

HYPERTHERMIA IN THE TREATMENT OF GYNECOLOGIC CANCER: A REVIEW OF THE CERVIX CANCER EXPERIENCE

Jones E.L.^{1*}, Vujaskovic Z.^{1*}, Craciunescu O.¹, Prosnitz L. R.^{1*}, Havrilesky L.², Secord A.², Stauffer P.¹, Dewhirst M. W.^{1*}

¹*Department of Radiation Oncology, Duke University Medical Center, Durham NC, USA*

²*Divison of Gynecologic Oncology, Department of Obstetrics and Gynecology, Duke University Medical Center, Durham NC, USA*

PURPOSE: Several randomized studies demonstrate a benefit to adding cisplatin (CDDP) based chemotherapy to radiotherapy (RT) for cervix cancer. The Dutch phase III pelvic tumor trial demonstrates a survival and local control benefit to the addition of hyperthermia (HT) to RT. We review the literature on CDDP, RT, and HT for cervix cancer, and discuss an ongoing international phase III trial centered on the role of HT in locally advanced cervix cancer (LACC).

METHODS: Patients with locally advanced cervix cancer are screened for eligibility on the basis of FIGO stage, tumor histology, renal function, performance status, and suitability for hyperthermia treatment. Eligible patients, after informed consent, are randomized to chemoradiation versus chemoradiation with weekly hyperthermia.

RESULTS: To date, 83 patients have enrolled on this trial. The overall grade 3 and 4 toxicity appears balanced between the two arms, and the hyperthermia toxicity to date has all been grade 1. Patient demographics and early toxicity data will be reviewed in detail. As mandated by the NCI data safety and monitoring board, no formal comparisons of failure free survival and overall survival are made at this time.

CONCLUSION: In phase II series published to date, trimodality therapy resulted in an excellent clinical response and was well tolerated. The addition of HT to chemoradiotherapy represents a promising new strategy which deserves continued multiinstitutional and international collaborative efforts.

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