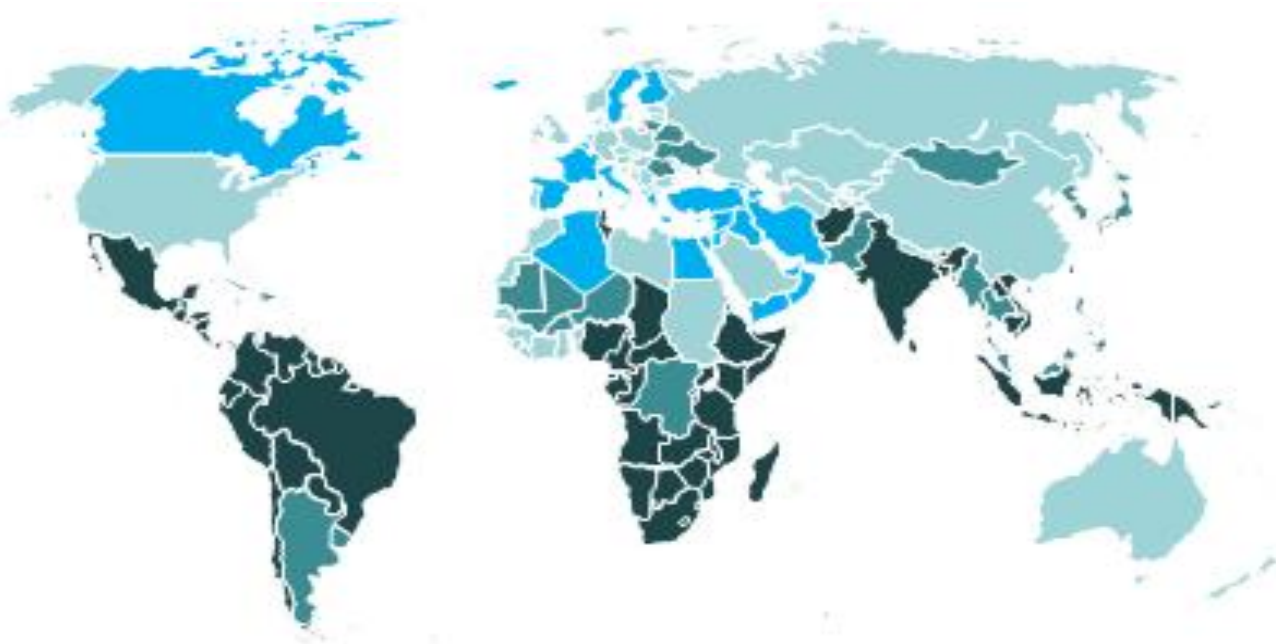
Stato dell'arte in terapia oncologica: Il carcinoma della cervice uterina

Prof. Paolo Zola



EPIDEMIOLOGY

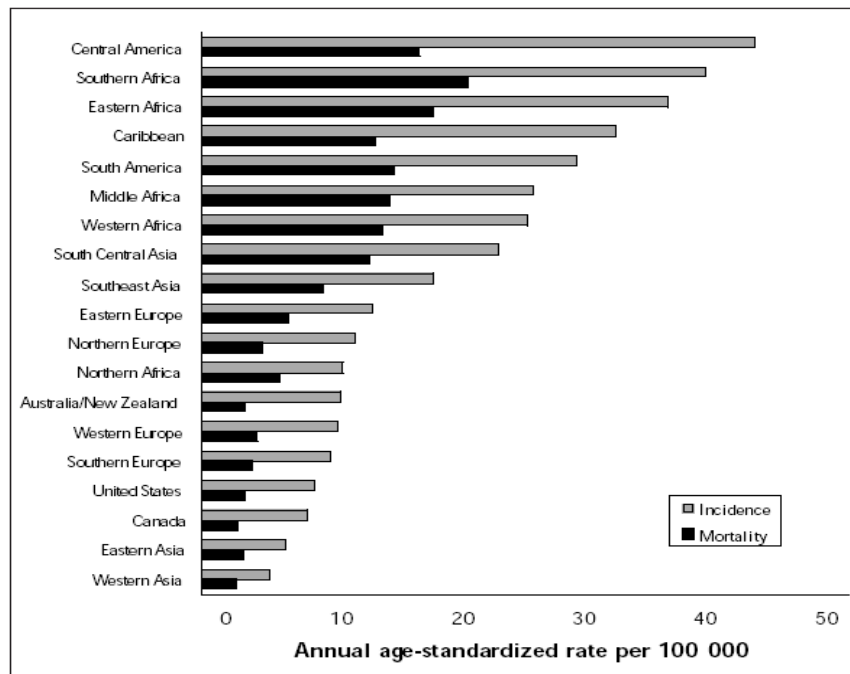
- World-wide 2° most common female malignancy in both incidence and mortality
- More than 80% of new cases are diagnosed in economically disadvantaged people.
- Grows locally and may extend in continuity to the paracervical tissues and to the pelvic organs, spread to regional lymph nodes, and only later metastasize to distant structures.





EPIDEMIOLOGY

- Age at diagnoses : more than half (52%) of cases were diagnosed in females under the age of 45.
- Women with a cervical cancer diagnoses are the youngest to die among women with an oncologic disease (except lymphomas and pediatric neoplasms)



RISK FACTORS

	Relative risk
Age at first sexual intercourse :	
< 16 aa	16
16 -19 aa	3
> 19 aa	1
<hr/>	
Years passed from menarch to first sexual intercourse :	
< 1	26
1-5	7
6 – 10	3
> 10	1
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Total number of partners :	
> 4 partners	3.6
<hr/>	
Number of partners before 20 years :	
> 1 partner	7
<hr/>	
Smoking more than 5 cigarettes/day :	
> 20 years	4

PATHOGENESIS: HPV

DIRECT CORRELATION between **HPV** prevalence and **HIGH INCIDENCE** of uterine cervix carcinoma



The HPV is transmitted sexually, NOT necessarily following a complete sexual intercourse

80% of sexually active people contract HPV infection,

But less than 1% develop pre neoplastic and neoplastic lesions

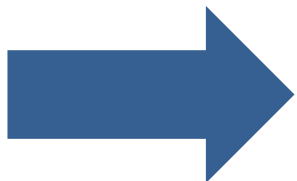
→ In 50% of cases lesions regress within one year of infection

→ the possible progression of the disease is very slow

PRIMARY PREVENTION: VACCINE

Since 2008, in all Italian regions, a vaccination campaign against HPV has started in girls in the 12th year of life.

