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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

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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

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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.

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