UICC

HPV and CERVICAL CANCER

CURRICULUM

uicc

global cancer control

Chapter 6.c.1

Methods of treatment – Algorithm

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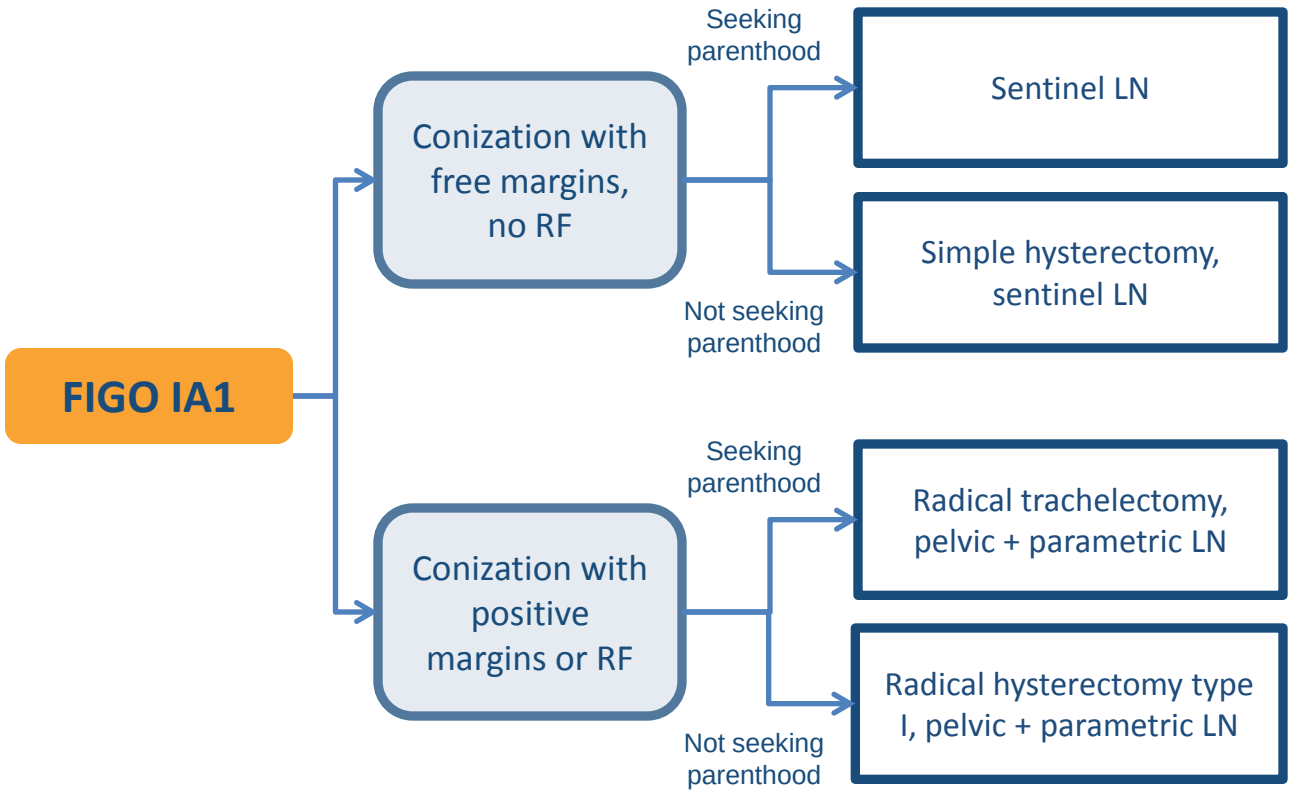
Cervical cancer

