



THE EFFECT OF HPV ON TREATMENT OF CERVIX UTERI CANCER


Binnur Dönmez Yılmaz
Istanbul Provincial Health Directorate
Okmeydanı Education and Research Hospital


Objective:

- Human Papilloma Virus (HPV) causes more than 90% of patients with cervix uteri carcinoma
- The distribution of HPV types in squamous cervical uteri carcinoma in patients admitted to our clinic and its effect on radiotherapy response were evaluated

Methods:


- 150 local advanced patient files admitted to the Radiation Oncology Clinic of Okmeydanı Training and Research Hospital between 2015-2018 were examined
- All patients underwent intracavitary radiotherapy following external radiotherapy with cisplatin 40 mg /m² concomitant weekly. After the presence of HPV in paraffin blocks of 57 patients, type determination was performed

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- In the first biopsy paraffin blocks prepared for diagnostic purposes, the presence of HPV DNA was first investigated by real time polymerase chain reaction (PCR). The tests were conducted in Acibadem Labmed Laboratories with the financial support of Turkish Society for Radiation Oncology.

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- The study population consisted of 57 stage IB2-IIIC2 surgery-naive patients who were staged according to FIGO 2018 criteria and diagnosed as locally advanced squamous cell carcinoma of the cervix uteri.
 - Patients with metastatic cancer and adenocancer were excluded from the study.

Results:

- The mean age of the patients was 53 (53-80). HPV was found in 33 of 57 squamous cervical uteri cancer patients.
- HPV16 (33%) in 19 patients, HPV18 (12%) in 7 patients, HPV45 (0.03%) in 2 patients, HPV52 (0.01%) in one patient and HPV31 (0.01%) in one patient were detected. HPV was not detected in 24 patients (42%) and three patients had multiple HPV types

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- Local control could not be achieved in four patients (7.02%).
 - Metastasis rate was 75% in 3 patients without local control.
 - No statistical difference was found between HPV positive and negative groups in age, stage distribution, mean tumor volume, smoking, external radiotherapy and brachytherapy dose, treatment and follow-up time, and metastasis formation.

In the HPV (-) group

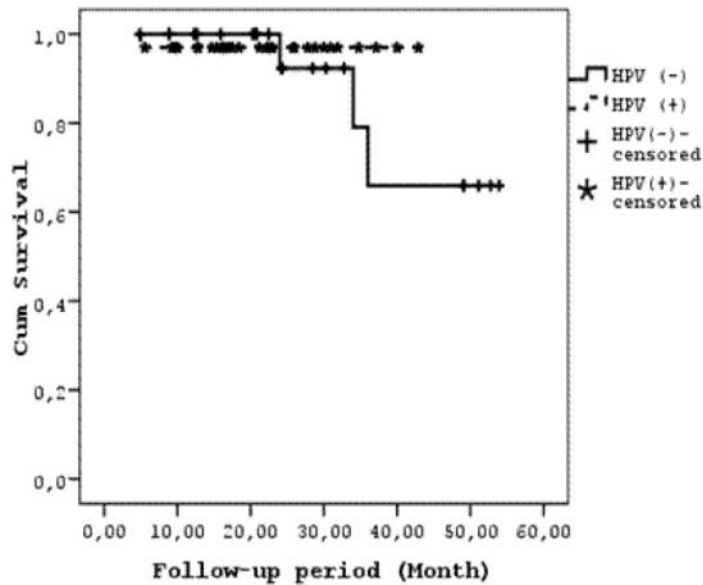
- The mean residual tumor diameter and volume after external radiotherapy were significantly higher than the HPV (+) group ($p = 0.011$; $p = 0.046$)
- The presence of metastasis was found to be 2.23 (1.35-3.75) and the risk of death was RR: 2.8 (1.19-3.63) times higher than the HPV (+) positive cases

Survival analysis of all patients in HPV-negative and HPV-positive groups

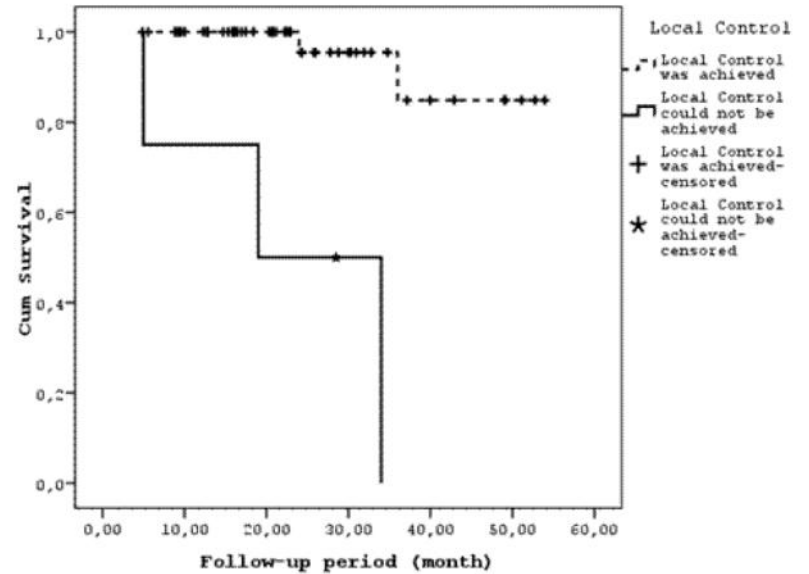
	HPV (-)	HPV(+)	All groups
1 year	0.947	0.970	0,982
2 years	0.874	0.970	0,914
3 years	0.725	0.970	0,739
Median (\pmSE)Survival times (months)	45.18 \pm 3.60	41.75 \pm 1.13	47,57 \pm 2,60
95%CI	39.78-53.19	39.53-43.96	42,16-52,68
LogRank:1.21 p=0.271			

Survival Curves

Survival Functions





Survival Functions




Discussion:

- HPV causes cancer formation by inhibiting tumor suppressed genes in the cell and inhibiting DNA repair pathways.
- However, response rates are not similar in HPV positive patients.

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- In patients with HPV negative cervix uteri cancer, cell damage caused by concomitant chemoradiotherapy is not an adjunct factor such as the inhibition of DNA repair of HPV oncogenes, so the cancer cell may have the opportunity to repair itself.

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- Development of HPV negative cancer was found to be higher in our country (42%) than in the literature.
 - The incidence rates of HPV negative carcinoma of the cervix uteri were reported as 16% in Japan(8), 7% in Sweden (9) and 1% in China (10%).

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- Although concomitant chemoradiotherapy is a more successful treatment modality in patients with squamous cell carcinoma of the cervix uteri due to HPV, in the management of some variant HPV 16- and HPV- negative patients that we do not know, it fails in achievement of local control and survival.
 - For the time being, knowing HPV contamination in these patients is a warning sign to determine the risk of developing carcinoma of the cervix uteri, but its place in decision-making process for treatment is not determined yet

Stage is the predictor of prognosis in Classic Kaposi Sarcoma

Cem Mirili¹, Ali Yılmaz¹

¹ Department Of Medical Oncology, Ataturk University Faculty of
Medicine, Erzurum, Turkey

Introduction:

- Kaposi sarcoma (KS) is a rare indolent angioproliferative neoplasm that requires infection with human herpes virus 8 (HHV-8).
- KS is classified:
 - classic (the type originally described by Kaposi, which typically presents in middle or old age),
 - endemic (several forms described in Sub-Saharan indigenous Africans prior to the AIDS epidemic),
 - iatrogenic (a type associated with immunosuppressive drug therapy, typically seen in renal allograft recipients)
 - AIDS associated (epidemic KS).

Aim

- As there is still no public guidelines for staging and treatment, there is a need for factors that predict survival at the time of diagnosis.
- Therefore, we wanted to evaluate demographics, tumor characteristics, treatment modalities and prognostic factors of patients with classic KS

Material and methods:

- Data of 35 patients with classic KS diagnosed between 2010 and 2019 were evaluated retrospectively.
- All patients were CD34, CD31, HHV-8 positive, HIV negative
- All patients restaged according to KS staging system.
- Associations between clinical and demographical parameters with overall survival (OS) and progression free survival (PFS) were analyzed using Kaplan- Meier curves and compared by the log-rank test.

Kaposi sarcoma staging

- **Stage I (maculonodular stage)** – Small macules and nodules primarily confined to the lower extremities.
- **●Stage II (infiltrative stage)** – Plaques mainly involving the lower extremities, sometimes associated with a few nodules.
- **●Stage III (florid stage)** – Multiple angiomatous plaques and nodules involving the lower extremities that are often ulcerated.
- **●Stage IV (disseminated stage)** – Multiple angiomatous nodules and plaques extending beyond the lower extremities.

