Combination Treatment and Survival in Patients With Cervical Cancer

Combination cisplatin and paclitaxel showed improved response and progression-free survival in patients with advanced cervical cancer. Researchers from the Gynecologic Oncology Group presented recent results from a phase III trial investigating combination cisplatin and paclitaxel compared to cisplatin alone for stage IVB squamous cell cervical cancer. The sample consisted of 264 patients who were randomized to receive cisplatin (50 mg/m² every three weeks for six courses) (N = 134) or cisplatin (135 mg/m² every three weeks for six courses) (N = 130). The majority of patients in both groups had received prior radiation therapy. The median progression-free interval for patients receiving cisplatin versus cisplatin plus paclitaxel was 2.8 versus 4.8 months. A higher response rate was seen with the combination therapy in comparison to the cisplatin-only group (36% versus 19%). More patients in the combination group were complete responders in comparison to the cisplatin-only group (20 versus 8). No difference existed in median survival for patients receiving cisplatin (8.8 months) in comparison to patients receiving cisplatin plus paclitaxel (9.7 months). The combination therapy group experienced significantly greater grade 3–4 anemia and neutropenia. Significant nausea and vomiting occurred in 28 patients.

Paclitaxel as Salvage Therapy

Researchers from the University of North Carolina at Chapel Hill conducted a retrospective review of 22 women with stage III or IV ovarian cancer (N = 19) or primary peritoneal cancer (N = 3) who had received weekly paclitaxel salvage therapy to assess response rates and toxicity profiles. All women had received both paclitaxel and platinum in previous treatment regimens. Complete response was defined as normalization of CA-125 or resolution of measurable disease. Partial response was defined as a decrease in measurable disease, a decrease of CA-125 by more than 75%, or stable disease over at least three months. Results indicated that the overall response rate to weekly paclitaxel salvage therapy was 50% (27% complete, 23% partial). Median progression-free interval in responders was 27 weeks. Stabilization of disease occurred in an additional 27% of patients, with a median progression-free interval of 22 weeks. The median dose of paclitaxel was 80 mg/m². Toxicities included grade 3 neutropenia (N = 2), severe nausea (N = 2), and onycholyosis (N = 1). No cases of hematologic toxicity or neuropathy were documented.

Knowledge of and Attitudes About Cervical Cancer Screening, Dysplasia, and Carcinoma

Researchers from the University of California at Irvine presented results of a study investigating the knowledge and attitudes of women about cervical cancer screening, dysplasia, and carcinoma. The sample consisted of 456 (351 Latinas, 105 non-Latina white) women who participated in a cervical cancer screening program and completed knowledge, attitudes, and access-to-care questionnaires. Results indicated that the median age of the subjects was 41 years, with a median annual income range of $10,000–$20,000. Latinas were less likely than non-Latina women to know about the steps to treat and evaluate an abnormal Pap test (61% versus 74%). Non-Latina women were less likely to regard the evaluation of an abnormal Pap test as bothersome. Women with less than a high-school education were more likely to believe that cervical cancer risk decreased with age, believed that cervical cancer was a death sentence, and indicated that they would be reluctant to inform their partners of a diagnosis of cervical cancer. Women with an annual household income of less than $10,000 were more likely than women with higher incomes to believe that any type of cervical treatment would make them less attractive and were less likely to believe that they could control their risk of disease. Latinas were less likely to believe that annual Pap tests could prevent cervical cancer and that an early diagnosis of cervical cancer was associated with a better survival; they were more likely to believe that good health was a matter of luck. Latinas were more likely than non-Latina women to trust and follow their physician’s recommendations.

Quality of Life After Treatment for Gynecologic Malignancies

Researchers from Wake Forest University School of Medicine (Winston-Salem, NC) and the University of Tennessee at Memphis conducted a study to determine quality of life (QOL) after treatment for gynecologic malignancies. The sample included 115 patients who completed the FACT-G QOL questionnaire at least six months after completion of treatment for a gynecologic malignancy and 42 healthy women who were seen for routine gynecologic exams. The median age was 52 years. Participants with gynecologic malignancies included cervical cancer (N = 46; 40%), uterine cancer (N = 43; 37%), and ovarian cancer (N = 26; 23%). The median time since therapy was 24 months. The healthy women, in comparison to the patients, had a significantly higher physical well-being score (24.8 versus 23.4). No differences were seen in social scores between the two groups. Emotional scores were slightly higher in the patient group (20.0) versus the healthy group (19.0). The functional score was higher in the patient group (22.2) than in the healthy group (20.7). Overall, patients treated for ovarian cancer had the lowest physical well-being score (21.5), the lowest emotional score (18.4), and the lowest functional score (19.3).

Aspirin Use May Lower Risk of Ovarian Cancer

Researchers from the New York University School of Medicine reported recent results from a study investigating the use of aspirin and the risk of ovarian cancer in participants of the New York University Women’s Health Study. Of the 140 women identified with ovarian cancer, 68 responded to questions regarding aspirin use. Each patient with ovarian cancer then was matched with 10 cancer-free control cases.

Results indicated that women who use aspirin three or more times a week for at least six months could experience a 40% reduction in epithelial ovarian cancer.

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