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Extended Abstract

Preliminary results of nimotuzumab plus concurrent IMRT and chemotherapy on cervical cancer

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Objective: To evaluate the safety and efficacy of nimotuzumab plus concurrent intensity-modulated radiation therapy (IMRT) and chemotherapy of unresectable cervical cancer.

Methods: From December 2013 to February 2017, 34 patients with cervical cancer on stage (FIGO) IB2-IVB were received concurrent chemoradiotherapy plus nimotuzumab. The prescription dose of radiation was 50.4 Gy/28f on pelvic field with or with not extended field radiation. An additional 30-36 Gy to Point A were delivered with high-dose-rate techniques. Cisplatin of 40 mg/m2 and nimotuzumab of 200mg were infused intravenously once weekly during RT for 6 weeks. The main outcome measure was toxicity evaluated by CTCAE 4.0. Secondary outcome measure was short-term outcome evaluated by RESIST1.1.

Result: The median of followed up time was 23.4 months (8.3-45.5 months). Almost all patients were local advantaged cancer except 2 patients with distant metastases. All patients received external radiotherapy. 2 patients were not treated with brachytherapy. 6 patients failed to fi nish radiotherapy within 56 days. All of 34 patients received concurrent treatment with nimotuzumab for 6 times. 2 patients refused chemotherapy. There was no life-threatening toxicity. Grade 1/2 of nausea, vomiting and diarrhea were 70.6% (24/34), 32.4% (11/34) and 52.9% (18/34), respectively. Grade 3 of leucopenia, granulopenia, thrombocytopenia and anemia were 52.9% (18/34), 17.6% (6/34), 14.7% (5/34), and 11.8% (4/34) respectively. Grade 3 of nausea and vomiting were 8.8% (3/34) and 2.9% (1/34), respectively. No grade 3 of anorectal inflammation. Rectovaginal fistula was observed in one case 6 months aft er radiotherapy, and operation was performed. Surgical treatment of intestinal obstruction was performed in one case. 2 cases got vaginal stenosis. The objective response rate was 100%. Complete response was achieved in 29 cases (85.3%) and partial response in 5 cases (14.7%).

Conclusion: Nimotuzumab plus concurrent IMRT and chemotherapy may represent an eff ective and well-tolerated treatment in patients with unresectable cervical cancer.

Biography:
Qu Ang is the Attending Physician of the Department of Radiation Oncology, Peking University Third Hospital. Her research direction is on radiotherapy on gynecologic cancer, including EBRT, HDR and LDR brachytherapy.