Adenocarcinoma of cervix

Kailash Narayan

Prognostic significance of adenocarcinoma histology in women with cervical cancer

Vijaya Galic et al 2012

SEARS 1988 to 2005.
(squamous, adenocarcinoma, and adenosquamous).

N=24,562, 17% were Adenocarcinoma

IB1-IIA tumors, patients with adenocarcinomas were 39% (HR=1.39) more likely to die from their tumors than those with SCC. For patients

IIB-IVA women with adenocarcinomas were 21% (HR=1.21) more likely to die from their tumors than those with SCC.

Five-year survival for stage IIIB was 31.3% for SCC vs. 20.3% for adenocarcinomas.

Locally advanced adenocarcinoma and adenosquamous carcinomas of the cervix compared to squamous cell carcinomas of the cervix in Gynecologic Oncology Group trials of cisplatin-based chemoradiation.

N=1671, 182 (10.9%) were Adeno- and Adenosquamous.

When treated with radiation therapy alone, the 70 patients with adeno- and adenosquamous carcinoma of the cervix showed a statistically poorer overall survival (p = 0.0499) compared to the 647 patients with squamous cell carcinoma of the cervix.

However, when treated with radiation therapy with concurrent cisplatin-based chemotherapy, the 112 patients with adeno- and adenosquamous carcinomas had a similar overall survival (p = 0.459) compared the 842 patients with squamous cell carcinoma.

Patterns of Failure and Prognostic Factor Analyses in Locally Advanced Cervical Cancer Patients Staged by Positron Emission Tomography and Treated With Curative Intent

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In earlier studies, prognostic factors in *loco-regionally advanced cervix cancer* considered were just FIGO stage (2009) and histology: neither tumour volume (in >2A) nor lymph-nodes were considered.

In this study, n=206 and mean potential follow-up of 4.4 years, the prognostic parameters derived from MRI and PET were also investigated.

At 5 years, OS was 59%. *PET (nodes) was the dominant prognostic factor.* Corpus involvement on MRI was significantly associated with nodal involvement on PET but of MRI- only tumor volume related to time to failure and nodal failure.

However, for local failure adenocarcinoma histology was the most powerful adverse prognostic factor. (HR, 4.29)

TABLE 5. Summary of prognostic factors for each of 7 time-to-event endpoints

	OS		RFS		TTR		LR		NR		DR	
	Factor	**P**	**Factor**	**P**	**Factor**	**P**	**Factor**	**P**	**Factor**	**P**	**Factor**	**P**
Significant factors	AdCa	0.001	N+	0.000	N+	0.000	AdCa	0.001	N+	0.000	N+	0.000
	N+	0.002	AdCa	0.004	Tum vol	0.008	Clin diam	0.010	Tum vol	0.008		
	FIGO	0.002	FIGO	0.014	AdCa	0.047						
Not significant factors	Corpus	0.14	Tum vol	0.12	FIGO	0.28	N+	0.073	FIGO	0.30	Corpus	0.11
	Age	0.18	Corpus	0.12	Corpus	0.36	Tum vol	0.26	Corpus	0.31	Clin diam	0.12
	Tum vol	0.23	Clin diam	0.29	Clin diam	0.48	Corpus	0.30	Age	0.39	FIGO	0.24
	Clin diam	0.52	Age, y	0.44	Age, y	0.62	FIGO	0.61	Clin diam	0.43	AdCa	0.28
							Age, y	0.75	AdCa	0.55	Tum vol	0.50
											Age, y	0.65
Events	67		83		67		27		55		44	

Endpoints: OS; RFS; DR, (risk of) distant relapse; LR, (risk of) local relapse; NR, (risk of) nodal relapse; TTR, time to relapse.

Factors: N+, node positivity; AdCa, adenocarcinoma histology; Tum vol, log tumor volume; cm, clinical diameter; FIGO stage; age; Corpus, corpus uteri invasion.

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Should Adenocarcinoma of Cervix be Treated Differently to Squamous Cell Carcinoma?