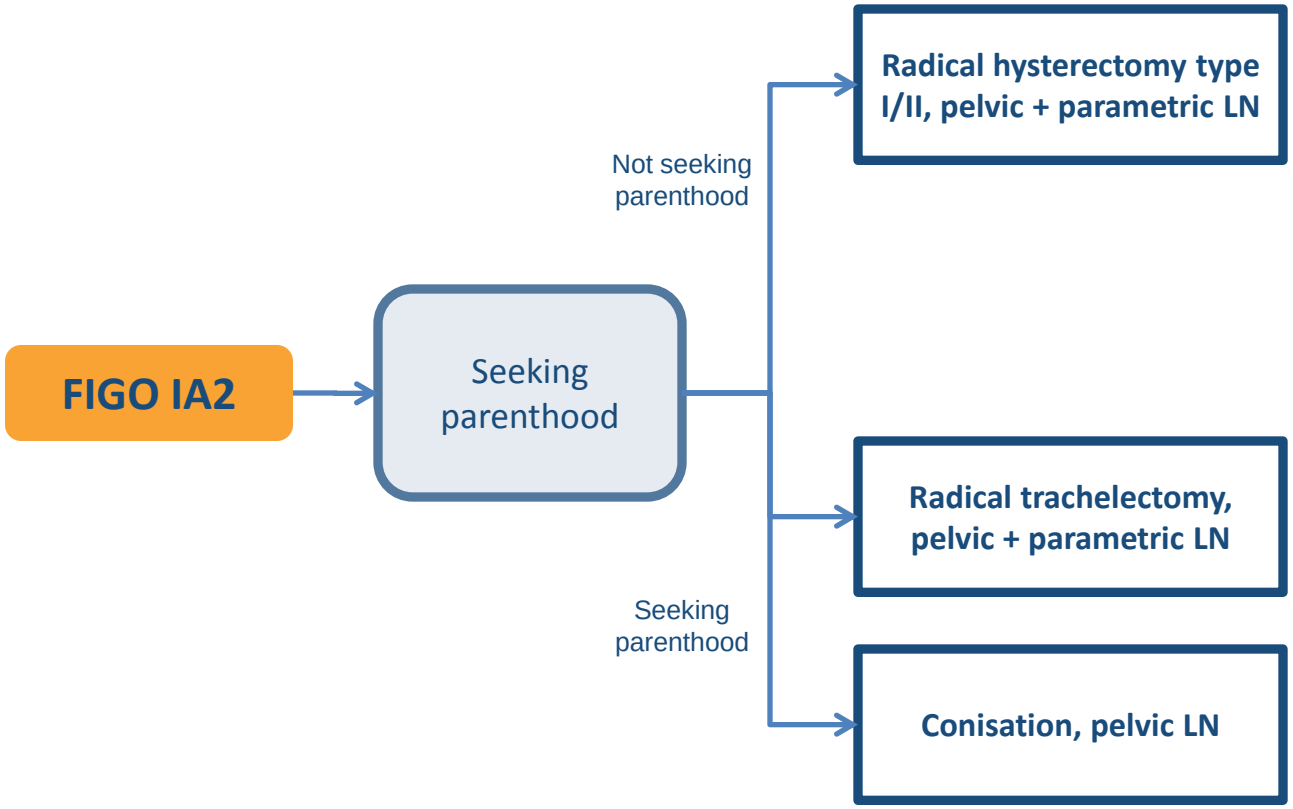
- Diagnostics
- Staging
- **Therapy**
  - **Surgery**
  - **Radiation**
  - **Systemic therapy**
- Prognosis
- Follow-up treatment

Algorithm: FIGO stage IA1



RF: Risk factors (L1: lymphovascular space invasion, V1: blood vessel invasion, G3: poor differentiation)
LN: Lymphadenectomy

