

RADIOTHERAPY AND HYPERTHERMIA FOR PRIMARY CARCINOMA OF THE VAGINA

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Objective

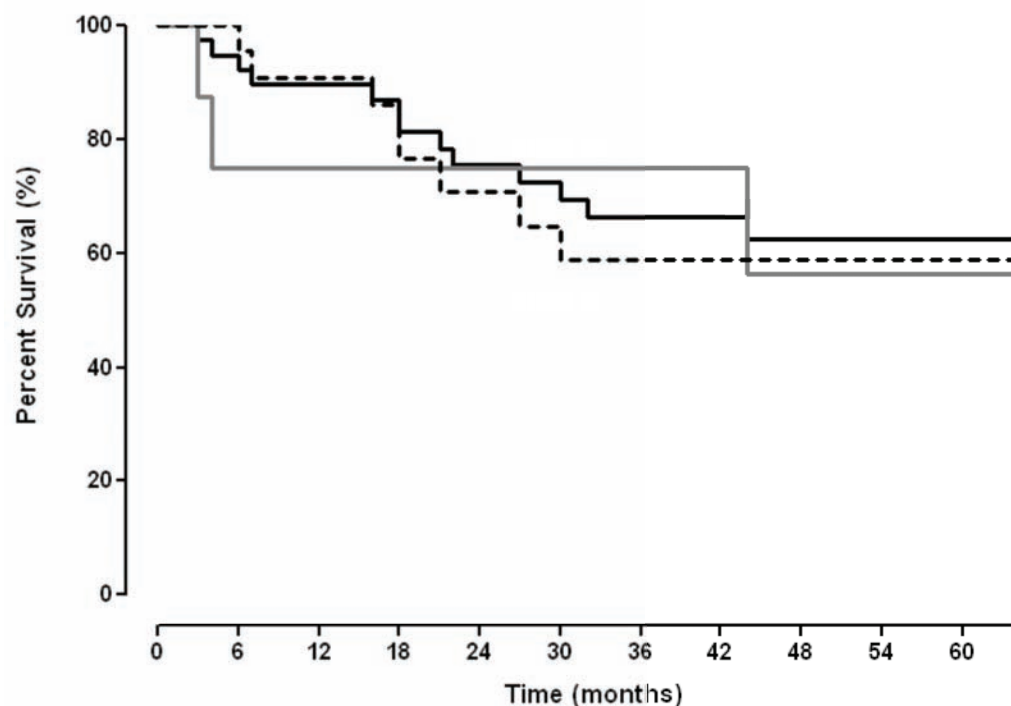
To evaluate the results of radiotherapy in patients with vaginal cancer.

Study design

A cohort of 44 patients (6 stage I, 23 stage II, 8 stage III and 3 stage IVa) treated between 1990 and 2002 with radiotherapy for primary vaginal cancer was assessed. Radiotherapy was given either alone (n=34), combined with chemotherapy (n=3), or with hyperthermia (n=7). Hyperthermia was added to radiotherapy in case of a tumour size > 4 cm in diameter for FIGO stage III disease. Survival rates and median survival were evaluated.

Results

The calculated overall 5-year survival of primary vaginal cancer was 63 %. High grade tumors had lower OS rates than low grade tumors (25% vs 61%). For FIGO stage II (n=23), 5 yrs OS was 59% and for FIGO stage III (n=8), this was 56%.



Survival curves of the studied population of patients in relation to FIGO stage

Discussion

In primary vaginal cancer, tumour stage is the major prognostic factor. In the NCDB report on cancer of the vagina, the 5 yrs overall survival was 58% for stage II tumours, and 36% for stage III-IV tumours [1]. The similar 5 yrs OS rates for stage II and III tumours in the popu-

lation studied by us may be related to the addition of hyperthermia to radiotherapy in patients with stage III tumours with a diameter larger than 4cm. The supplementary effect of hyperthermia to radiotherapy may be a feasible and beneficial approach to improve the treatment results of vaginal cancer.

1. Creasman WT, Phillips JL, Menck HR. The national cancer data base report on cancer of the vagina. *Cancer* 1998;83:1033-40.