Results:

- The median age 72 (25-90) years
 - Male female ratio was 4 (28/7).
- The most common localization is foot (n:19, %54,3)
 - 3Arm, 4Hand, 4Leg, 2Ear
- According to the KS staging system:
 - 26 patients (%74,3) stage 1-2, 9 patients (%25,7) 3-4
- Visceral involvement: 3 patients (%8,5) (lung: 3 patients)
- Bone metastasis: in 4 patients at diagnosis.
- All patients underwent surgery and 13 patients (%37,1) radiotherapy at diagnosis.
- 17 patients received chemotherapy: 15 paclitaxel, 2 lipozomal doxo
- The median follow-up: 49 months
- The mean PFS/OS were 132,4/157,2 months.

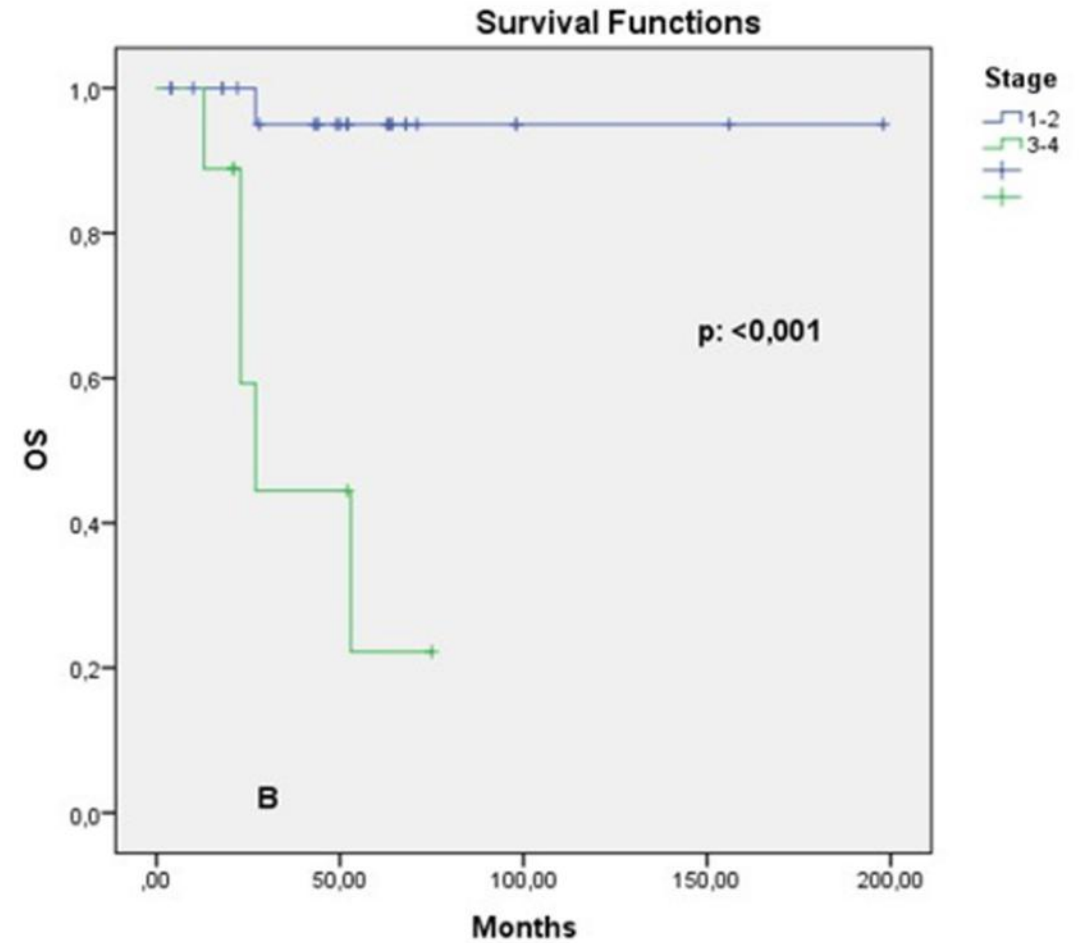
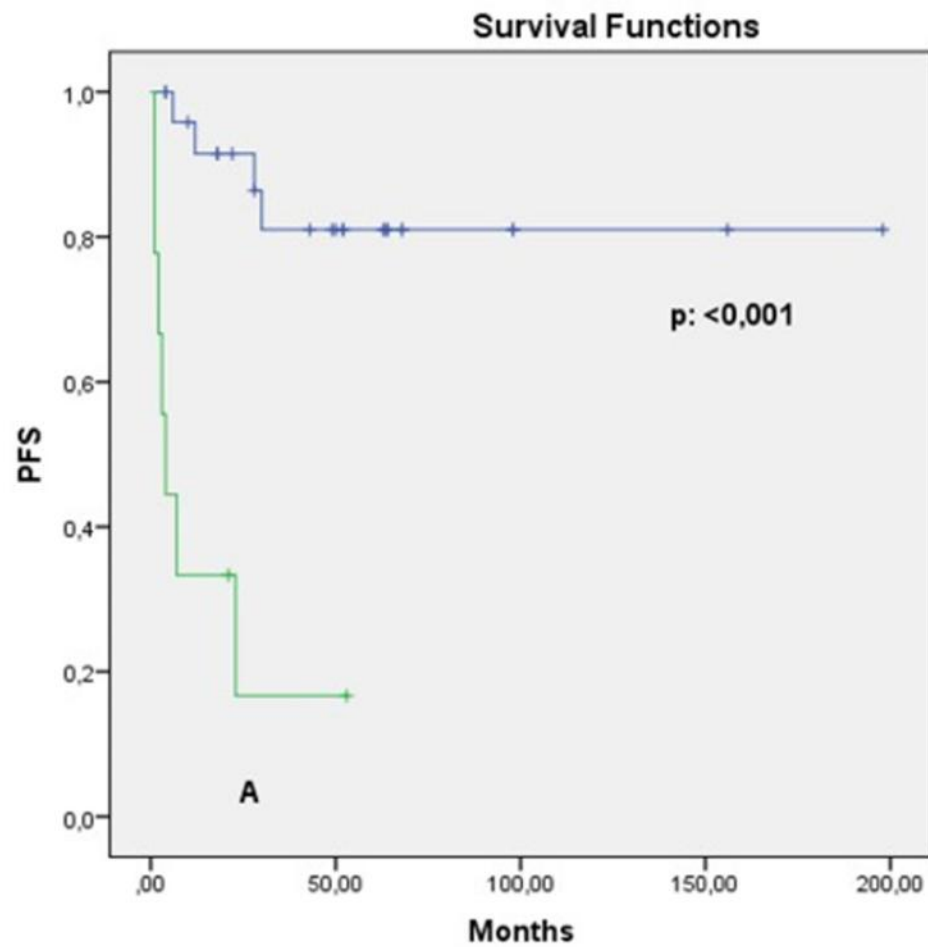
Results