Algorithm: FIGO stage IA2



LN: Lymphadenectomy

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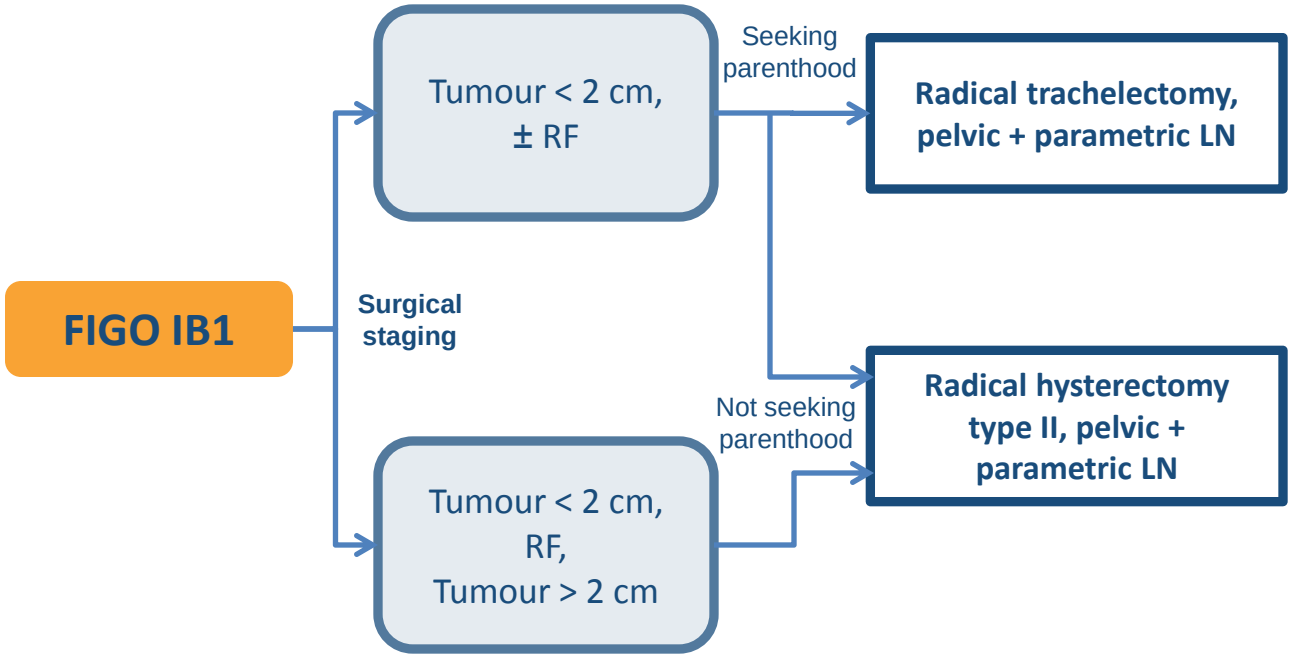
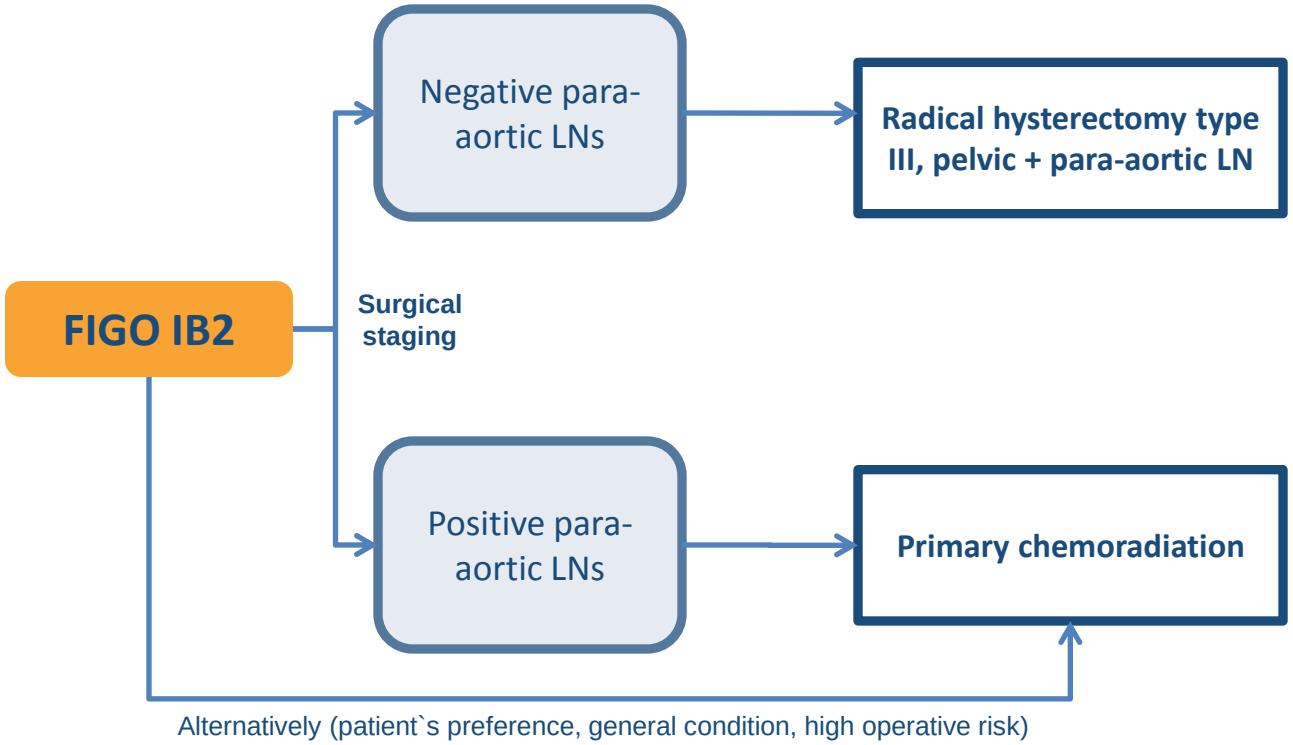
Algorithm: FIGO stage IB1