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Kailash Narayan[1,5,6] (iD)

All patients treated with concurrent weekly cis-Plat radiotherapy and brachytherapy

Adenocarcinoma	70 (14)
Squamous cell carcinoma	424 (86)

n=494: 1996 - 2012; Median follow-up 4.8 years (2.6 - 7.7)

Prognostic factor	Squamous cell carcinoma	Adenocarcinoma	P value
MRI volume, median (inter-quartile range)	36.7 (16.5–73.3)	35.9 (13.4–69.5)	0.99
Corpus invasion, No. (%)	281 (72%)	49 (74%)	0.668
Nodal metastasis No. (%)	207(49%)	38 (54%)	0.397
ECOG performance status			0.540
0	81 (19%)	14 (20%)	
1	298 (72%)	53 (76%)	
2	36 (9%)	03 (4%)	

Survival at five years	Total	95% CI*				Total	95% CI*		p
Relapse-free survival									
SCC, Node-negative	79%	73%	84%	ADC, Node-negative		75%	56%	87%	0.526
SCC, Node-positive	51%	44%	58%	ADC, Node-positive		37%	20%	53%	0.162
Overall survival									
SCC, Node-negative	74%	67%	79%	ADC, Node-negative		74%	53%	87%	0.552
SCC, Node-positive	54%	47%	60%	ADC, Node-positive		42%	25%	56%	0.196

*Confidence interval   Median follow-up of 4.8 years.

Table 4 Cox proportional hazards models showing overall and relapse-free survival

Factors	Haz. Ratio	95% CI		P
Relapse-free survival				
Adenocarcinoma	1.33	0.86	2.05	0.204
Corpus invasion	1.78	1.09	2.90	0.022
MRI volume (log scale)	1.29	1.08	1.55	0.005
Nodal metastasis	2.24	1.60	3.14	< 0.001
Overall survival				
Adenocarcinoma	1.19	0.76	1.86	0.458
Age in years	1.02	1.01	1.03	< 0.001
ECOG				
0	Ref			
1	1.39	0.88	2.19	0.155
2	1.94	1.03	3.64	0.04
MRI volume (log scale)	1.22	1.05	1.41	0.009
Nodal metastasis	1.83	1.35	2.48	< 0.001

Adeno Node negative

Adeno Node positive

SCC Node negative

SCC Node positive

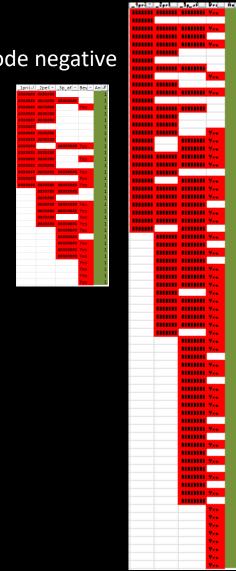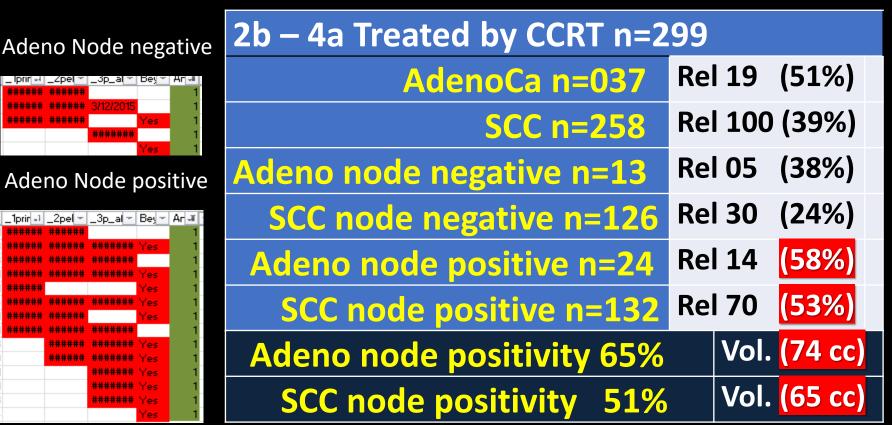| N=445; 1b1 – 2a2	
Treated by Surgery and Post-op RT n=210	
AdenoCa n=082	Rel 18 (22%)
SCC n=128	Rel 23 (18%)
Adeno node negative n=60	Rel 09 (15%)
SCC node negative n=81	Rel 12 (15%)
Adeno node positive n=22	Rel 09 (40%)
SCC node positive n=47	Rel 11 (23%)

Adeno Node negative

Adeno Node positive

SCC Node negative

SCC Node positive

2b – 4a Treated by CCRT n=299		
AdenoCa n=037	Rel 19 (51%)	
SCC n=258	Rel 100 (39%)	
Adeno node negative n=13	Rel 05 (38%)	
SCC node negative n=126	Rel 30 (24%)	
Adeno node positive n=24	Rel 14 (58%)	
SCC node positive n=132	Rel 70 (53%)	
Adeno node positivity 65%	Vol. (74 cc)	
SCC node positivity 51%	Vol. (65 cc)	