- Patients with male sex, under 60 years, patients with ECOG 0-1 and foot localization have longer PFS and OS, but this is statistically insignificant.
- However, both PFS and OS of stage 1-2 patients are statistically longer.

Table 2: Overall and Progression-free survival times according to clinical and demographic parameters

		Total(n)	Total(%)	PFS Mean	p	OS Mean	<i>p</i>
Gender							
	Male	28	80	137,6	0,465	174,1	0,054
	Female	7	20	33,2		50,3	
Age							
	<60	9	25,7	147,8	0,776	163,8	0,798
	≥60	26	74,3	102,9		123,7	
Ecog							
	0-1	29	82,8	139,7	0,220	164,3	0,307
	2	6	17,8	80,3		104,4	
Location							
	Foot	22	62,8	150,9	0,168	144	0,275
	Other	13	37,2	38,3		66,2	
Stage							
	1-2	26	74,3	164,1	<0,001	189,4	<0,001
	3-4	9	25,7	14,6		40,7	
Overall		35	100	132,4		157,2	

Stage is the predictor of prognosis



Discussion



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BRJEF ARTICLE

Non-AIDS-related Kaposi's sarcoma: A single-institution experience

Pasquale Rescigno, Rossella Di Trollo, Carlo Buonerba, Gaia De Fata, Piera Federico, Davide Bosso, Antonella Virtuoso, Michela Izzo, Tania Policastro, Luca Vaccaro, Gianfranco Cimmino, Francesco Perri, Elide Matano, Mario Delfino, Sabino De Placido, Giovannella Palmieri, Giuseppe Di Lorenzo

Pasquale Rescigno, Rossella Di Trollo, Carlo Buonerba, Piera Federico, Davide Bosso, Antonella Virtuoso, Michela Izzo, Tania Policastro, Luca Vaccaro, Francesco Perri, Elide Matano, Sabino De Placido, Giovannella Palmieri, Giuseppe Di Lorenzo, Genitourinary Cancer Section and Rare-Cancer Center, Medical Oncology Division, University Federico II, 80131 Napoli, Italy

Gaia De Fata, Gianfranco Cimmino, Mario Delfino, Department of Dermatology, University Federico II of Naples, 80131 Napoli, Italy

Author contributions: Rescigno P, Di Trollo R and Di Lorenzo G contributed to the conception and design; Di Trollo R, Buonerba C, De Fata G, Federico P, Bosso D, Virtuoso A, Izzo M, Policastro T, Vaccaro L, Cimmino G, Perri F, Matano E, Delfino M and Palmieri G contributed to the acquisition of data; Buonerba C performed the statistical analysis; Rescigno P, Buonerba C, De Placido S and Di Lorenzo G contributed to drafting and revising the article; all authors approved the final version for publication.

multivariable model was constructed using a forward stepwise selection procedure. A *P* value < 0.05 was considered statistically significant, and all tests were two-sided.