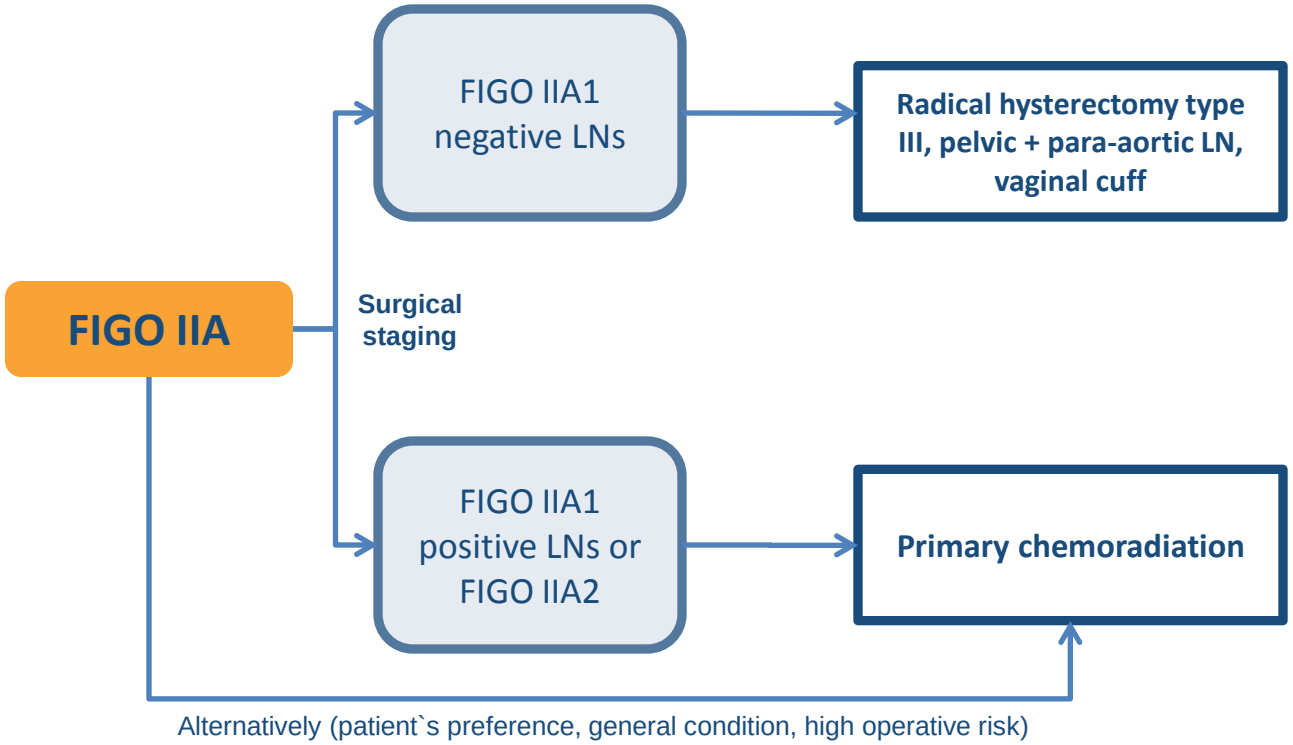
RF: Risk factors (L1: lymphovascular space invasion, V1: blood vessel invasion, G3: poor differentiation)
LN: Lymphadenectomy

