

HPV and CERVICAL CANCER
CURRICULUM



Chapter 6.c.2

Methods of treatment – Surgery

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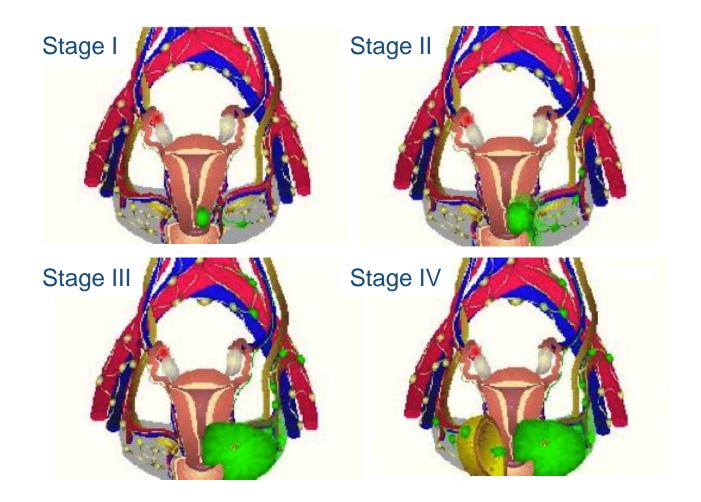


Cervical cancer

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



FIGO staging system





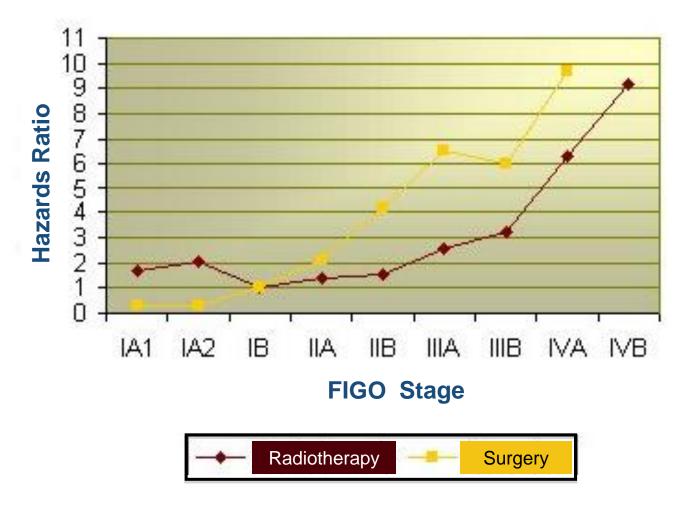
Options for primary therapy

PRIMARY THERAPY

Surgery		
Surgery	\longrightarrow	Radiochemotherapy
Radiotherapy		
Radiochemotherapy		
Radiochemotherapy	\longrightarrow	Surgery
Chemotherapy		
Chemotherapy	>	Surgery



Therapeutic success



Source: FIGO Annual Report

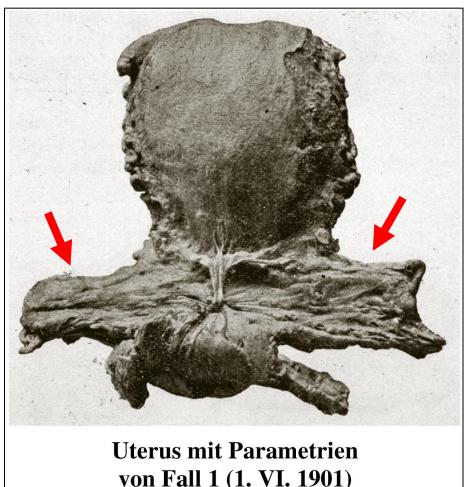


Comparison surgery and radiotherapy in patients with FIGO stage IB

	SURGERY	RADIOTHERAPY
Survival	85%	85%
Severe complications	Urologic fistula 1 - 2%	Intestinal and urologic fistula 1.4 – 5.3%
Vagina	Little shortening	Fibrosis or possible stenosis particularly in postmenopausal women
Ovary	Can be preserved	Castration, surgical translocation outside the pelvis can save ovarian function only in 50%
Chronic effects	Atonic bladder in 3%	Fibrosis of bowels and/or bladder in 6 – 8%
Applicability	Best candidates are < 70 years, < 100 kg bodyweight and in good general condition	All patients are potential candidates
Surgical mortality	1%	< 1% (mostly via pulmonary embolism during intracavitary therapy



Extended or radical hysterectomy



von Fall 1 (1. VI. 1901) F. Schautas



Surgical therapy for cervical cancer stage IA2 - IIB

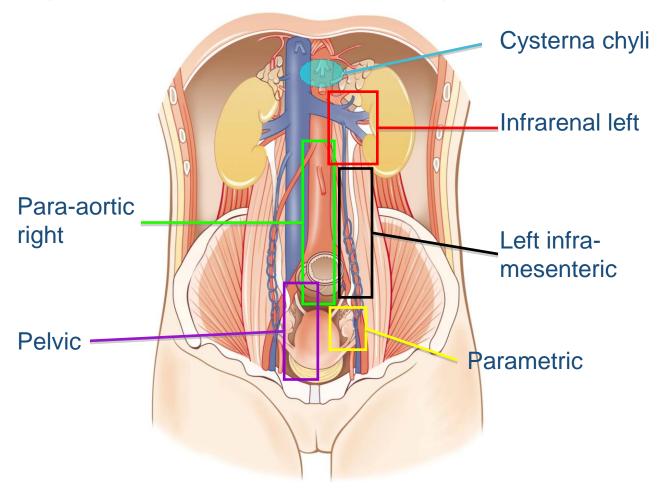






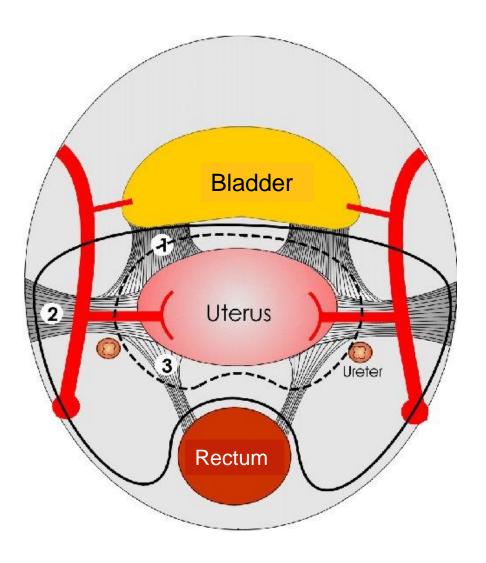
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Lymphadenectomy





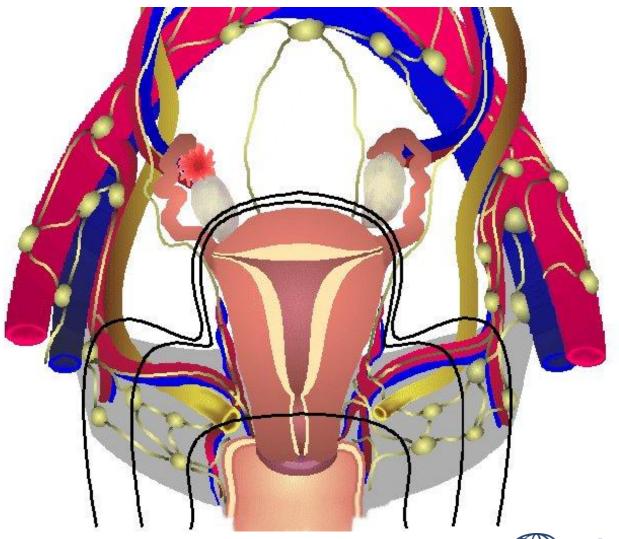
Radical hysterectomy (1)

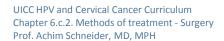


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Radical hysterectomy (2)







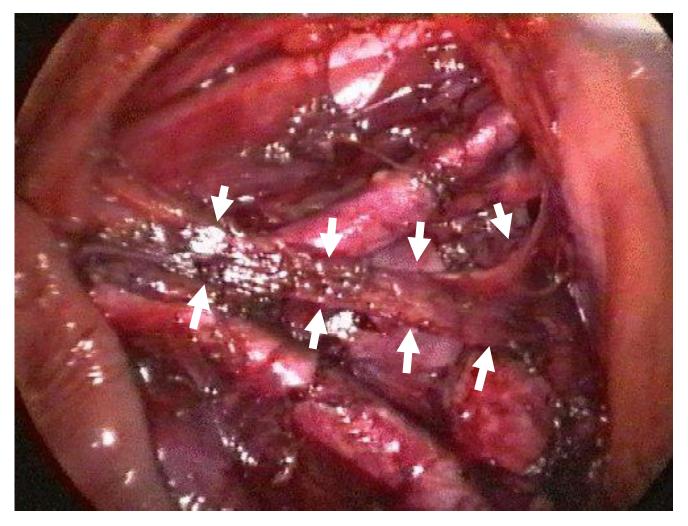
Parametrial resection

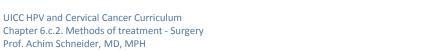






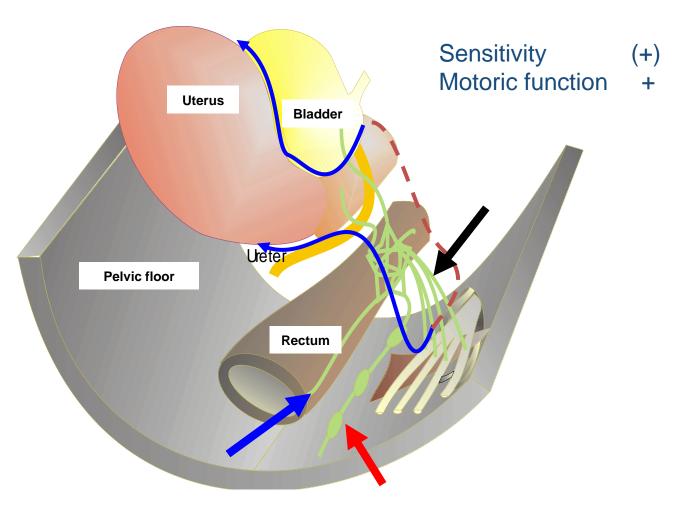
Hypogastric plexus







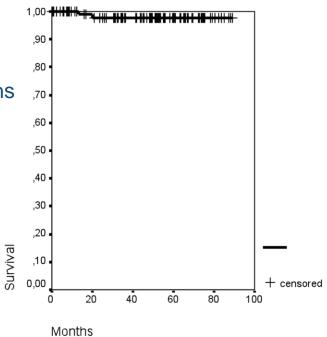
Radical vaginal hysterectomy type III – Nerve sparing





Survival rate after radical vaginal hysterectomy

- Stage IA IB1, tumour free lymph nodes (pN0), no tumor cell invasion of blood and lymph vessels (L+V=0)
- No independent risk factors
- n = 110 patients
- Follow-up time: 44 (1-89) months
- Survival
 - >36 months: n = 70 (64%)
 - >60 months: n = 36 (33%)





Complications following radical hysterectomy

- Early
 - Blood loss
 - Fistula formation
 - Ureter stenosis
 - Pulmonary embolism
 - Infection
 - Ileus

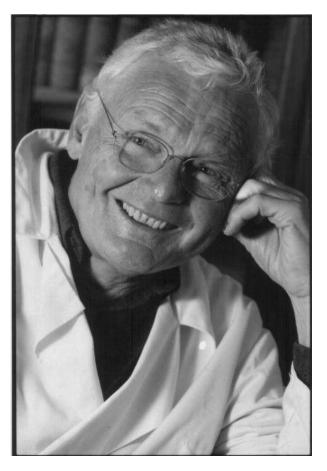


Complications following radical hysterectomy

- Late
 - Lymphocele
 - Bladder control
 - Obstipation
 - Sensitivity



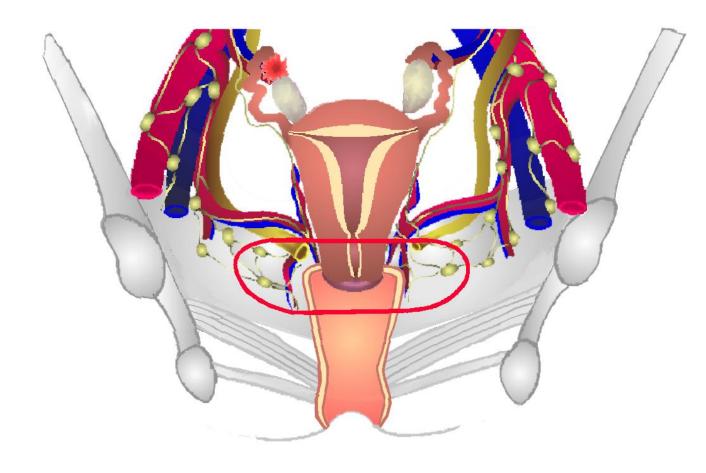
Radical trachelectomy (1)



Daniel Dargent



Radical trachelectomy (2)





Radical trachelectomy (3)

- Preconditions
 - Seeking parenthood
 - pT1A1 L1
 - pT1A2
 - pT1B1 < 2 cm
 - No blood vessel invasion
 - Tumour-free lymph nodes (pN0)
 - Endocervical resection with a 0.5cm margin
 - Residual cervical length 1 cm



Thank you

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

