Clear Cell Carcinoma of the Cervix – the KKH Experience from 2000-2010

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INTRODUCTION

- CCCC is a rare histological subtype of cervical cancer. It accounts for approximately 3–10% of adenocarcinomas of the cervix.
- The most established risk factor for CCCC among literature is the intra-uterine exposure to DES (diethylstilbestrol). However, since the ban of the use of DES in the 1970s, most CCCC cases reported in literature in the recent years are non-DES associated.
- Unlike its squamous cell counterpart, the clear cell histologic type is not associated with HPV infection and CCCC can still occur despite previous HPV vaccination. Thus, CCCC may represent a small, yet growing proportion of cervical cancer cases as the HPV vaccine becomes incorporated into health care delivery.
- Studies have differing opinion regarding the prognosis of CCCC. Many studies have shown that patients with cervical cancer of uncommon histologic cell types (such as clear cell) have poorer prognosis in terms of overall survival and disease free interval. However, a recent case series found that while patients with CCCC may be at slightly higher risk of nodal spread, clear cell histology by itself does not appear to portend a worse prognosis than squamous cell carcinoma of the cervix in the absence of traditional risk factors.

OBJECTIVES

To assess the epidemiology, clinical outcomes and prognostic factors of patients with cervical clear cell carcinoma (CCC) diagnosed in KKH, Singapore from 2000-2010.

MATERIALS AND METHODS

- Retrospective review of 10 patients diagnosed with CCCC at KKH from 2000-2010
- Mean follow-up duration: 26 months (range: 2 – 110 months)

RESULTS

Patient characteristics

- Mean age at diagnosis: 53.7 years
- 60% (n=6) of patients were post-menopausal with a mean post-menopausal age of 51
- 50% (n=5) of patients were sexually active, 20% (n=2) were virgins
- 7 out of 10 patients were formally staged

Outcome in patients with early stage CCCC

- Early stage I (62%): 5-year OS: 95%
- Early stage II (33%): 5-year DFS: 55%
- Early stage III (23%): 5-year DFS: 25%

CONCLUSION

- Distribution of age in this case series did not follow the classical bimodal distribution
- Supports the changing epidemiology of CCCC in the post-DES era where spontaneous CCCC account for most of the cases
- CCCC can affect non-sexually active women
- Supports previous studies that the histology of squamous cell carcinoma of the cervix and CCCC are likely to be different
- CCCC appears to portend a poorer prognosis compared to adenosquamous cervical cancer and appears to have higher risk of lymphovascular spread
- Lymphovascular spread appears to be a useful tool in prognostication
- Treatment of early stage cervical cancer by either surgery or radiation has been shown to be equally efficacious

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REFERENCES


PATIENTS. AT THE HEART OF ALL WE DO.