

## Many years of experience in the treatment of recurrent cervical cancer

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**Background.** The incidence of cervical cancer (CC) in the world is 500,000 new cases per year. In the structure of mortality from malignant neoplasms in women under 45 years of age, CC ranks 1st.

**Aim.** To conduct a multivariate analysis of CC relapses, taking into account the results of primary treatment of CC patients for the subsequent choice of treatment methods for CC recurrences. Methods. Retrospective analysis of 105 case histories of patients for the period 2011–2021 who were treated at the Meshalkin National Medical Research Center and received therapy for recurrences of CC.

**Results.** Stage I — 19 (18.1%), II — 32 (30.5%), III — 50 (47.6%), IV — 4 (3.8%). Primary methods of treatment: combined radiotherapy — 51 (49%), surgical method — 18 (17%), chemoradiotherapy — 18 (17%), surgery in combination with adjuvant radiotherapy — 15 (14%), polychemotherapy (with palliative purpose) — 1 (1%). In the structure of types of relapses: locoregional relapses — 42 (39%), local relapses — 31 (29%), metastatic hematogenous — 22 (20%), metastatic lymphogenous — 13 (12%). Late relapses (more than 12 months) — 65 (62%), early (6–12 months) — 22 (21%), progression (up to 6 months) — 18 (17%). Localizations for the occurrence of distant cervical cancer metastases: bones — 11 (39.3%), lungs — 10 (35.7%), brain — 3 (10.7%), liver — 4 (14.3%), lymphogenous metastases: supraclavicular lymph nodes — 5 (35.7%), inguinal lymph nodes — 8 (57.1%), abdominal lymph nodes — 1 (7.2%).

**Conclusion.** In 62% there were late relapses, in 48% — in patients with initial stages, more frequent and longer follow-up with an oncogynecologist is indicated. Patients need treatment by an oncologist, radiologist, neurosurgeon, chemotherapist regardless of the stage, timing of occurrence, localization of relapses.

**Keywords:** cervical cancer; metastase; recurrence

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