New Taipei Journal of
Medicine

Original

NTJM

Received: August 16, 1999
Accepted: October 4, 1999

Analysis of Treatment Failure in Radical Hysterectomy for Stage IB and IIA Cervical Cancer

Yuh-Cheng Yang[a,b]
Hsiang-Hsu Kuo[a]
Chih-Long Chang[a]
Hung-Sheng Chen[a]
Kuo-Gon Wang[a]
Kung-Liang Wang[a]
Cherng-Jye Jeng[a]
Tsung-Hsien Su[a]
Tao-Yeuan Wang[a,b]

[a] Division of Gynecologic Oncology, Department of Obstetrics and Gynecology,
[b] Department of Pathology, Mackay Memorial Hospital, Taipei Medical College, Taipei 104, Taiwan, R.O.C.

Key Words
Cervical cancer
Radical hysterectomy
Treatment failure

ABSTRACT

A retrospective review of 1039 patients with stage IB and IIA cancer of the cervix who underwent radical hysterectomy between 1987 and 1994 was conducted at the Mackay Memorial Hospital. Nine hundred eighty-five cases entered the study, 776 with stage IB, and 209 with stage IIA cancer. Tumor size, depth of invasion, capillary lymphatic space (CLS) involvement, histologic cell type and grading, lymph node involvement, positive surgical margins, parametrial involvement, and menstrual status of patients were the factors statistically evaluated. Among these factors, tumor size, depth of invasion, parametrial extension, positive lymph nodes, and surgical margins correlated significantly with treatment failure on multivariate analysis. The histologic cell type became a significant factor only when small cell undifferentiated carcinoma was included. Grading was significantly associated with treatment failure only for squamous cell carcinomas, being highest in grade 1 tumors. There was a continuous increase in failure rates as a function of increasing tumor size, such that no size cut-off sharply separated women at low and high risk of tumor recurrence. The presence of positive lymph nodes and parametrial involvement dramatically increasing treatment failure rates was most likely due to their high propensity for distant metastases. The treatment failure rate was 14.9% for stage IB and 24.9% for stage IIA. Among stage IIA cases, there was no difference in treatment failure between pre- and postmenopausal patients. The involvement of the vagina itself, even from a small tumor on a retracted cervix, and not necessarily associated with a bulky lesion, is a risk factor.

INTRODUCTION

Cervical cancer is the second most common cancer in women worldwide, with 471,000 new cases each year. There are 15,700 new cases (6% of all cancers) and 4900 deaths each year in the U.S. It is the most common female cancer in Taiwan, with 2800 new cases and 900 deaths each year.

Dr. Yuh-Cheng Yang
Division of Gynecologic Oncology, Department of Obstetrics and Gynecology and Department of Medical Research, Mackay Memorial Hospital, 92, Sec. 2, Chungshen North Road, Taipei 104, Taiwan, R.O.C.
Tel: 886-2-23563569, Fax: 886-2-23414519
E-mail: y1949916@ms1.hinet.net