

Non-surgical treatment of malignant gynecological tumors

Non-surgical treatment of malignant gynecological tumors^[1] includes three modalities: radiotherapy, chemotherapy and hormone therapy.

Radiotherapy

In cervical carcinoma, surgical treatment is primarily indicated in the early stages, although a separate radiotherapy with curative intent can be used instead of Wertheim's radical hysterectomy. It has a comparable median survival, but it has more frequent late complications, so it is used more in cases of contraindications to surgical treatment^[1]. A combination of brachytherapy and teletherapy is used, sometimes with concomitant chemoradiotherapy. In later stages (spread outside the cervix), palliative teleradiotherapy is primarily indicated.

Brachyradiotherapy is used for cervical cancer.

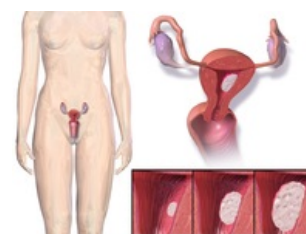
Brachyradiotherapy

For cervical cancer, a uterovaginal applicator with an after-loading system is used^[1]. A Y-probe is used for endometrial cancer.

^{137}Cs or ^{192}Ir ^[1] are used as emitters.

Teleradiotherapy

The radiation source is a linear accelerator or betatron^[1]. For cervical cancer, a total dose of 50 Gy at 2 Gy/day is used^[1]. Sometimes concomitantly small doses of cis-platinum^[1] are used.



Endometrial carcinoma

Concomitant chemoradiotherapy

The purpose of concomitant chemoradiotherapy is to increase the sensitivity of tumor cells to ionizing radiation. Administered chemotherapy by itself does not have cytostatic effects^[1] in these small doses.

Chemotherapy

It is used either concomitantly for cervical cancer, palliatively for stage IVB, and in some indications it can also be used neoadjuvant^[1]. Cis-platin is used intraperitoneally (IP).

For endometrial cancer, the PTX-CBDCA (paclitaxel and carboplatin) scheme is used^[1].

In ovarian cancer, chemotherapy is used either as *interval debulking surgery* with 3 cycles neoadjuvant, or 6 cycles after 21 days adjuvant. The standard is paclitaxel with carboplatin^[1].

Hormonal therapy

Hormonal therapy is used for endometrial cancer and lung metastases. A high dose of gestagens, antiestrogens and aromatase inhibitors^[1] is used.

Links

Related Articles

- Malignant tumors in gynecology
- Surgical treatment of malignant gynecological tumors
- Malignant tumors of the cervix
- Malignant tumors of the uterine body
- Ovarian tumors

External links

- www.onkogyn.cz (<http://www.onkogyn.cz/>) (e.g. the current *TNM classification*, it is the website of the VFN Oncogynecological Center)

References

1. FREITAG, Paul. *Management of gynecological malignancies* [lecture for subject Gynecology and obstetrics pre-state internship, specialization General medicine, 1. medical faculty Charles University in Prague]. Prague. 2/14/2014.