Metastatic cervical cancer treated with paclitaxel, ifosfamide and cisplatin (TIP), followed by local treatment and long-term follow up: case series

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OBJECTIVE

Cervical cancer is a major cause of death by gynecological tumors worldwide. Therapeutic options for cervical cancer are limited in patients with recurrent or metastatic disease after platinum-based chemoradiotherapy or local therapy.¹

METHODS

To report five cases of patients with metastatic cervical cancer treated with TIP followed by local treatment associated with long-term complete remission.

CASE REPORT

Patients age range from 26 to 53 years old and had no comorbidities. Regarding histology, two of them were diagnosed with adenocarcinoma, one with squamous carcinoma and two with adenosquamous. Regarding staging, two patients were IB1, one IB2 and two IV. The main sites of metastasis were pelvic, paraortic and cervical lymph nodes, lung and ovarian bilaterally. No women underwent radiotherapy previously and three patients had surgery at diagnosis. Four patients completed six cycles and one finished four cycles of TIP. All patients had good tolerance to chemotherapy, without grade 3 or 4 toxicities. As local treatment, three patients underwent chemoradiotherapy, one was submitted to isolated radiotherapy and one to surgery. They are in complete remission between 24 and 120 months.

CONCLUSION

Systemic chemotherapy with TIP followed by salvage focal treatment is a promising therapeutic approach in selected patients, particularly in younger patients, without comorbidities, good performance status, low metastatic tumor burden, and with an objective response to chemotherapy.²

Figure 1: MNR before treatment of patient “3”

Table 1: Patients features analysed

ID	Histology	TIP cycles	Local treatment	Months of remission
1	Adenocarcinoma	6	Lymph node RT	55
2	Adenosquamous	6	Lymph node and lung RT	58
3	Squamous cells	6	Surgery	24
4	Adenocarcinoma	6	Lymph node RT + capecitabine 1650mg/m2	86
5	Adenosquamous	4	Lymph node RT + cisplatin 40mg/m2 semanal	120

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