

Fertility-sparing Treatment of Early Cervical Cancer

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Incidence of Cervical Cancer

Australia

Lifetime risk - 1 : 183 (approx. 750 new cases p/a).

- 2002 – NSW – 210 cases
- 2002 – Queensland – 162 cases

28% of cervical cancers are diagnosed in women prior to the age of 40 years (Australia).

Fertility aspects are an important issue!

Need for Fertility-Sparing Sx.

TOTAL QLD 2004	142
Age < 40 years	40 (28%)
Stage 1a (NOS)	3
1a1	9
1a2	2
1b (NOS)	1
1b1	11
1b2	4
Stage 2+	10
Fertility Sparing	26 of 41

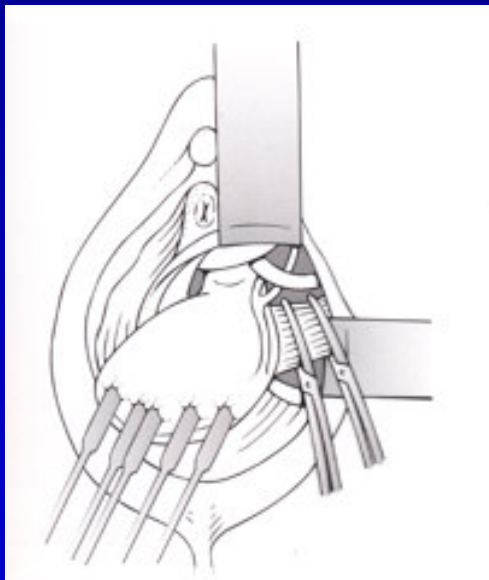
13 patients



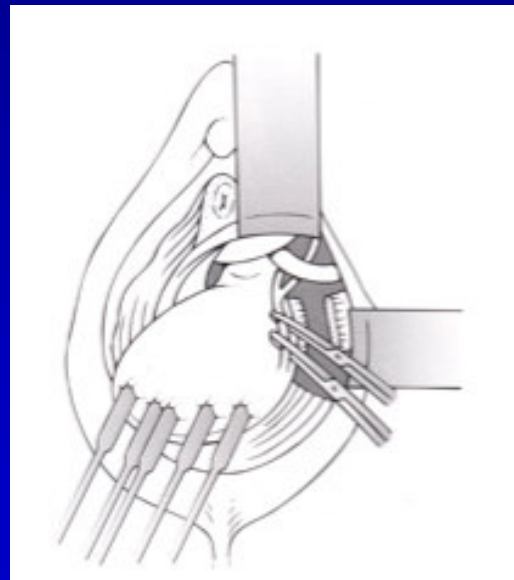
“Radical Trachelectomy”