RESULTS: Thirty-two cases were included in this analysis. The average age at diagnosis was 70 years, with a male/female ratio of approximately 2:1. Eighty-four percent of the cases had classic KS. All patients received systemic chemotherapy containing one of the following agents: vinca alkaloid, taxane, and pegylated liposomal doxorubicin. Ten patients (31.5%) experienced a partial response, and a complete response was achieved in four patients (12.4%) and stable disease in sixteen cases (50%). Two patients (6.2%) were refractory to the systemic treatment. The median progression-free survival (PFS) was 11.7 mo, whereas the

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Non-AIDS Associated Kaposi's Sarcoma: Clinical Features and Treatment Outcome

Lena Jakob, Gisela Metzler, Ko-Ming Chen, Claus Garbe*

Department of Dermatology, Eberhard-Karls-University, Tuebingen, Germany

Abstract

Background: Kaposi's sarcoma (KS) in HIV negative patients is rare and has to be distinguished from AIDS associated KS. Two groups are at risk to develop non-AIDS related KS: elderly men mainly of Mediterranean origin and persons with iatrogenic immunosuppression.

Patients and Methods: In order to define risk-groups and major clinical features we retrospectively evaluated clinical data of all patients with non-AIDS associated KS presenting to the Department of Dermatology, University Hospital Tuebingen between 1987 and 2009. Data were extracted from the tumor registry of the Comprehensive Cancer Center Tuebingen and from patient records.

Results: 20 patients with non-AIDS KS have been identified. The average age at KS onset was 66.6 years; the male-to-female-ratio was 3:1. Most of the patients were immigrants from Mediterranean or Eastern European countries (60%). 15 cases of classic KS versus 5 cases of iatrogenic KS were observed. In 95% of the cases, KS was limited to the skin, without mucosal, lymph node or visceral manifestation. KS lesions were in all cases multiple and mostly bilateral, the most common localization was the skin of the lower extremities. Tumor control was achieved in nearly all cases by the use of local or systemic therapy. No patient died from KS.

Conclusions: Unlike KS in AIDS patients, non-AIDS associated KS is a rather localized process which rarely involves lymph nodes or organs. It is mostly seen in elderly males from Mediterranean or Eastern European countries and in most cases responsive on local or systemic therapeutic strategies.

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Original Article Clinical features and prognosis of Kaposi's sarcoma in Urumchi, China

Xuefeng Wan*, Xiaobo Lu*, Maimaitiali Wubuli[†], Palida Abulizi[‡]

[†]Department of Dermatology, First Affiliated Hospital of Xinjiang Medical University, Urumchi 830054, Xinjiang, P.R. China; [‡]Department of Infectious Diseases, First Affiliated Hospital of Xinjiang Medical University, Urumchi 830054, Xinjiang, P.R. China. *Co-first authors.

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Abstract: Aims: This study is to describe the major clinical features and to evaluate the prognosis of classic and Acquired Immune Deficiency Syndrome (AIDS) related Kaposi's sarcoma (KS) in Urumchi, China. Methods: The clinical data of 59 KS patients from the First Affiliated Hospital of Xinjiang Medical University were retrospectively reviewed and analyzed. Results: There were 36 patients of classic KS, 22 patients of AIDS-KS, and 1 patient of iatrogenic KS. Classic KS patients were diagnosed at an average age of 59.47 years (male/female, 17:1), including 29 Uyghur, 6 Kazak and 1 Mongolian. Most of the lesions (97.22%) were confined to the skin, and the lesion of 1 patient involved inguinal lymph nodes. No mucosa and visceral organs were involved. Cutaneous lesions mainly involved bilateral distal limbs, such as the hands and feet. The AIDS-KS patients were diagnosed at an average age of 43.00 years (male/female, 9:2) including 21 Uyghur and 1 Han. Lesions were widely distributed, including limbs, trunk, mucous membranes and visceral. The iatrogenic KS patient only had lesions on trunk without involvement in the mucosa, lymphnodes or visceral organs. Of 36 classic KS patients, the efficacy of local radiotherapy was 71.43% (10/14) and the efficacy of local radiation therapy combining with interferon was 83.33% (10/12). Ten patients did not receive any therapy due to financial constraint or other reasons. Of 22 AIDS-KS patients, 10 patients were treated with high-level antiretroviral therapy. The treatment effectiveness was 80.00% (8/10). Two patients died of hemoptysis. Twelve patients refused the treatment suggestion, and 10 of them died after 6 months of follow-up and 2 patients had increased skin lesions. There were no significant differences in treatment efficacy between classic KS patients and AIDS-KS patients. The lesion of iatrogenic KS patient improved after decrease of cyclosporine dosage. Conclusions: The lesions in classic KS and iatrogenic KS are confined to skin and seldom involve lymph nodes and visceral, on the contrary, the lesions in AIDS-KS are not confined, and may invade the lymph nodes and visceral organs. The classic KS is more common in male Uyghur patients and treatment is more effective, while AIDS-KS involves more visceral organs and have much worse prognosis.