- GARDASIL: HPV16, 18, 6, 11
- CERVARIX: HPV 16 e 18



Prevention of 90% of high-risk
HPV-induced carcinoma



9-valent vaccine

is finally available also in
Italy

NUOVI LEA

**DPCM 12 gennaio 2017
e allegati**

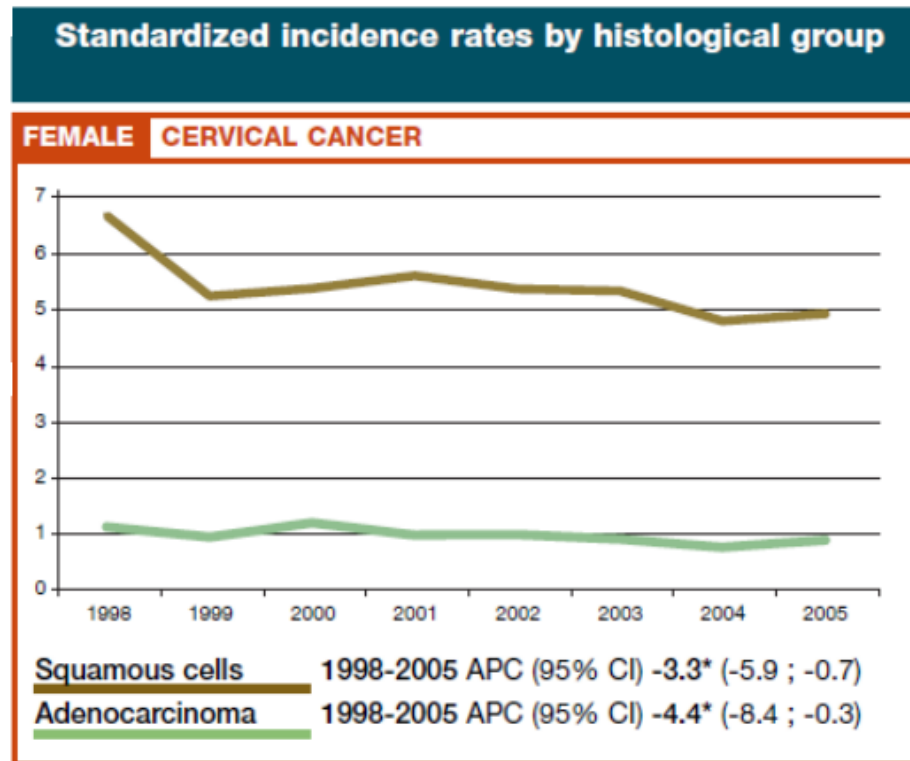
NUOVI LIVELLI ESSENZIALI DI ASSISTENZA

SCREENING

- **PAP TEST** every 3 years between 25 and 29 years of age
- **HPV DNA TEST** starting at 30 years (because of the high rate of spontaneous regression at young age)

HISTOLOGICAL GROUP

- Squamous Carcinoma and Adenocarcinoma are the most frequent histologic types



DIAGNOSIS

- I LEVEL: Cytological Examination
- II LEVEL: Colposcopy + Biopsy



Clinical
Examination



Imaging

FIGO STAGING

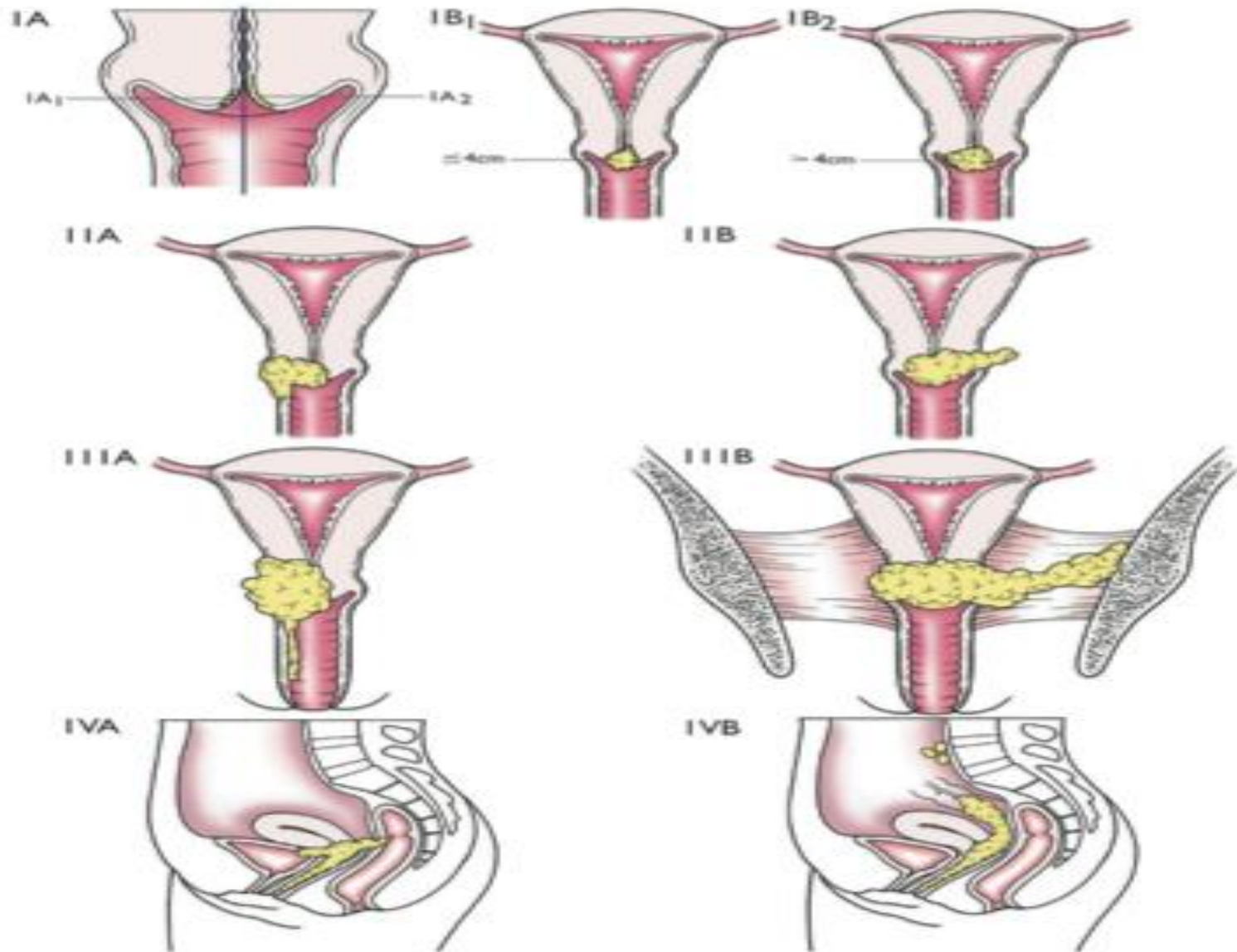
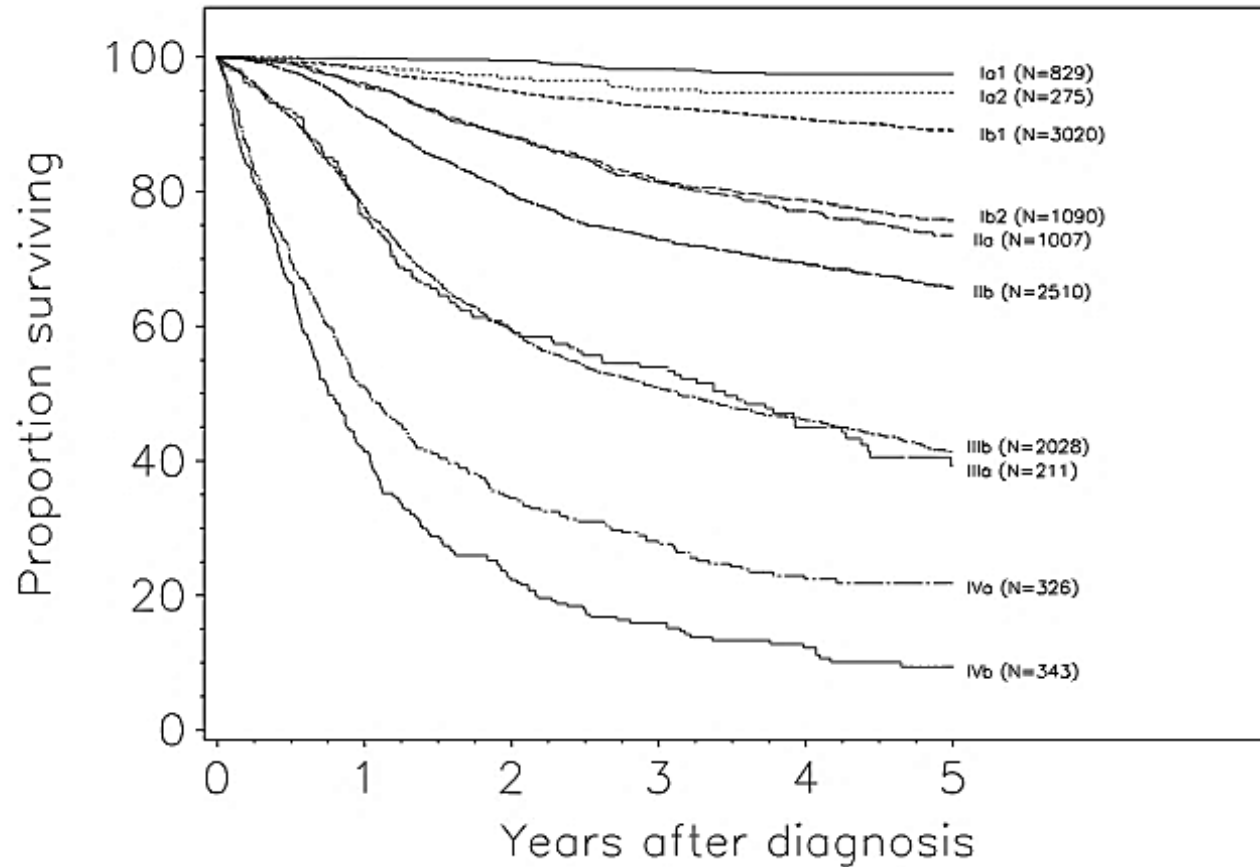
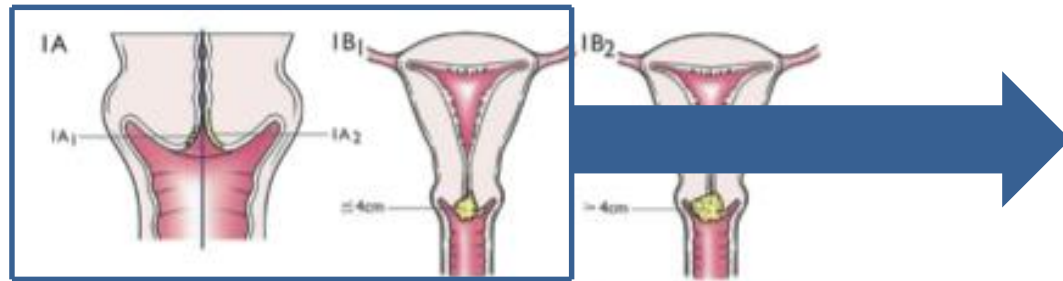


