

Less than half of cervical cancer patients receive standard-of-care treatment

October 31 2016, by Garth Sundem

Standard-of-care treatment for locally advanced cervical cancer includes radiation, chemotherapy and brachytherapy (in which radiation is implanted internally). A University of Colorado Cancer Center study published in the journal *Gynecologic Oncology* shows that only 44 percent of patients in a large, national sample received all three components of this accepted, best treatment. Patients who received standard-of-care (SOC) lived longer than women who received any combination of two components of SOC. The major difference in treatments received and overall survival was the presence or absence of brachytherapy.

"Unfortunately, not all women have access to a center that offers this technique," says Christine Fisher, MD, MPH, CU Cancer Center investigator and board certified radiation oncologist. Fisher's collaborators included first author Tyler Robin, MD, PhD, resident in the CU School of Medicine Department of Radiation Oncology with growing expertise in women's cancers.

The study, which used the data of 15,194 [cervical cancer](#) patients from the National Cancer Database, also found that women with low [socioeconomic status](#) or who were African American were even less likely to receive SOC. Patients treated at high-volume centers, academic centers, comprehensive community cancer centers, and those who were higher in socioeconomic status or had private insurance were more likely to receive all three components of SOC.

"A lot of this has to do with the fact that [brachytherapy](#) requires equipment and expertise," Fisher says. "And there's no substitute for it. We see some patients whose care is managed in less specialized settings coming to University of Colorado just for the brachytherapy component of their treatment. Others simply miss out on this important piece of their care."

In fact, brachytherapy has been used for more than a century, having been pioneered independently by Pierre Curie and Alexander Graham Bell in the early 20th century. Modern advances in image guidance have made the technique safe in terms of radiation exposure for both physician and patient.

"We have a couple take-home messages," says Fisher. "First is that virtually all of these cervical cancers are preventable with vaccination against the HPV virus and by screening, which can catch the precursors of cervical cancer before the development of the disease itself. By far, the best solution is prevention. Then if a woman does develop cervical cancer, she should look for a center that offers brachytherapy. It's critically important."

More information: Tyler P. Robin et al, Disparities in standard of care treatment and associated survival decrement in patients with locally advanced cervical cancer, *Gynecologic Oncology* (2016). [DOI: 10.1016/j.ygyno.2016.09.009](#)

Provided by CU Anschutz Medical Campus

Citation: Less than half of cervical cancer patients receive standard-of-care treatment (2016, October 31) retrieved 1 May 2024 from <https://medicalxpress.com/news/2016-10-cervical-cancer-patients-standard-of-care-treatment.html>

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