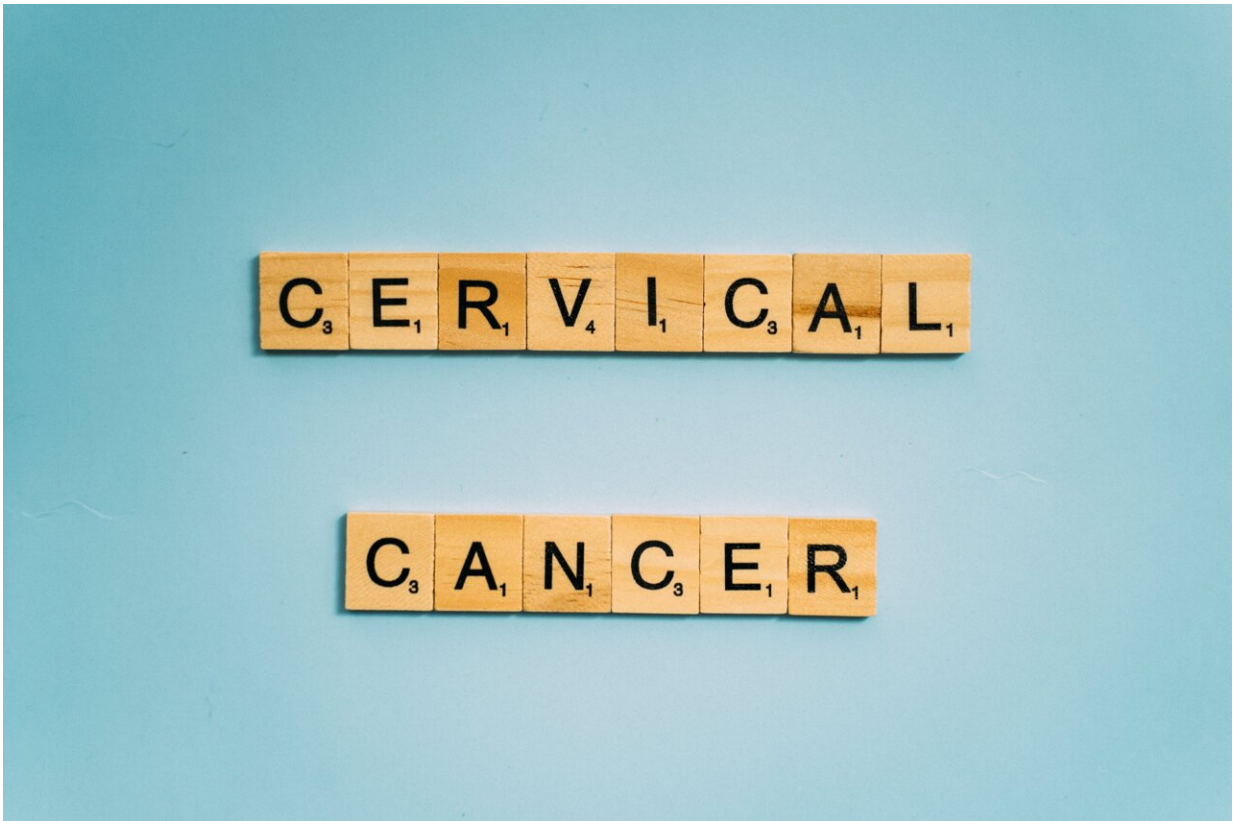


# Experts address the latest advances in cervical cancer treatment

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Although the incidence of cervical cancer has declined with increased screening and higher uptake of human papillomavirus (HPV) vaccination, cervical cancer remains the second highest cause of cancer

mortality among women in low- and middle-income countries. There are different treatments for the disease, including surgery, radiotherapy and chemotherapy.

In a recent clinical practice statement, clinicians explore therapies for cervical [cancer](#) by treatment setting, quality of life, financial toxicity, and disparities associated with the disease.

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## **What are some of the key highlights?**

Despite availability of human papillomavirus (HPV) vaccines, cervical cancer remains the second highest cause of cancer mortality among women in low and middle-income countries. Immunotherapy may be the most effective as a treatment for cervical cancer when used early in the disease course. This has been shown both in recurrent, metastatic disease, when immunotherapy is combined with chemotherapy, as well as in primary setting for treatment of locally advanced disease.

Since the publication of this clinical practice statement, the U.S. Food and Drug Administration approved pembrolizumab in combination with chemotherapy and [radiation therapy](#) for treatment of locally advanced disease, which is very exciting. Novel therapeutic approaches for cervical cancer include combinations of immunotherapy and targeted agents. Lastly, we highlight how financial toxicity can create barriers and impact cancer outcomes.

## **What does this mean for women with cervical cancer?**

Cervical cancer is usually caused by HPV. Vaccination for HPV remains the most important tool to help prevent this disease. Immunotherapy is different to traditional chemotherapy which targets fast growing cells. Immunotherapy aims to harness the power of the immune system to help eradicate cancer cells. It therefore has a different side effect profile to traditional chemotherapy and may be better tolerated.

The combination of the anti-PD1 antibody pembrolizumab with chemotherapy, with or without bevacizumab, significantly reduced risk of death among patients with recurrent and/or metastatic cervical cancer, regardless of PDL1 CPS status, or histologic subtype.

Immunotherapy may be most effective when used earlier in the treatment course. In locally advanced cervical cancer, adding immunotherapy to chemoradiation has been shown to provide additional benefit and the hope is that the more patients might be cured with such an approach. Studies are ongoing to identify patients most likely to benefit from [immunotherapy](#).

## **What are some current challenges and future predictions related to cervical cancer therapies?**

Cervical cancer is the most preventable gynecologic malignancy through HPV vaccination. Multiple studies have shown that the vaccine is safe, effective and should be given before infection with HPV has occurred. Yet, only 54% of the adolescent population in the United States completed an HPV vaccination course. Therefore, we need to improve the uptake of HPV vaccinations to completely eradicate cervical cancer, likely it has already been done successfully in some countries.

Regular screening with [pap smears](#) including assessment of HPV status are also important. Cervical cancer is almost always caused by one of the

high-risk types of HPV and a great majority of people are exposed to HPV during their lifetime. While most HPV infections are transient, sometimes they can persist and lead to cervical dysplasia, which over time, may further lead to cervical cancer. Treatment with simple surgical procedures can prevent pre-cancerous changes from becoming cervical cancer.

The second challenge in cervical cancer therapy is social and economic barriers to obtaining adequate and effective treatment. It is important for the health care team to identify patients at risk for financial toxicity and assist them with financial navigation.

In addition, it is important to be mindful of costs of multi-drug regimens and their relative benefits, as well as using biosimilar or generic medications, whenever feasible. Lastly, reducing geographic barriers to treatment centers may help with inequities that exist in treating patients with [cervical cancer](#).

**More information:** Eugenia Girda et al, Cervical cancer treatment update: A Society of Gynecologic Oncology clinical practice statement, *Gynecologic Oncology* (2023). [DOI: 10.1016/j.ygyno.2023.10.017](https://doi.org/10.1016/j.ygyno.2023.10.017)

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