Oral Abstract 13: Treatment of locally advanced cervical and vaginal cancer with INTERLACE protocol in a real-world patient population

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Topic
Cervical

Objectives
The INTERLACE trial demonstrated a survival benefit for patients with locally advanced cervical cancer treated with induction chemotherapy followed by standard of care chemoradiation. Anecdotally, patients treated with INTERLACE off trial appear to experience more treatment delays and missed chemotherapy cycles than was reported by the study authors. However, data to substantiate this in a real-world patient population is lacking. Our study aims to describe the tolerance of therapy and clinical outcomes of patients with locally advanced cervical or vaginal cancer treated with the protocol described by the INTERLACE authors.

Methods
We conducted a retrospective study of patients with cervical or vaginal cancer treated with INTERLACE protocol at our institution between 2023 and 2025. The INTERLACE regimen is described in the published study as 6 weeks of induction chemotherapy with weekly carboplatin and paclitaxel, followed by chemoradiation with cisplatin. For this study, treatment completion was defined as receiving ≥5 cycles of induction chemotherapy, ≥4 cycles of cisplatin concurrently with 25 fractions of external beam radiation, and brachytherapy. Associations between treatment completion and demographic, clinical, and oncologic factors were assessed.

Results
Thirty-two patients met inclusion criteria. As defined by our study, 78% (n=25) completed treatment. Overall, 75% (n=24) of patients completed 6 induction chemotherapy cycles, 94% (n=30) completed ≥5 cycles, and 19% (n=6) had treatment delays. During radiation, 63% (n=20) completed ≥5 cycles of cisplatin, 91% (n=29) completed ≥ 4 cycles, and 16% (n=5) had dose reductions. All patients completed 25 fractions of EBRT, and 94% completed brachytherapy. Radiation delays occurred in 53% (n=17) of patients. Only 48% (n=14) completed radiation therapy within 56 days. Common causes for treatment delay were hospital admission (19%) and hematologic toxicity (28%).

Conclusions
A significant number of patients treated with the INTERLACE regimen experience treatment delays or are unable to complete therapy as prescribed. Further research is warranted to determine factors that contribute to successful completion of the INTERLACE regimen and the long-term outcomes of patients who are unable to complete the regimen.

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