Fig. 1. Carcinoma of the cervix uteri: staging cervical cancer (primary tumor and metastases).

SURVIVAL BY FIGO STAGE





EARLY INVASIVE TUMOR

Microinvasive tumor
(IA1-IA2) and
clinically $\leq 4\text{cm}$ (IB1)

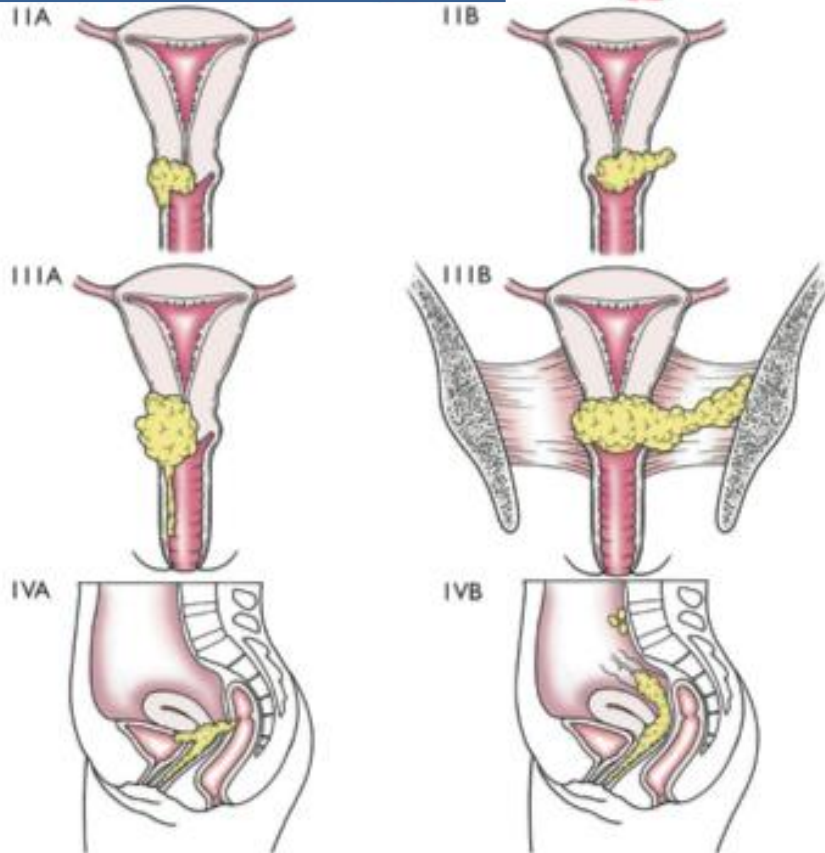


Fig. 1. Carcinoma of the cervix uteri: staging cervical cancer (primary tumor and metastases).

TREATMENT OF STAGE IA1-IB1

STAGE IA1 and IA2
without LVSI and
negative margins

Conization or Simple Extrafascial Hysterectomy
type A WITHOUT lymphadenectomy

STAGE IA1 and IA2
with LVSI or positive
margins

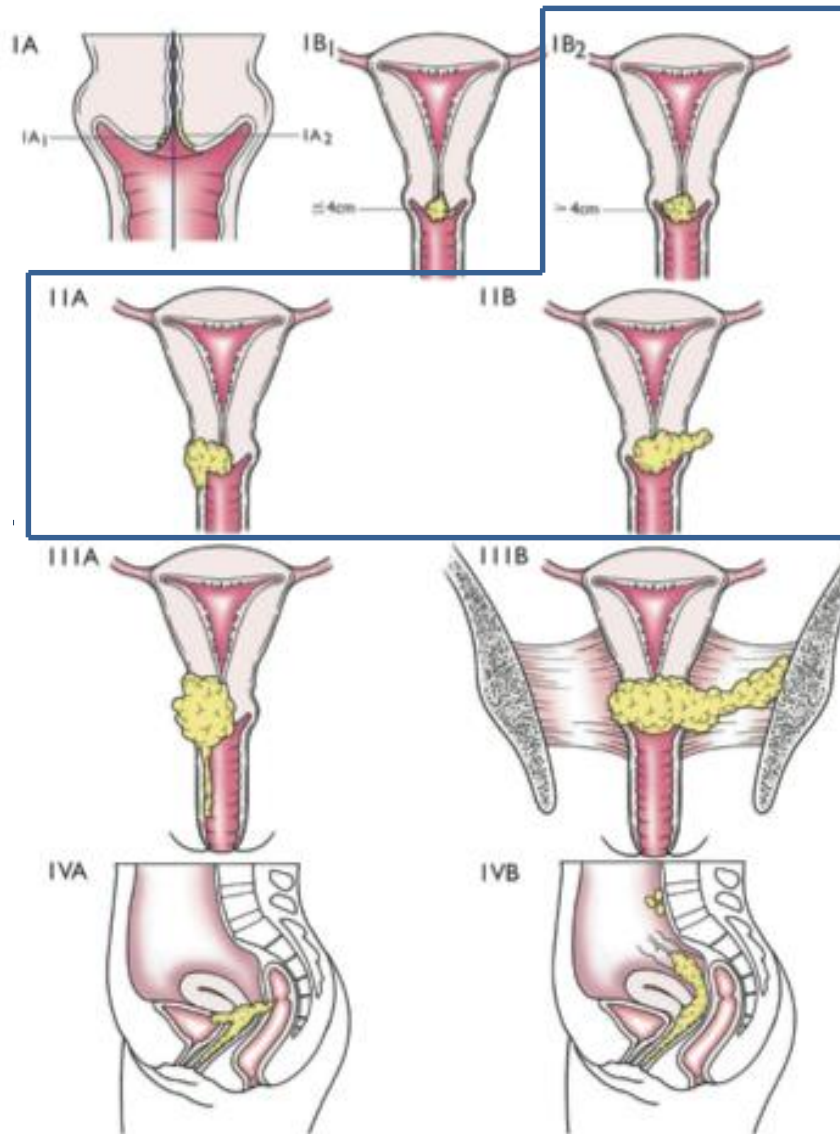
Type A Hysterectomy WITH lymphadenectomy

STAGE IA2 and IB1

Type B Hysterectomy WITH lymphadenectomy

FERTILITY SPARING

- For patients who desire fertility preservation, **CONE BIOPSY** with or without pelvic lymph node dissection is recommended.
- The goal of cone biopsy is margins that are negative for invasive disease and high-grade squamous intraepithelial lesion (HSIL).
- For patients with negative margins after cone biopsy and no findings of LVSI, observation may be an option if fertility preservation is desired



Locally
Advanced
Cervical
Cancer

Fig. 1. Carcinoma of the cervix uteri: staging cervical cancer (primary tumor and metastases).

TREATMENT OF LACC: integrated therapy

- 1) **Primary CT-RT** with Cisplatin 40 mg/mq weekly
- 2) NACT and surgery +/- RT or CT/RT
- 3) Primary radical hysterectomy and bilateral pelvic lymphadenectomy + RT
- 4) Adjuvant chemotherapy after primary treatment

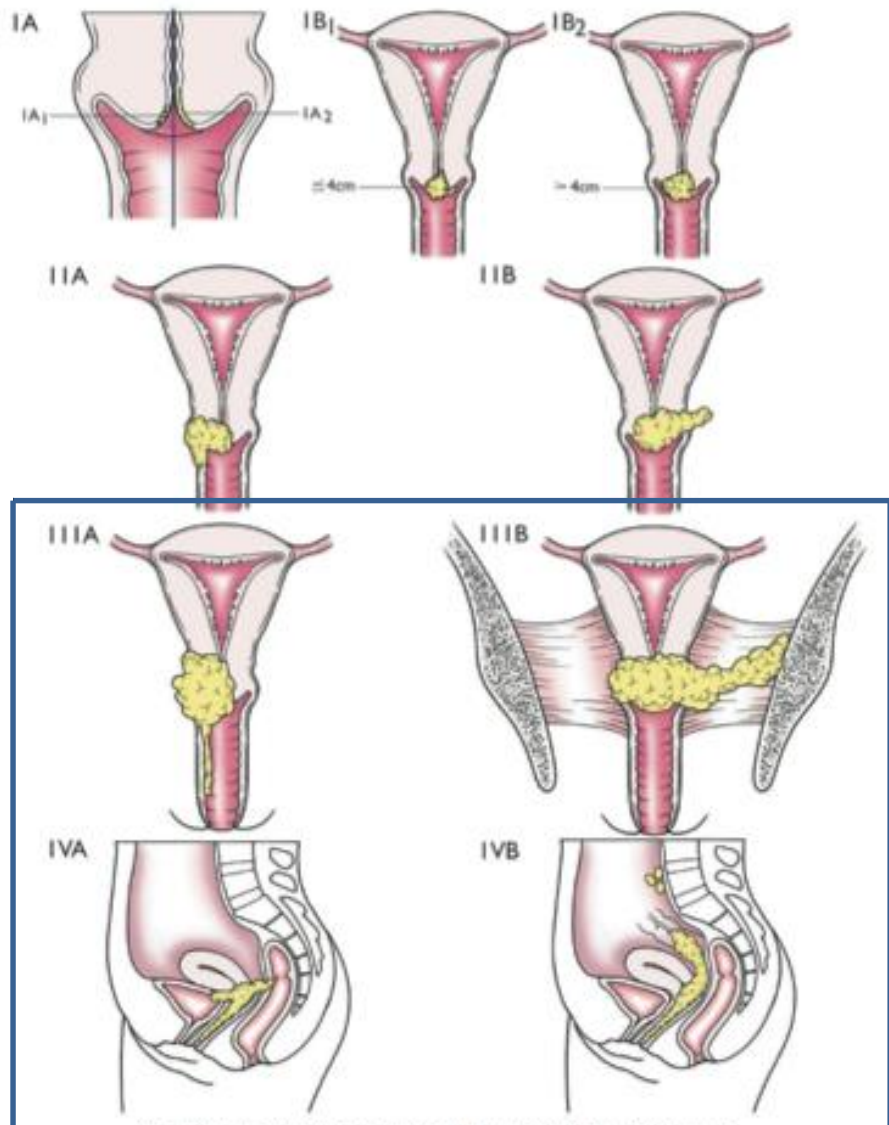


Fig. 1. Carcinoma of the cervix uteri: staging cervical cancer (primary tumor and metastases).

Advanced and
Metastatic
Cervical
Cancer

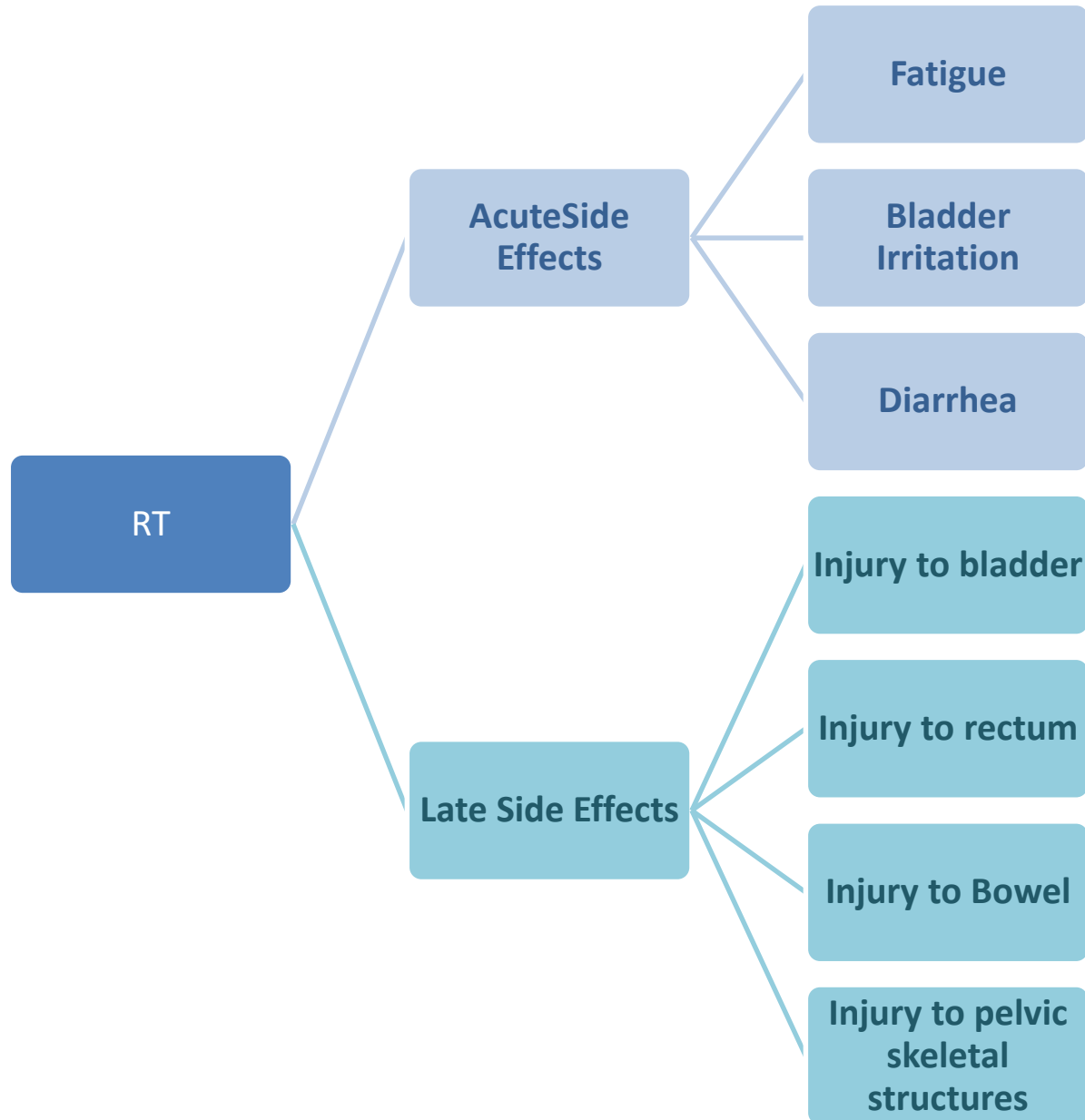
TREATMENT OF STAGE IIIA-IVB

- **STAGE III:**
 - RT-CT
- **STAGE IVA:**
 - Pelvectomy
 - RT-CT
- **STAGE IVB:**
 - Cisplatin 50 mg/mq every 3 weeks
 - Cisplatin 50 mg/mq + Paclitaxel every 3 weeks ± Bevacizumab
 - Carboplatin + Paclitaxel every 3 weeks
 - Palliative Care

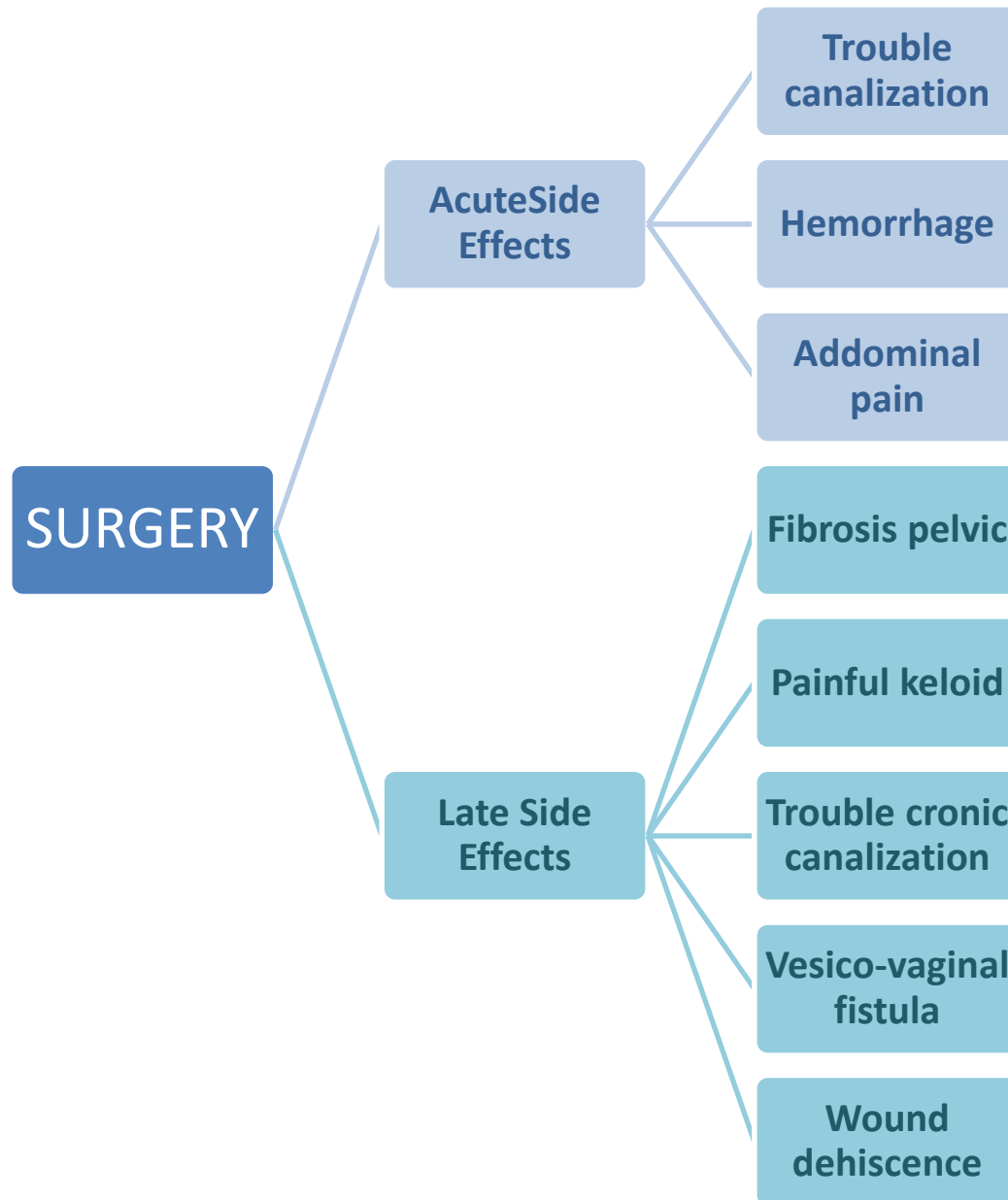
SIDE EFFECTS: NORMAL TISSUE AND CRITICAL ORGANS

- ✓ Gastro-intestinal
- ✓ Urinary
- ✓ Vascular
- ✓ Cutaneous and subcutaneous
- ✓ Uterus-Vagina-Vulva
- ✓ Pelvic soft tissues
- ✓ Bone
- ✓ Peripheral nerves
- ✓ Hemopoietic tissue

RT SIDE EFFECTS



SURGERY SIDE EFFECTS



CISPLATIN SIDE EFFECTS

1. Gastrointestinal disorders
2. Constitutional symptoms
3. Haematological toxicity
4. Dermatological disorders
5. Neurotoxicity
6. Nephrotoxicity
7. Hepatic toxicity
8. Ototoxicity
9. Respiratory disorders
10. Sleep/wake disorders

