Discussion

Hypofractionated radiation therapy in gynecologic cancer

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Discussion 1

- Role of concurrent chemotherapy agent in CCRT
  - Radiosensitizer + Direct anticancer effect

- In POHIM-CCRT trial
  - Less cycles of chemotherapy due to reduced treatment duration
    - weekly cisplatin : 3 cycles (vs. 5-6 cycles)
    - 5FU + cisplatin : 2 cycles (vs. 3-4 cycles)
  - Distant failure 10 patients (12.7%),
    followed by regional failure in 6 (7.6%), local failure in 3 (3.8%)

Discussion 1

- **Could there be any impact on oncologic outcomes due to less cycles of chemotherapy?**
- **In the case of using hypofractionated CCRT, do you think additional chemotherapy might be necessary?**

Discussion 2

Table 1. Patient and Tumor Characteristics

Characteristic	Patients, No. (%)
Histologic findings	
Squamous cell carcinoma	57 (72.2)
Adenocarcinoma	18 (22.8)
Adenosquamous carcinoma	3 (3.8)
Other	1 (1.3)

- **Difference in oncologic outcome by cell type?**
- **Since adenocarcinoma is known to be resistant to radiation therapy, could hypofractionation be beneficial in adenocarcinoma due to the enhancing the radiobiological effects on tumors?**

Discussion 3

- In POHIM-CCRT trial
  - Extended field radiation, including para-aortic areas, was not allowed.
  - Only 11.4% received brachytherapy.

- **Patient selection seems to be important. In your opinion, what population would be most suitable for hypofractionated CCRT?**