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ORIGINAL ARTICLE

Classic Kaposi's sarcoma: A review of 156 cases

Bulent Cetin ^{a,*,} Bilge Aktas ^{b,} Oznur Bal ^{c,} Efnan Algin ^{c,} Tulay Akman ^{d,} Lokman Korak ^{e,} Mehmet Ali Kaplan ^{b,} Umut Demirci ^{f,} Dogan Uncu ^{c,} Ahmet Ozet ⁱ



^a Department of Internal Medicine, Division of Medical Oncology, Recep Tayyip Erdogan University, Faculty of Medicine, Rize, Turkey

^b Department of Internal Medicine, Division of Medical Oncology, Gaztepe Training and Research Hospital, Istanbul, Turkey

^c Department of Internal Medicine, Division of Medical Oncology, Ankara Numune Training and Research Hospital, Ankara, Turkey

^d Department of Internal Medicine, Division of Medical Oncology, Kent Hospital, Izmir, Turkey

^e Department of Internal Medicine, Division of Medical Oncology, Çanakkale 18 Mart University, Faculty of Medicine, Çanakkale, Turkey

^f Department of Internal Medicine, Division of Medical Oncology, Dr. A. Y. Ankara Oncology Training and Research Hospital, Ankara, Turkey

^g Department of Radiation Oncology, Recep Tayyip Erdogan University, Faculty of Medicine, Rize, Turkey

^h Department of Internal Medicine, Division of Medical Oncology, Dicle University, Faculty of Medicine, Diyarbakir, Turkey

ⁱ Department of Internal Medicine, Division of Medical Oncology, Cizil University, Faculty of Medicine, Ankara, Turkey

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ABSTRACT

Background: Kaposi's sarcoma (KS) is a reactive, multifocal, multicentric, angiogenic neoplastic proliferation that is thought to originate from endothelial cells that are infected with human herpesvirus-8 (HHV-8). This report examines a cohort of patients with classic Kaposi's sarcoma (KS) evaluated at the national institute of oncology over the 13-year period.

Methods: A retrospective analysis of 156 patients with classic KS, between January 2000 and November 2013, was performed. This study focused on the clinical presentation, staging, diagnosis, and treatment of classic KS.

Results: One hundred fifty-six patients (median age 69 and 115 male) were enrolled into the study. Median age at diagnosis was 69 (range: 32–95 years). Male/female ratio was 2.80. The most common location was the lower limbs. There were 75 stage I patients (48.1%), 8 stage II patients (22.4%), 31 stage III patients (19.9%) and 15 stage IV patients (9.6%). Surgery was the most common local treatment method (43%). 44 patients (28.2%) received radiotherapy (RT) at diagnosis. Cytotoxic treatment with chemotherapy or interferon- α was administered in 57 patients. Visceral involvement was observed in 10 patients (lung: nine patients, liver: one patient) and bone metastasis occurred in two patients at relapse.

Conclusion: This study is one of the largest reported series. Further studies are required and it will be important to standardize the assessment of disease activity and clinical response.

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Classical Kaposi Sarcoma

Prognostic Factor Analysis of 248 Patients

Baruch Brenner, M.D.^{1,2}

Alina Weissmann-Brenner, M.D.^{1,2}

Erica Rakowsky, M.D.^{1,2}

Sara Weltfriend, M.D.^{3,4}

Eyal Fenig, M.D.^{1,2}

Rachel Friedman-Birnbaum, M.D.^{3,4}

Aaron Sulkes, M.D.^{1,2}

Shai Linn, M.D.^{4,5}

¹ Institute of Oncology, Rabin Medical Center, Beilinson Campus, Petah Tiqva, Israel.

² Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel.

³ Department of Dermatology, Rambam Medical Center, Haifa, Israel.

⁴ Technion-Israel Institute of Technology, Haifa, Israel.

⁵ Department of Epidemiology, Rambam Medical Center, Haifa, Israel.

BACKGROUND. Classical Kaposi sarcoma (CKS) is a rare indolent neoplasm that is particularly prevalent among Jews of Ashkenazi and Mediterranean origin. Data regarding prognostic factors for CKS are scarce. The aim of the current retrospective analysis was to better define prognostic subgroups among patients with CKS. **METHODS.** Between 1960 and 1995, 248 consecutive patients with CKS were treated at the Rambam and Rabin Medical Centers in Israel. Although treatment options included local excision, radiotherapy, and chemotherapy, observation alone was used for 31% of patients. For prognostic factor analysis, disease progression was classified as any progression and dissemination, and progression-free survival was calculated for each.

RESULTS. At a median follow-up of 20 months, four patients (1.6%) died of CKS. Of the patients eligible for analysis, 94 of 220 (39%) had any progression and 23 of 120 (18%) had dissemination. **Only 8 of 202 (4%) had visceral spread.** On univariate analysis, age was a statistically significant prognostic factor for any progression ($P = 0.04$), whereas immunosuppression and visceral involvement at presentation had only borderline significance. Immunosuppression was the only prognostic factor for dissemination ($P = 0.003$). **On multivariate analysis, both age and immunosuppression were significant prognostic factors for any progression** ($P = 0.001$ and 0.01 , respectively). Immunosuppression was also predictive of dissemination ($P = 0.006$).

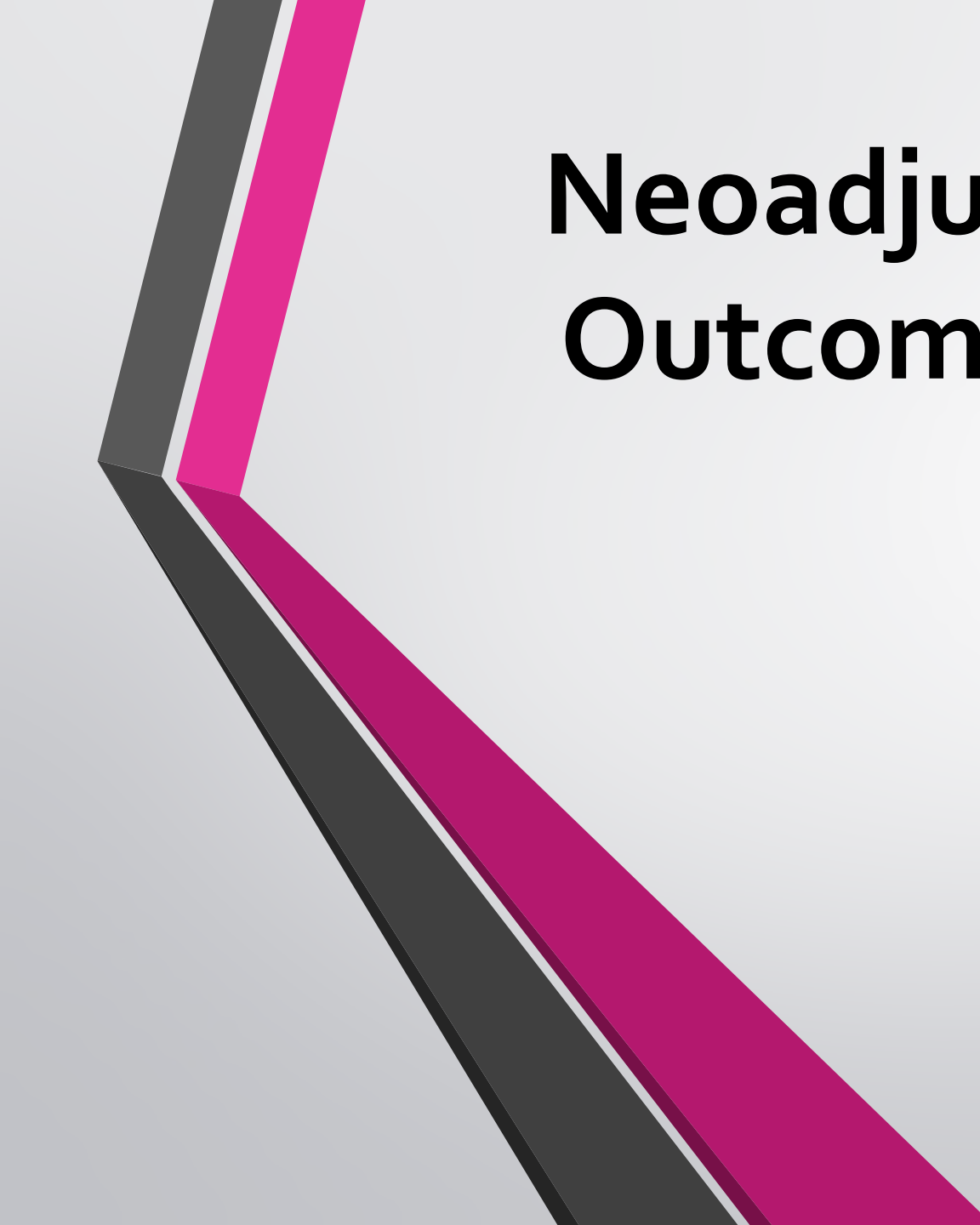
CONCLUSIONS. Immunosuppression and older age (50 years and older) are strongly associated with poorer outcome among CKS patients. The two end points used in this study may be used for future prognostic factor analyses. *Cancer* 2002;95:1982–7. © 2002 American Cancer Society.

