**Self-Assessment Module**

**2016 ASTRO Annual Meeting**

Challenging Cases in Gynecologic Cancers: Rare and Challenging Tumors-EDU45

Patricia Eifel, Amanda Fader, I-Chow Hsu, William Small, Akila Viswanathan

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**Question 1:** What landmark is best used to determine the lateral margin of the inguinal target volume for patients receiving RT for locoregionally advanced vulvar cancer?

- a) The lateral border of the common femoral vessels
- b) The medial border of the sartorius muscle.
- c) The anterior inferior iliac spine
- d) The border of the psoas muscle

**Answer:** b

**Feedback:** Because they are often secondarily involved in patients with locoregionally advanced vulvar cancer, the superficial circumflex nodes should be included in the target volume. The superficial circumflex vessels run superomedially from the region of the saphenofemoral junction. It is therefore recommended that in the region at and superior to the saphenofemoral junction, the target volume be extended to the medial border of the sartorius muscle. This extends the target volume about 2 cm lateral to the common femoral vein. The anterior inferior iliac spine can be used as a landmark for the lateral border of AP 3-D conformal inguinal fields but is well lateral to the target volume itself.

Patients who have extensive gross involvement of the circumflex nodes or who are being treated postoperatively for patients who had bulky nodes with extracapsular extension, may occasionally require target volumes that extend lateral to the medial border of the sartorius muscle.

**Reference:**


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**Question 2:** What is the 3 year overall survival rate of patients presenting with metastatic cervical cancer to the left supraclavicular lymph node (Stage IVB)?

- a) 0%
- b) 20%
- c) 50%
- d) 70%

**Answer:** c) 50%

**Feedback:** The key message here is that even patients with metastatic disease to the supraclavicular lymph node should be considered for definitive radiotherapy (chemoradiotherapy and brachytherapy) because they can be cured.

**Reference:**


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**Question 3:** What is a dose limiting structure when delivering dose escalated intensity modulated radiotherapy to the para-aortic nodes?

- a) Stomach
- b) Duodenum
- c) Small intestine
- d) Large intestine

**Answer:** b) Duodenum
Feedback: Various papers have suggested there is potential for dose escalation to the involved lymph node using IMRT. When using IMRT for this purpose it is always good to know what is the dose limiting structure.

Reference:

Question 4: 35 year old woman is diagnosed with Stage IIIB small cell cancer of the cervix with evidence of pelvis lymph node metastasis. The treatment associated with the best chance for tumor control is:
A) Neoadjuvant etoposide/cisplatin followed by radical hysterectomy.
B) Etoposide/cisplatin only.
C) Concurrent cisplatin and radiation.
D) Concurrent etoposide/cisplatin and radiation + adjuvant etoposide/cisplatin.
Answer: D
References:

Question 5: A meta-analysis of randomized controlled trials comparing combination chemotherapy with either single-agent chemotherapy or adjuvant radiotherapy in the treatment of uterine carcinosarcoma demonstrates:
A. A lower risk of death with combination chemotherapy compared with single-agent chemotherapy treatment
B. A lower risk of disease progression with combination chemotherapy compared with single-agent chemotherapy treatment
C. A higher risk of hematologic toxicity with whole abdominal irradiation compared with combination chemotherapy
D. A & B are correct
E. A, B & C are correct
Answer: D
References: