

Brachytherapy boost ups survival in locally advanced cervical cancer

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(HealthDay)—The current standard of care (SOC) for advanced cervical

cancer—external beam radiation therapy (EBRT) and chemotherapy in combination with brachytherapy—provides significantly higher overall survival over chemoradiation alone; however, not all women are receiving brachytherapy, according to a study presented at the Society of Gynecologic Oncology Annual Meeting on Women's Cancer, held from March 16 to 19 in Honolulu.

Travis-Riley Korenaga, M.D., from the University of California in San Francisco, and colleagues used the National Cancer Database to identify stage II to IVA cervical cancer patients diagnosed in the United States between 2004 and 2015 who received EBRT with concurrent chemotherapy as primary treatment. Additionally, the authors identified women who received [brachytherapy](#) boost and evaluated whether these patients completed treatment within the recommended eight weeks.

The researchers identified 10,598 women with locally advanced cervical cancer who were primarily treated with chemotherapy and concurrent EBRT. Of these, nearly three-quarters (73.5 percent) had brachytherapy boost, and just over one-third (36.6 percent) received brachytherapy boost within the recommended eight weeks (SOC). Compared with all other groups, women who received the SOC had significantly superior median [overall survival](#) of 121.3 months. For [women](#) who had EBRT + brachytherapy after eight weeks, there was still a survival advantage compared with patients who had EBRT only within eight weeks or EBRT only after eight weeks (93.6 versus 45.3 months and 51.0 months, respectively). Women who were non-Hispanic black, low income, on government insurance or uninsured, higher stage, or treated at more than one location for their radiation were less likely to receive the SOC within eight weeks.

"Our study reminds us that brachytherapy is an important facet of treatment for locally advanced cervical cancer," a coauthor said in a statement. "We encourage early and more frequent referrals to [radiation](#)

[oncology](#), specifically to experienced brachytherapy providers."

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