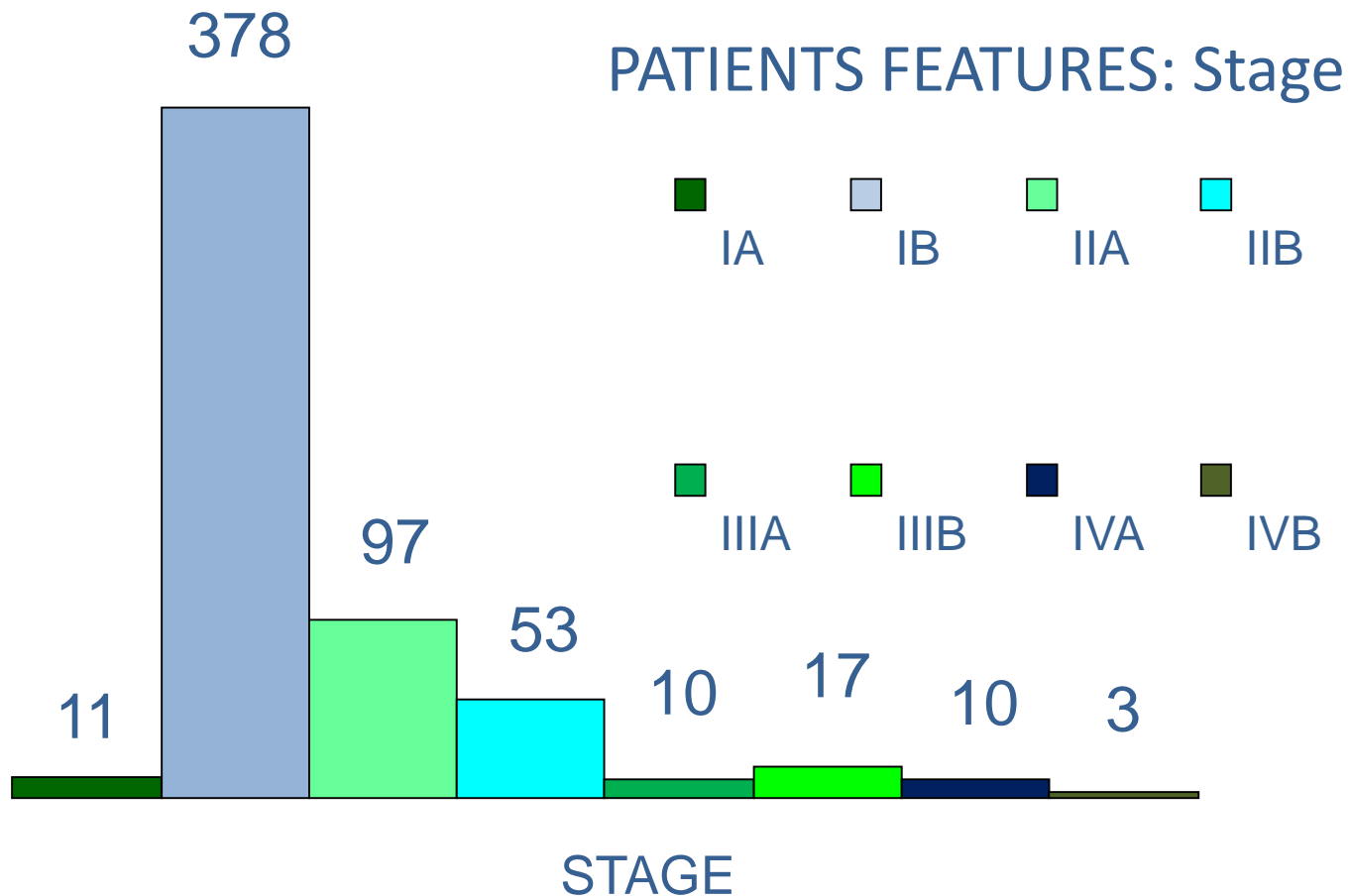
PACLITAXEL SIDE EFFECTS

1. Alopecia
2. Haematological toxicity
3. Myalgia/Arthralgia
4. Neurotoxicity
5. Constitutional symptoms
6. Gastrointestinal disorders
7. Hepatic toxicity
8. Cardiovascular toxicity

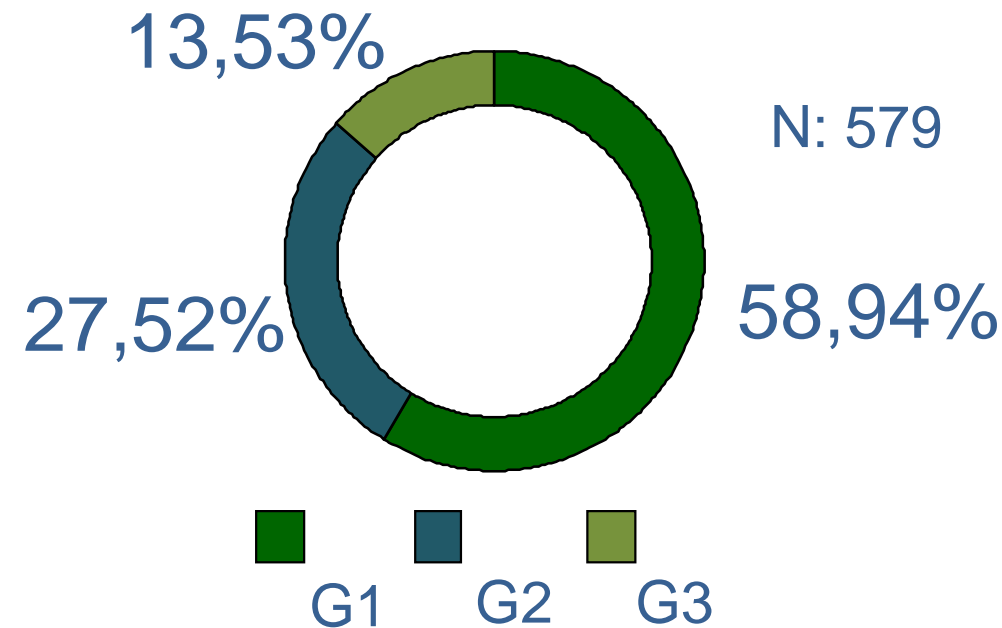
The role of the French-Italian glossary of complications in the outcome evaluation of cervical cancer treatment: an Italian multicentric study.

Zola P¹, Magistris A, Landoni F, Sartori E, Maqqino T, Gadducci A, Fuso L, Peroqlio Carus A, Ferrero A, Jacomuzzi ME.