Algorithm: FIGO stage IB2



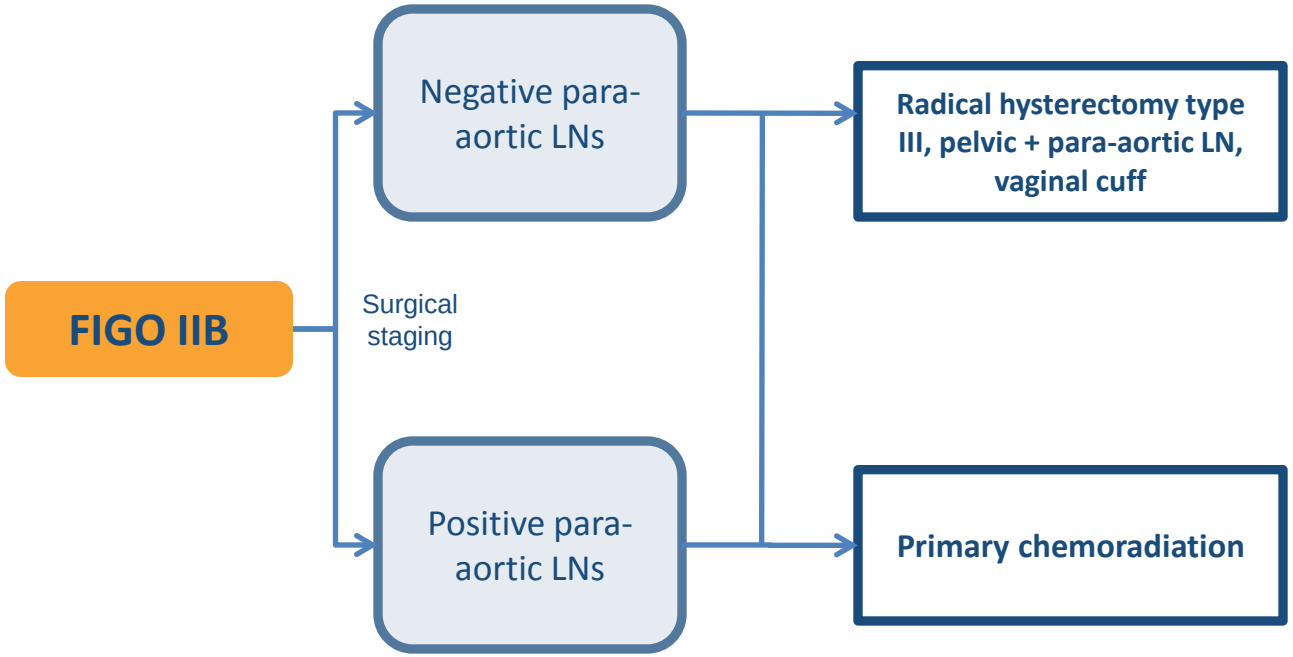
LN: Lymphadenectomy

Algorithm: FIGO stage IIA



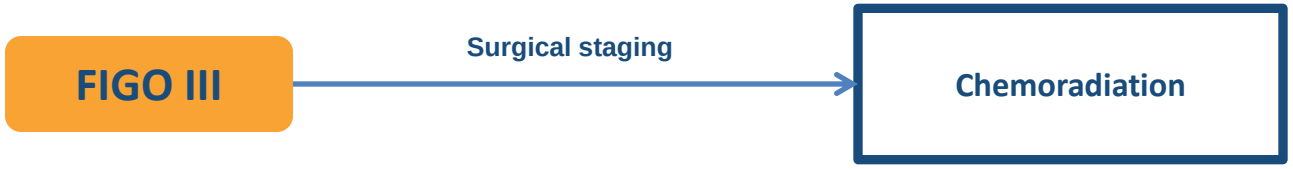
LN: Lymphadenectomy

Algorithm: FIGO stage IIB

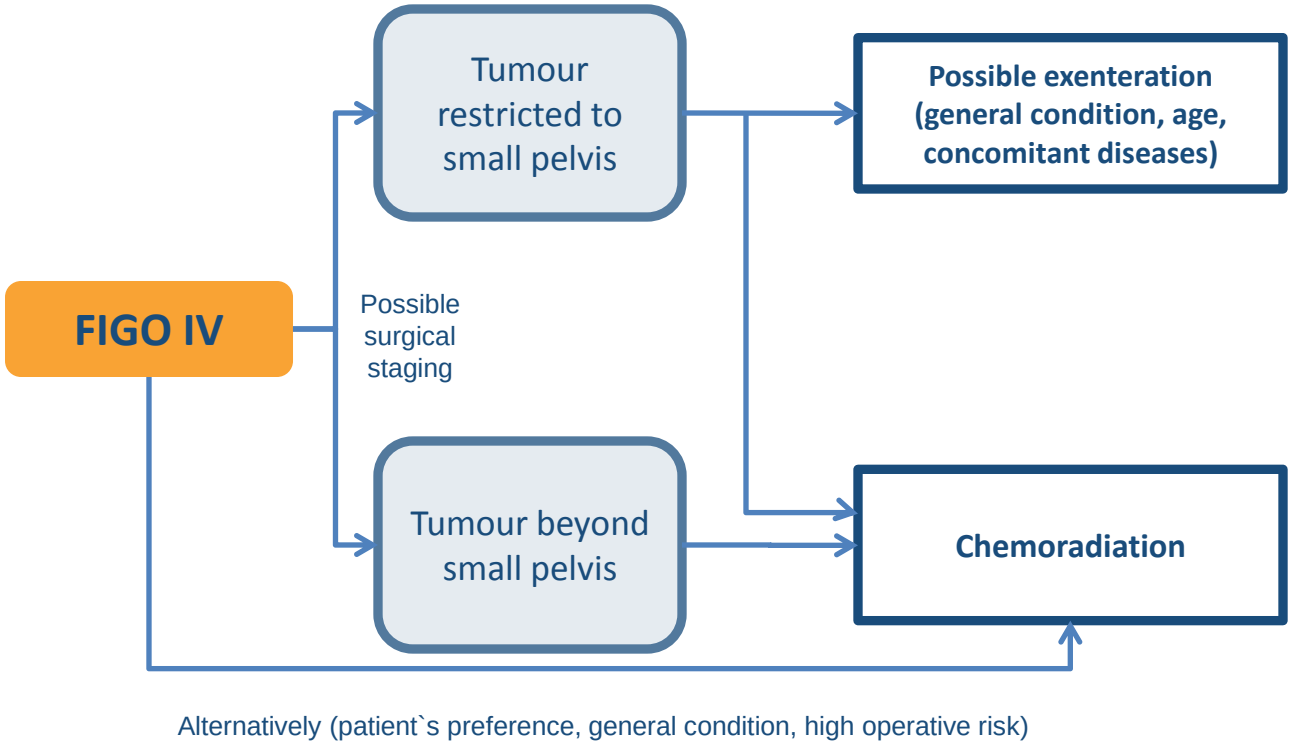


LN: Lymphadenectomy

Algorithm: FIGO stage III



Algorithm: FIGO stage IV

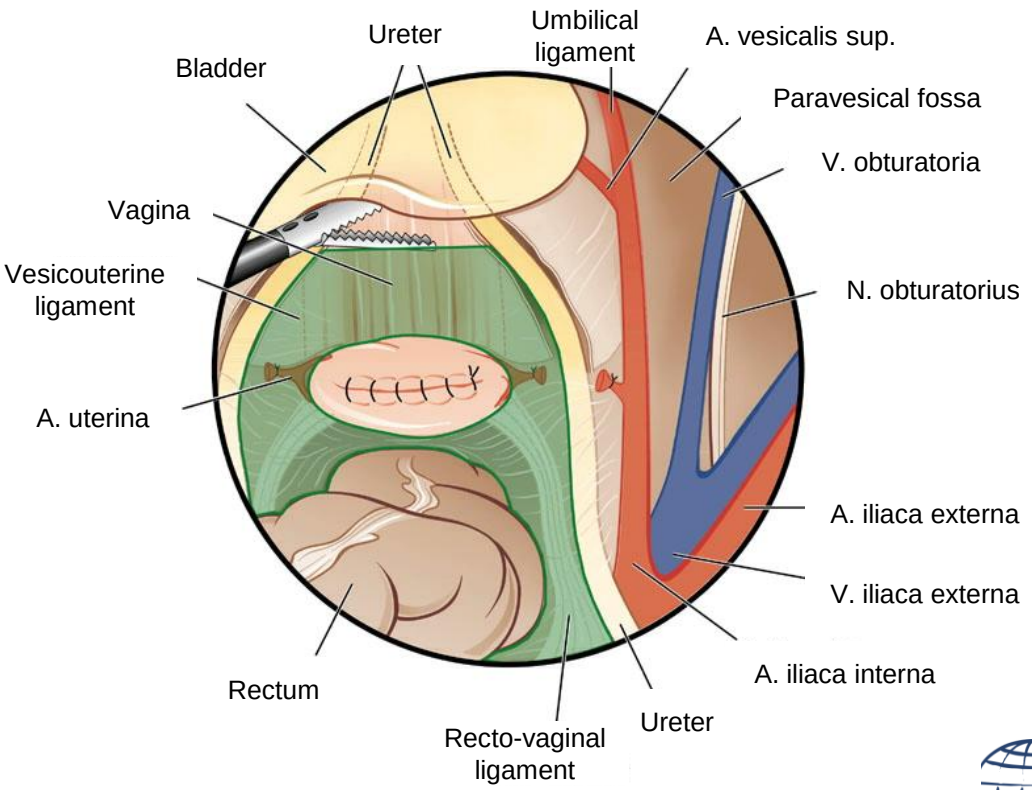


Undertreated cervical cancer

- Microinvasive stage IA1 cancer without lymphovascular space invasion
- Tumour restricted to the cervix and free resection margins
- Infiltrated resection margins but no macroscopically detectable residual tumour
- Macroscopic tumour detectable by clinical examination
- Further surgical procedures: time interval can be variable but can be more than 6 months

Secondary treatment

- Resection figure (green zone) for parametrectomy with parts of the cardinal ligament and the residual bladder pillar and rectal pillar as well as a vaginal cuff



Pregnancy and cervical cancer (1)

- Incidence of invasive cervical cancer during pregnancy: 1/2100
- **Diagnosis**
  - Often delayed (tumour-related bleeding is attributed to a gestational disorder)
  - First examination: cervical smear with cotton applicator and colposcopy
  - Abnormal cytological or colposcopic findings: differential colposcopy to exclude invasive cancer
  - If both the colposcopy and cytology disclose precancer: assumption that lesion will not transform into invasive cancer during the gestational period (up to 40 weeks)
  - On colposcopic and/or cytologic suspicion of microinvasion or invasion: obtain histology by punch biopsy if lesion is purely ectocervical

