

ONCODAILY MEDICAL JOURNAL

abstract

Clinical Efficacy and Survival Outcomes of Chemotherapy Regimens in Recurrent Cervical Cancer: Experience of the Republican Specialized Scientific-Practical Medical Center of Oncology and Radiology

**Gafurov Eldor, Nishanov Daniyar, Nargiza Karimova,
Janklich Saide**

DOI: 10.69690/ODMJ-018-3101-7149

AMSTRO

Asia and Middle East Society of
Therapeutic Radiation and Oncology

Affiliated with ASTF

Asia and Middle East Society for Radiation Therapy and Oncology, 2026

abstract

Clinical Efficacy and Survival Outcomes of Chemotherapy Regimens in Recurrent Cervical Cancer: Experience of the Republican Specialized Scientific-Practical Medical Center of Oncology and Radiology

Author: Gafurov Eldor¹, Nishanov Daniyar², Nargiza Karimova³, Janklich Saide³

Affiliation: ¹ Kashkadarya Branch of the Republican Specialized Scientific and Practical Medical Center of Oncology and Radiology, Uzbekistan

² Republican Pathoanatomical Center, Uzbekistan

³ Republican Specialized Scientific and Practical Medical Center of Oncology and Radiology, Uzbekistan

DOI: 10.69690/ODMJ-018-3101-7149

Introduction: Cervical cancer remains a major oncologic burden, especially in low-resource settings, where recurrence occurs in up to one-third of patients with advanced disease. Effective systemic therapy for recurrence is crucial to improving survival. This study evaluated the efficacy, survival impact, and tolerability of two platinum-based chemotherapy regimens in recurrent cervical cancer.

Methodology: A retrospective analysis was conducted on 94 patients with histologically confirmed recurrent cervical cancer treated at a national oncology center (2017–2023). All underwent standardized imaging (ultrasound, CT, MRI). Two regimens were compared: gemcitabine + cisplatin versus paclitaxel + cisplatin. Tumor response was assessed using RECIST 1.1; toxicity was graded by CTCAE v5.0. Overall survival (OS) was analyzed using the Kaplan–Meier method.

Results: Gemcitabine – cisplatin achieved superior disease control: complete response (22.7%), partial response (6.8%), and stable disease (63.6%), yielding a DCR of 93.1%. Paclitaxel–cisplatin demonstrated lower activity (CR 16%, PR 4%, SD 68%; DCR 88%). Grade III myelosuppression (30%), neuropathy (25%), and gastrointestinal toxicity (35%) were the most common adverse events. Gemcitabine-based therapy reduced mortality risk by 38% and improved three-year OS (74% vs. 67%; $p < 0.05$).

Conclusion: Gemcitabine + cisplatin provides more effective tumor control and better survival with acceptable toxicity compared with paclitaxel + cisplatin. These findings support its adoption into national treatment standards and emphasize the need for further research into optimized, personalized regimens for recurrent cervical cancer.

Conflict of interests: The authors declare no conflict of interests.

Funding: This research received grant from Republican Specialized Scientific-Practical Medical Center of Oncology and Radiology of the Republic of Uzbekistan.

License: © The Author(s) 2026. This is an open access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY 4.0), which permits unrestricted use, distribution, and reproduction in any medium, and unrestricted adaptation and reuse, including for commercial purposes, provided you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made. To view a copy of this license, visit <https://creativecommons.org/licenses/by/4.0/>.