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ASSESSMENT OF TREATMENT OUTCOMES AND QUALITY OF LIFE IN PATIENTS WITH STAGE IIA AND IIB CERVICAL CANCER

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Abstract Cervical cancer remains one of the leading causes of cancer-related mortality among women worldwide. This study evaluates the treatment approaches and quality of life of patients with stage IIA and IIB cervical cancer. The research includes a comparative analysis of different treatment modalities, including surgery, chemoradiotherapy, and neoadjuvant chemotherapy. A total of 60 patients were analyzed, with a specific focus on survival rates, adverse effects, and post-treatment quality of life. The findings aim to contribute to optimizing treatment strategies for locally advanced cervical cancer.

Keywords: Cervical cancer, Stage IIA, Stage IIB, Quality of life, Chemoradiotherapy, Surgery

Introduction

Cervical cancer is the fourth most common cancer in women, with a significant global burden, especially in low- and middle-income countries (WHO, 2021). Human papillomavirus (HPV) infection is the primary etiological factor, with persistent infection leading to the development of pre-cancerous and invasive lesions (Torre et al., 2018). Despite advances in screening programs and vaccination, many cases are diagnosed in advanced stages, where treatment options become more complex.

For locally advanced cervical cancer (LACC), including stage IIA and IIB (FIGO 2018 classification), treatment modalities vary depending on tumor spread, parametrial involvement, and patient health status. Surgery, concurrent chemoradiotherapy (CCRT), and neoadjuvant chemotherapy (NACT) followed by surgery are commonly used treatment strategies (Bhatla et al., 2019). However, the impact of these treatments on patient outcomes, survival rates, and quality of life remains an area of ongoing investigation.

This study aims to evaluate and compare treatment outcomes and quality of life in patients diagnosed with stage IIA and IIB cervical cancer. By analyzing treatment effectiveness, survival rates, and post-treatment complications, this research seeks to provide insights that can optimize current management strategies for this patient population.

Materials and Methods

A prospective observational study was conducted on 60 patients diagnosed with stage IIA and IIB cervical cancer at a tertiary oncology center. Ethical approval was obtained from the institutional ethics committee, and informed consent was collected from all participants. Inclusion criteria included histopathologically confirmed cervical cancer, FIGO 2018 stage IIA or IIB, no prior cancer treatment, and adequate organ function for planned therapy. Patients with metastatic disease, concurrent malignancies, or severe comorbidities precluding standard treatment were excluded.

Treatment Groups:

- **Surgery group:** Patients undergoing radical hysterectomy with pelvic lymphadenectomy followed by adjuvant therapy if required.

- **Chemoradiotherapy group:** Patients receiving external beam radiation therapy (EBRT) with a total dose of 45–50 Gy in 25–30 fractions, followed by brachytherapy (30–35 Gy, 3–5 fractions), combined with concurrent cisplatin-based chemotherapy.
- **Neoadjuvant chemotherapy (NACT) + surgery group:** Patients receiving three cycles of cisplatin + paclitaxel or cisplatin + gemcitabine, followed by radical hysterectomy and adjuvant radiotherapy.
- **Palliative care group:** Patients receiving chemotherapy and/or radiotherapy for symptom control due to inoperable disease.

Statistical Analysis: Data analysis was performed using SPSS version 26.0. Descriptive statistics were used to summarize patient demographics and treatment characteristics. Kaplan-Meier survival analysis was conducted to evaluate overall survival (OS) and progression-free survival (PFS). Quality of life was assessed using the EORTC QLQ-C30 questionnaire, and comparisons were made using ANOVA and chi-square tests. A p-value of <0.05 was considered statistically significant.

Results

Among the 60 patients, 27 were diagnosed with stage IIA and 33 with stage IIB cervical cancer. Treatment distribution was as follows:

- Surgery + adjuvant therapy (31.7%)
- Chemoradiotherapy (35%)
- Neoadjuvant chemotherapy + surgery (13.3%)
- Palliative treatment (3.3%)

The chemoradiotherapy group exhibited higher treatment-related toxicities, particularly hematologic and gastrointestinal side effects. The 3-year OS rate was 78.5% for stage IIA and 65.2% for stage IIB patients. Quality of life scores showed that patients undergoing surgery reported better physical and emotional well-being than those receiving chemoradiotherapy.

Discussion

Our study highlights the complexity of managing stage IIA and IIB cervical cancer, with significant variations in treatment response and quality of life. Surgery remains the preferred option for stage IIA patients, with high survival rates and acceptable morbidity (Landoni et al., 2017). However, for stage IIB cases, chemoradiotherapy is the gold standard, offering better local control but with higher toxicity rates (Kim et al., 2020).

The role of NACT in locally advanced cervical cancer is still debated. Our findings suggest that NACT followed by surgery can be an alternative for selected patients, providing good oncologic outcomes while preserving quality of life. However, larger trials are needed to establish its efficacy compared to standard chemoradiotherapy (Choi et al., 2019).

A key consideration in cervical cancer management is quality of life, which varies significantly across treatment modalities. Surgery patients generally experience better post-treatment recovery, whereas chemoradiotherapy is associated with long-term complications such as lymphedema, bladder dysfunction, and sexual health issues (Eifel et al., 2021). Addressing these concerns through supportive care and rehabilitation programs is essential.

Conclusion

This study provides valuable insights into the treatment outcomes and quality of life of patients with stage IIA and IIB cervical cancer. While surgery remains the preferred approach for stage IIA, chemoradiotherapy is the mainstay for stage IIB. Neoadjuvant chemotherapy shows promise as an alternative strategy. Future research should focus on refining treatment protocols and integrating supportive care measures to enhance patient well-being.

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