Pregnancy and cervical cancer (2)

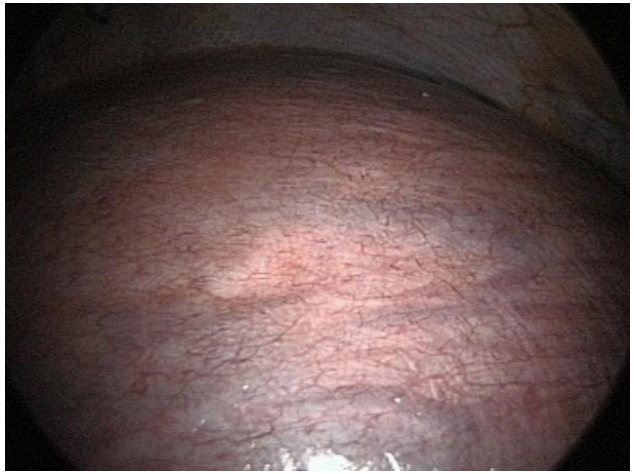
- Endocervical spread necessitates **conisation**
  - Ideally performed between 16th - 20th gestational week (pregnancy has stabilised and the risk of miscarriage is lowest)
  - Miscarriage rate after conisation ranges up to 33% in the 1st third of gestation.
  - Cerclage should not be performed simultaneously and only in women who develop cervical incompetence following conisation
- **Prognosis**
  - Increased rate of intrauterine mortality and spontaneous premature delivery
  - Prognosis depends largely on the cancer stage as well as on risk factors (tumour size, lymph node status, infiltration depth).
  - Pregnancy in itself: no positive or negative prognostic effect

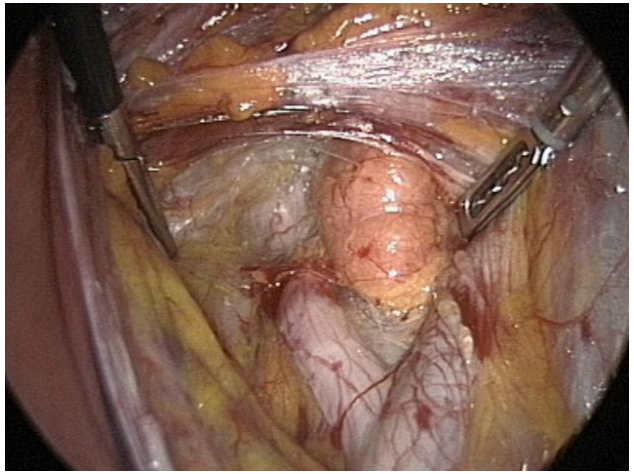
Pregnancy and cervical cancer (3)

- **Microinvasive cancer**
  - Vaginal delivery if the lesion has an invasion depth of less than 3 mm without lymphovascular space invasion and has been completely removed by conisation.
  - Six weeks post-partum: sentinel lymphadenectomy combined with either vaginal hysterectomy or a conservative organ-preserving procedure under close monitoring
  - Lymphovascular space involvement and an invasion depth of 3 - 5 mm: surgically delivery after the foetus has achieved viability and followed by radical hysterectomy and lymphadenectomy
  - Laparoscopic lymphadenectomy can be performed during pregnancy to exclude lymph node metastases

Pregnancy and cervical cancer (4)

- **Stage I and II**





Pregnancy and cervical cancer (5)

- **Stage III and IV**
  - Chemoradiation should be initiated
  - If foetus is viable: performed after the caesarean section
  - Diagnosis of advanced cervical cancer during the first trimester of pregnancy: submit patient to teletherapy, leading to spontaneous miscarriage
  - During second third of pregnancy: discuss risks in detail with parents. Treatment might be postponed until pulmonary maturity has been attained and a caesarean section is performed
  - Invasive staging by laparoscopy can facilitate treatment decision-making

Thank you

This presentation is available at
www.uicc.org/cervicalcancercurriculum