

Systematic Review

Electrochemotherapy in Vulvar Cancer and Cisplatin Combined with Electroporation. Systematic Review and In Vitro Studies

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Supplementary

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Table S1. Palliative chemotherapy and radiotherapy in vulvar carcinomas.

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Study	Setting	Number of pts	Number of VC treated with palliative intent	Radiotherapy			Chemotherapy		
				Type	Response	OS	Drug	Response	OS
Wagenaar et al, 2001 [57]	Locally advanced VC	25	25	/	/	/	BLM, methotrexate, and CCNU	PR: 48.0% CR: 8.0%	Median: 7.8 months
Hruby et al, 2000 [62]	Recurrent VC	26	NR	EBRT +/- surgery +/- chemo	PR: 40.0% CR: 20.0%	5-year: 46% (1) 0% (2)	Different regimens	/	/
Tewari et al, 1999 [61]	Advanced/re current VC	11	6 Previously irradiated	BRT +/- EBRT (3)	NR	All pts treated for palliation died of disease (8-64 months)	/	/	/
Benedetti-Panici et al, 1993 [59]	Advanced VC	21	21	/	/	/	CSP, BLM, and methotrexate	PR (T): 9.5% CR (T): 0.0%	NR
Durrant et al, 1990 [58]	Locally advanced VC	31	31	/	/	/	BLM, methotrexate, and CCNU	PR: 48.4% CR: 9.7%	NR
Prempree et al, 1984 [60]	Recurrent VC	21	13	BRT +/- EBRT	31.0%	5-year: 0% in VC > 5 cm	/	/	/

Legend: (1) confined to the vulva; (2): extending beyond the vulva; (3) : one patient developed perineal necrosis and one patient developed rectovaginal fistula. BRT: brachitherapy; BLM: bleomycin; CCNU: lomustine; CR: complete response; CSP: cisplatin; EBRT: external beam radiotherapy; PR: Partial response; NR: not responder OS: overall survival; T: tumor; VC: vulvar cancer.

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