TOTAL:579

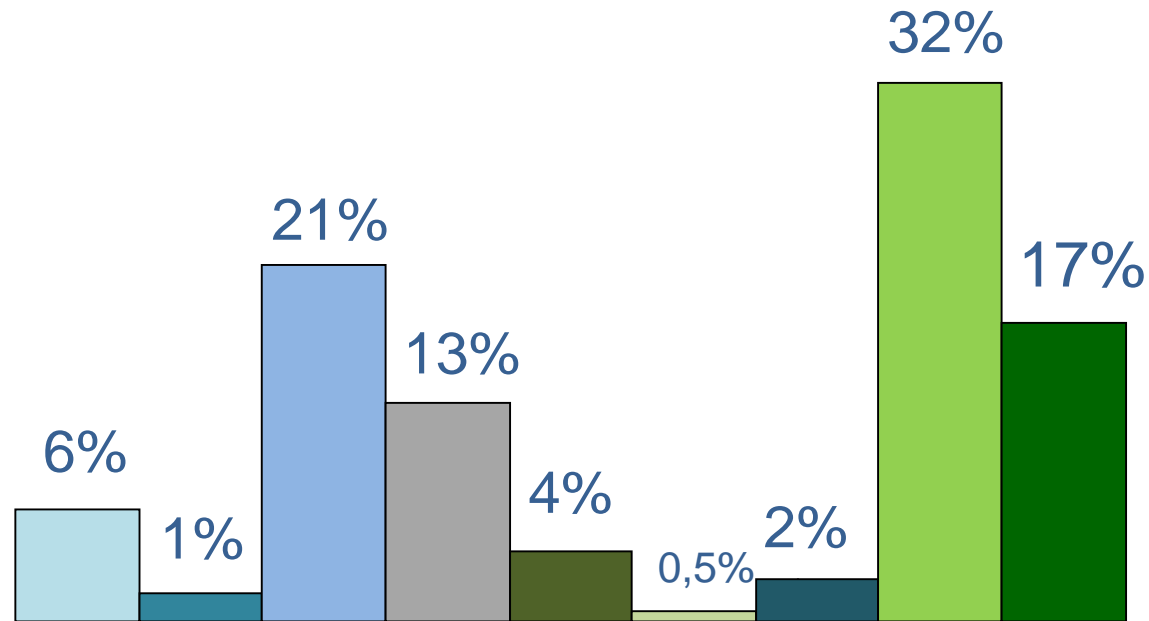


RESULTS: Complications classified by GRADE



**Total
complications:
260**

RESULTS: Complications classified by ORGAN SYSTEM



Organ System

□ Cutaneous

□ Genitals and pelvis

□ Soft pelvic tissues

□ Hemopoietic

□ Nervous

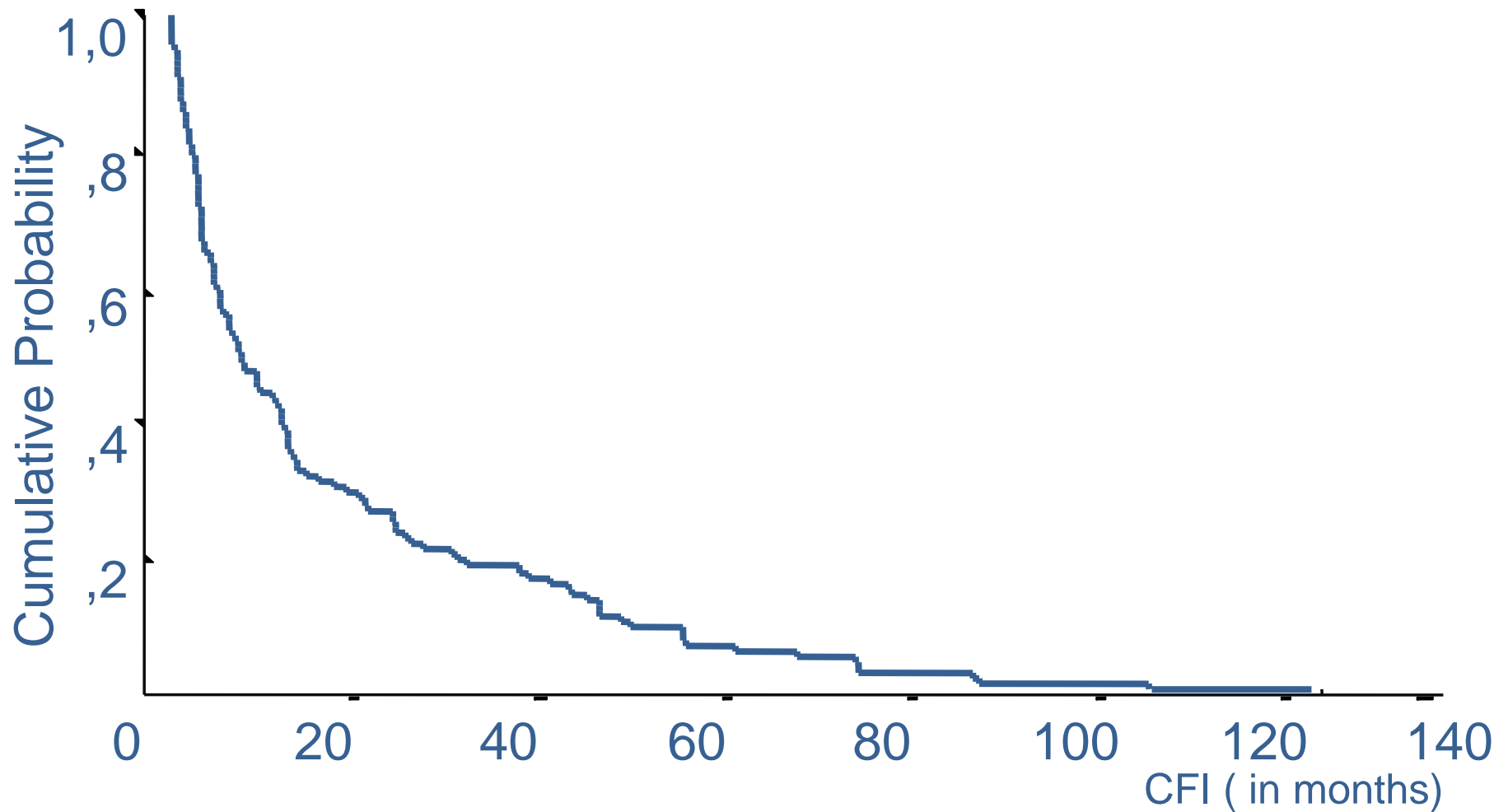
□ Urinary tract

□ Gastrointestinal

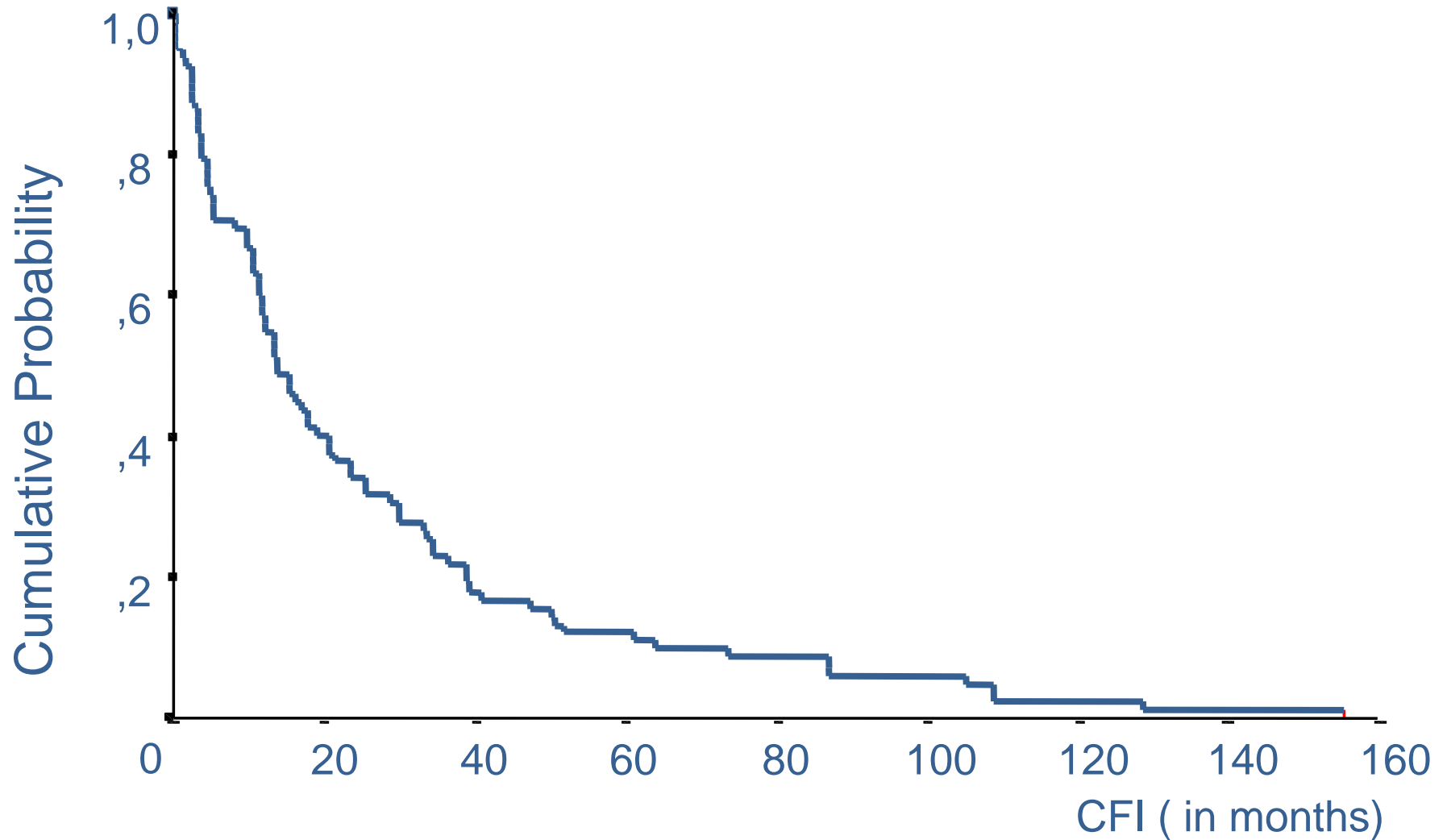
□ Respiratory

□ Vascular

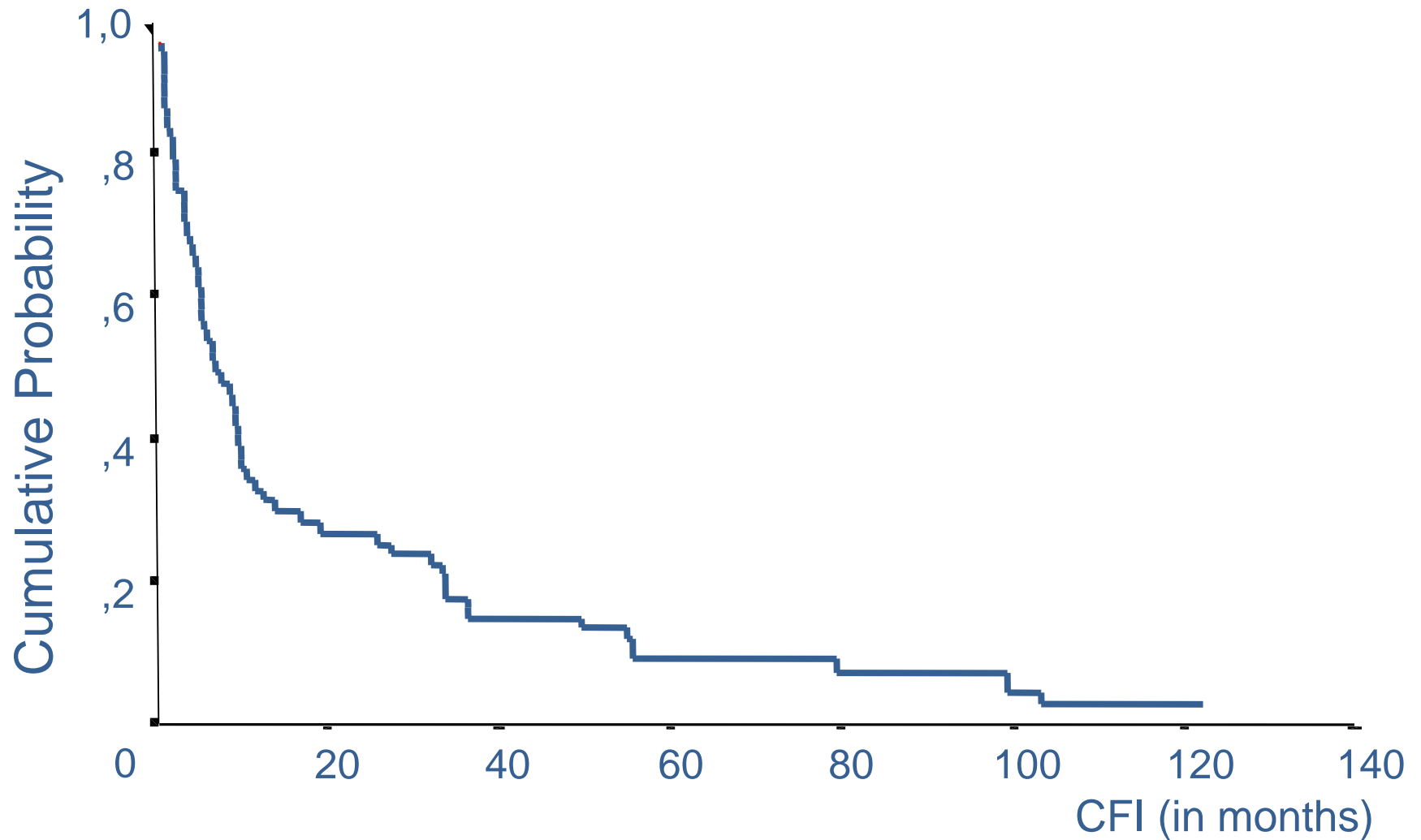
URINARY TRACT COMPLICATIONS: Onset Time

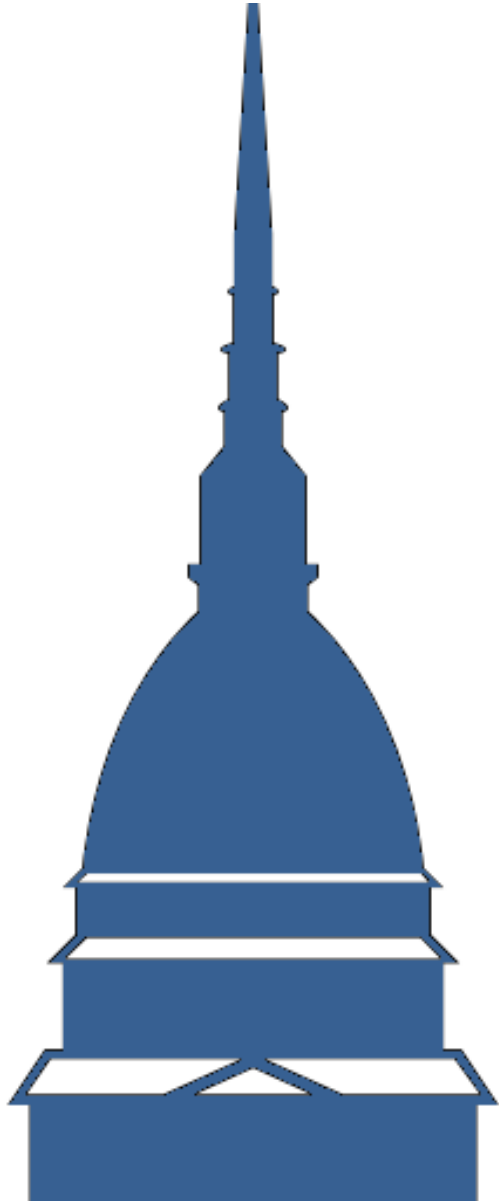


GASTRO-INTESTINAL COMPLICATIONS: Onset Time



VASCULAR COMPLICATIONS: Onset Time





GRAZIE PER L'ATTENZIONE

Prof. Paolo Zola