CERVIX CANCER IN ISRAEL A RARE CASE

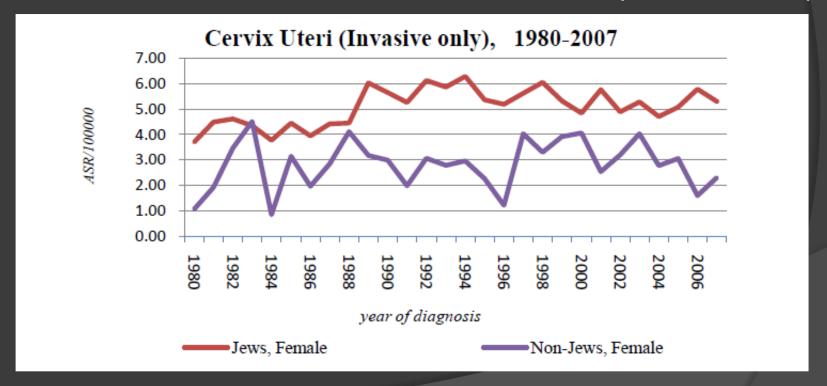
Alon Ben Arie Kaplan Medical Center Feb 2016

Carcinoma of cervix

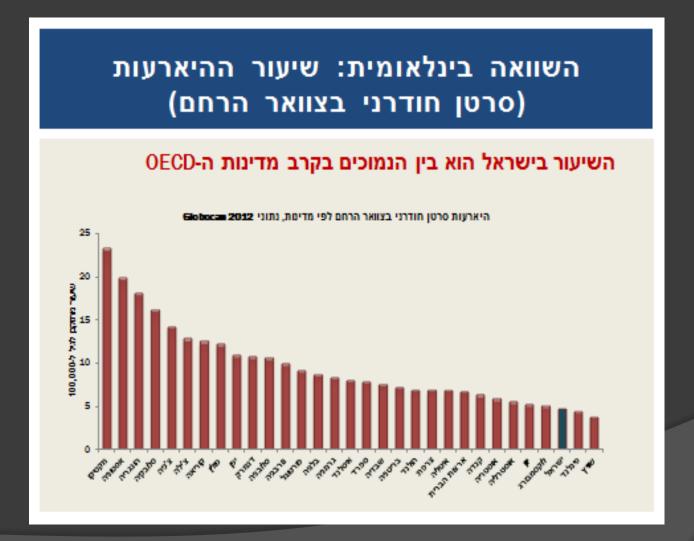
- Developing countries leading cause of death from cancer
- Developed countries Decreasing rates of death and Increasing rates of early detection
- olsrael ?

Cervix Cancer in Israel 2011

- 244 new cases of invasive cervical cancer
- Incidence 5.42 / 100,000 women (1990-5.66)



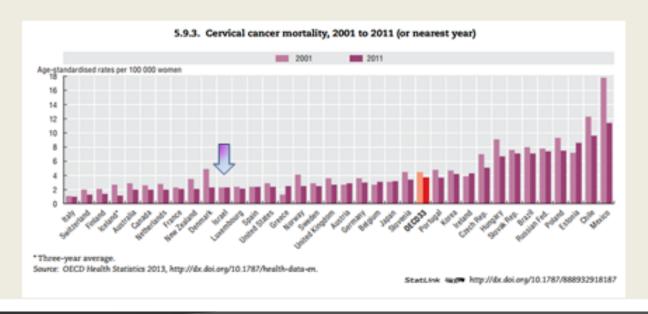
Cervical Cancer Incidence in OECD



Cervical Cancer Death - OECD

השוואה בינלאומית: תמותה

שיעור התמותה המתוקנן לגיל מסרטן צוואר הרחם בישראל ב-2011 נמוך בכ-38% משיעור התמותה הממוצע של מדינות ה-38%



Cervix Cancer in Israel

- NO national Screening
- Israeli Gynecological Association Guidelines recommend every 3 years ages 25-65
- Health Insurance covers every three years ages 35-54
- ~ 40% women opportunistic screening