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Conclusion

- Classic KS is a slow-growing, localized, advanced age male disease.
- There are no definite prognostic factors in this disease group because of its rarity.
- According to the results of our study, unlike other clinical and demographic features, only stage is prognostic for both PFS and OS.
- Prospective and multicenter studies are needed to confirm the accuracy of the information we present.

Thank you for attention



Neoadjuvant Chemotherapy Outcomes in Breast Cancer : A Single Institution Experience

Özgecan Dülger, Seval Ay, Nurullah İlhan, Sinan Koca, Mahmut Gümüş

Istanbul Medeniyet University

Göztepe Education and Research Hospital

Medical Oncology

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Oncological Sciences

Background

- Neoadjuvant therapy permits an early evaluation of the effectiveness of systemic therapy.
- Patients had a documented pathologic complete response (pCR) at surgery was prognostically significant.
- Which imaging methods is most specific for pCR that is unclear.

Patients And Methods

- We reviewed sixty-eight consecutive breast cancer patients treated with neoadjuvant chemotherapy.
- The following variables were recorded for analysis: patient age, clinical stage, grade, HER-2, estrogen and progesterone receptor status and imaging modalities for using treatment evaluation.

Results

- In pathologic assessment;
 - complete response was seen in 20 patients (30%)
 - near complete response was seen in 8 patients (11%)
 - partial response was seen in 18 patients (26%),
 - and no reduction in 21 (30,9%).
- Radiological complete response was detected in 17 patients, partial response in 30 patients, stable disease in 2 patients, progression in 3 patients.
- We used PET CT in 75%, MRI in 21% and Ultrasound in 4% for evaluating radiological response.

Results

- All patients who had progressed in radiological imaging during neoadjuvant chemotherapy, were diagnosed as triple negative metaplastic carcinoma.
- Other patients (17) who didn't have pathological response were diagnosed with HER2 negative luminal type breast cancer.
- 10 patients with complete response had her2 + disease, 6 patients had triple negative, 5 of them had luminal type breast cancer.

Results

- For detecting pCR, PET CT sensitivity is 86%, specificity is 84% positive predictive value is 72% in our trial.

Tanı Testleri		Alt Limit (95% GA)	Üst Limit (95% GA)	Yorum
Olabilirlik Oranı +	5.72	2.491	13.137	Anlamlı ($p<0.05$)
Olabilirlik Oranı -	0.157	0.043	0.576	Anlamlı ($p<0.05$)
Duyarlılık	0.867	0.695	1.039	Anlamlı ($p<0.05$)
Seçicilik	0.848	0.726	0.971	Anlamlı ($p<0.05$)
Tahmin Değeri +	0.722	0.515	0.929	Anlamlı ($p<0.05$)
Tahmin Değeri -	0.933	0.844	1.023	Anlamlı ($p<0.05$)
Doğruluk	0.854	0.754	0.954	Anlamlı ($p<0.05$)
Tanısal Odds Oranı	36.4	6.22	213.031	Anlamlı ($p<0.05$)

Conclusion

- In our study, results were consistent with literature. According to these data, PET CT has high sensitivity and specificity for detecting pathologic complete response after NACT.
- Further prospective studies and improved imaging technics are required for more accurate predicting pathologic response.



Thank you for your attention!