Evaluation of quality of life in patients with locally advanced non-small cell lung cancer treated with combined radiochemotherapy

KEYWORDS: Quality of Life; Carcinoma, Non-Small-Cell Lung; Combined Modality Therapy; Radiotherapy, Adjuvant

Background: The aim was to investigate the application of radiopotentiation, which was initiated by the fact that in patients with locally advanced non-small cell lung cancer there is a high risk of relapse due to failure in local control of the disease and the risk of systemic micrometastases. The other aim was the evaluation of quality of life.

Methods: A study group consisted of 67 patients. Patients were first treated with TD30 Gy in 10 fractions during 2 weeks (5 fractions per week) with a potentiation by 20 mg/m² of carboplatinol intravenous bolus infusion just prior to each radiotherapy fraction. After a 2-week pause, additional radiation of 25 Gy in 10 fractions was applied during 2 weeks (5 fractions/week) with a potentiation by 20 mg/m² of carboplatinol. Total tumor dose (TTD) was 55 Gy (30-25 Gy) in 20 fractions, total duration of the therapy was 6 weeks, and total dose of carboplatinol was 600 mg. A control group consisted of 70 patients and they were treated with a radical radiotherapy with a conventional fractionation (60 Gy in 30 fractions, 2 Gy per day, 5 fractions per week). Quality of life was evaluated by Karnofsky performance scale (Kl), at the beginning of the treatment, after the completion of the whole course of treatment, and during follow-up at regular check-ups.

Results: After the completion of the whole course of treatment most of patients had Kl 80%. Analysis made during the last check-up showed statistically significant low Kl. In both study and control groups Kl was significantly higher at the beginning of the treatment than Kl after the completion of the whole course of treatment (p=0.001). However, the analysis of Kl at the time of the completion of the whole course of treatment showed significantly better Kl in study group (p=0.036) than in control group.

Conclusion: These results showed that the combined radiochemotherapy treatment is well tolerated.

Locally advanced cervical cancer - preliminary results of the prospective randomised study

KEYWORDS: Cervix Neoplasms; Combined Modality Therapy; Radiotherapy, Adjuvant; Antineoplastic Combined Chemotherapy Protocols

Background: The aim of this study is to show preliminary results of the randomised study that has been conducted among patients with advanced cervical cancer managed by local-regional radiotherapy alone or combined treatment (radiotherapy with chemotherapy as radiosensitizer).

Methods: From the beginning of 2002 till today 182 patients with locally advanced cervical cancer have been enrolled in the study (FIGO IIb-Iva). They have been treated by combined external beam irradiation (46Gy/22fr) and HDR brachytherapy (5x7Gy/A). Eighty nine of them underwent the same radiotherapy regime with concomitant chemotherapy cisplatin (CDDP) 40mg per week. Median age for both groups were 52 years. Pathological examination showed: squamous cell carcinoma in most cases 175, adeno Ca 6 and others 1. Effect of the therapy and early irradiation complications have been estimated by the tumor regression and toxicity grade.

Results: Tumor regression have been occurred as complete response in 10.1% for RT group and for RT-HT group in 16.86%. Partial regression was for RT group 86% and for RT-HT group 87%. Early complications (haematological, urological and intestinal) in RT group were noted in 34% and in RT-HT group in 43% of patients.

Conclusion: There was no benefit of RT-HT comparing to RT alone in the tumour regression of locally advanced cervical cancer. Early complications of combined therapy are more experienced than in RT group.