Low Incidence and Low Mortality

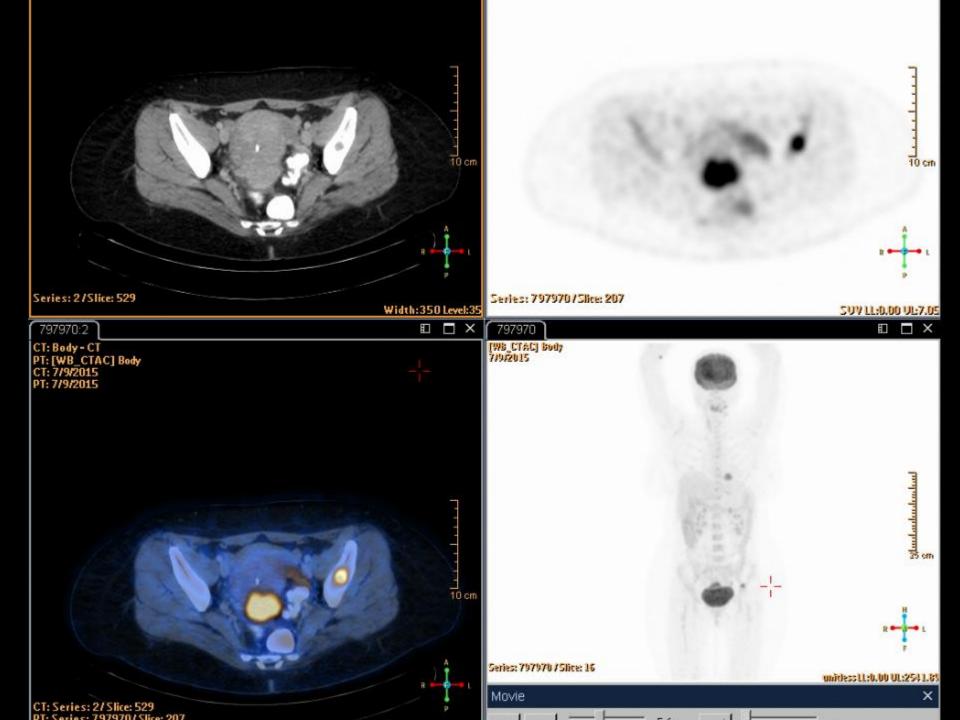
Cervix Cancer at Kaplan Medical Center

- Population 400,000-500,000 ?
- lower socioeconomic background ?
- PAP screening rate ?
- 15 new cases in 2015
- Higher Incidence & Higher Mortality ?
- 11/15 cases Locally advanced or Metastatic Dis. treated by Chemoradiation or systemic chemotherapy +/- AVASTIN

- M.I
- Married + 3 children
- 39 year old nurse at Clalit health services
- No significant past medical or surgical Hx except for Hypothyroidism.
- 5/2015 abnormal vaginal bleeding

- Normal PAP
- Normal Colposcopy
- 6/2015 A 5 cm Cervical Mass
- No Parametrial Involvement
- Biopsy Sq Cell Carcinoma

Clinical Stage IB2



• PET-CT: 6 Cm Cervical mass + 2 cm mass in Iliac bone (confirmed by bx scca) & 3 cm cardiac mass at the interventricular septum. (confirmed by MRI)

Weekly Carbo+ Taxol + Avastin (18 courses)

Cardiac Metastasis

- Cardiac (myocardial) mass are rare
- 40:1 are metastatic and Primary cardiac tumors very rare (usually benign)
- Usually hematogenous metastases with concomitant metastasis (most frequent in the lungs)
- Most Cardiac metastases originate from lung and breast cancer

Myocardial & Intracardiac Cervical Metastases

Very rare – only a few case reports

1-3% in postmortem metastatic disease

 Most cases in Recurrent metastatic disease with concomitant lung metastasis

Myocardial & Intracardiac Cervical Metastases

Author(year)	Age	Stage	Type	Primary Tx	Interval to cardiac metastasis	Recurrence diagnosis modality	Pathology confirmation by
Ando et al. [6]	41	IIB	SCC	Op.	8M	MRI scan	Autopsy
Lemus et al. [7]	53	lb2	SCC	Op.	14M	MRI scan	Autopsy
Lemus et al. [7]	49	MB	SCC	ERT	3M	MRI & CT scan	No autopsy
Inamura et al. [8]	58	IB1	SCC	CTx	44M	Echocardiogram and chest CT	Open excision
Nakao et al. [9]	57	IIIB	SCC	CCRT	10M	Echocardiogram and chest CT	Open excision
Borsaru et al. [10]	42	IVB	SCC	CCRT	6M	Echocardiogram and chest CT	Open excision
Kim et al. [11]	64	IB1	SCC	CCRT	5M	Echocardiogram, TEE and chest CT	Pericardi ocentesis
Miller et al. [12]	48	lb2	Adeno	CCRT	48M	MRI scan	Transesophageal echocardiography- guided biopsy
Won Byun	32	IIA	SCC	Op.	15M	Echocardiogram	Open excision

Myocardial & Intracardiac Cervical Metastases

Table 1.	Literature	review of	f case reports.
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Authors	Year	Age	Stage	Chief complaint	Site of involvement	Interval to cardiac metastasis (years)	Primary treatment
Togo et al. (13)	2013	39	lla	Nausea and vomiting	IVC-RA	I	C + OP
Nakao et al. (15)	2006	57	IIIb	Chest pain	IVC-RA	0.8	C + R
Ferraz et al. (8)	2005	63	•	Fatigue and dyspnea	RV-PA	33	C + R + OP
lwaki et al. (12)	2001	49	•	Cough and low-grade fever	RV	0	C + R
Sergi et al. (14)	1999	50	lla	Oliguria/anuria and shortness of breath	ra, la, rv, lv	0.7	C + R + OP
Ando et al. (11)	1996	41	llb	Slight dyspnea and abdominal pain	RV	0.8	R + OP
Schwakat et al	2014	33	Ilb	mild dyspnea	apical myocard	2	OP + R + C
Kaplan case	2015	38	IB2	asymtopmatic (PET-CT)	apical myocard	0	C + Avastin

Myocardial & Intracardiac Cervical Metastases –Poor Prognosis

- 13 cases of cardiac metastases
- 11 intracardiac
- All except 2 found at metastatic recurrence
- 1-13 months interval time from cardiac metastasis to death
- Rt Heart failure most common cause of death

 During treatment Cardiac arrhythmia – VT – Hospitalization and beta blockers

Perianal Abscess drainage

 Tolerated treatment very well with very good quality of life



- Gyn Exam + PET-CT: Complete remission of cervical mass and bone metastasis.
- Partial response of cardiac mass
- Currently weekly Carbo +Taxol
- No Avastin
- Recent Cardiac MRI -50% reduction in Cardiac mass (including fibrosis)
- Awaiting possible cardiac surgery

Thank you