Removal of Cervix & Parametria but PRESERVE the Uterus

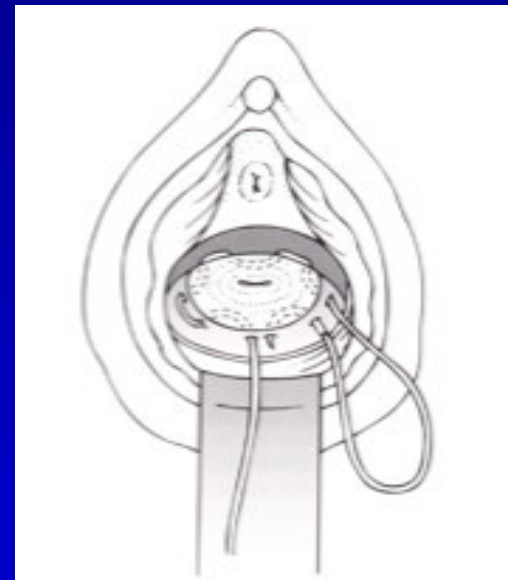
Panel 1



Panel 2



Panel 3



Vaginal approach

Dargent D et al.: Cancer 2000; 88:1877-82

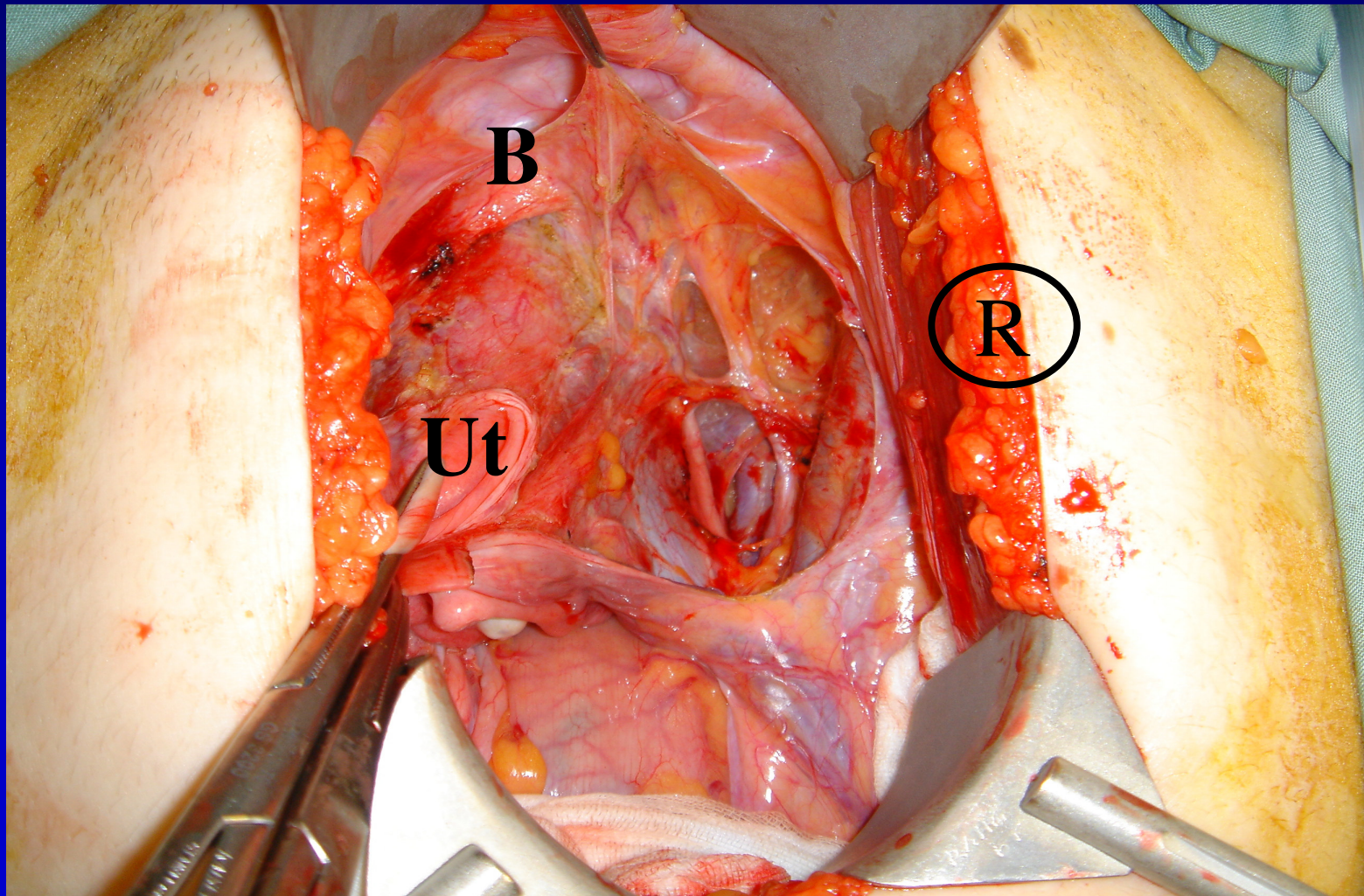
Radical Abdominal Trachelectomy

Hungarian and U.S. approach:

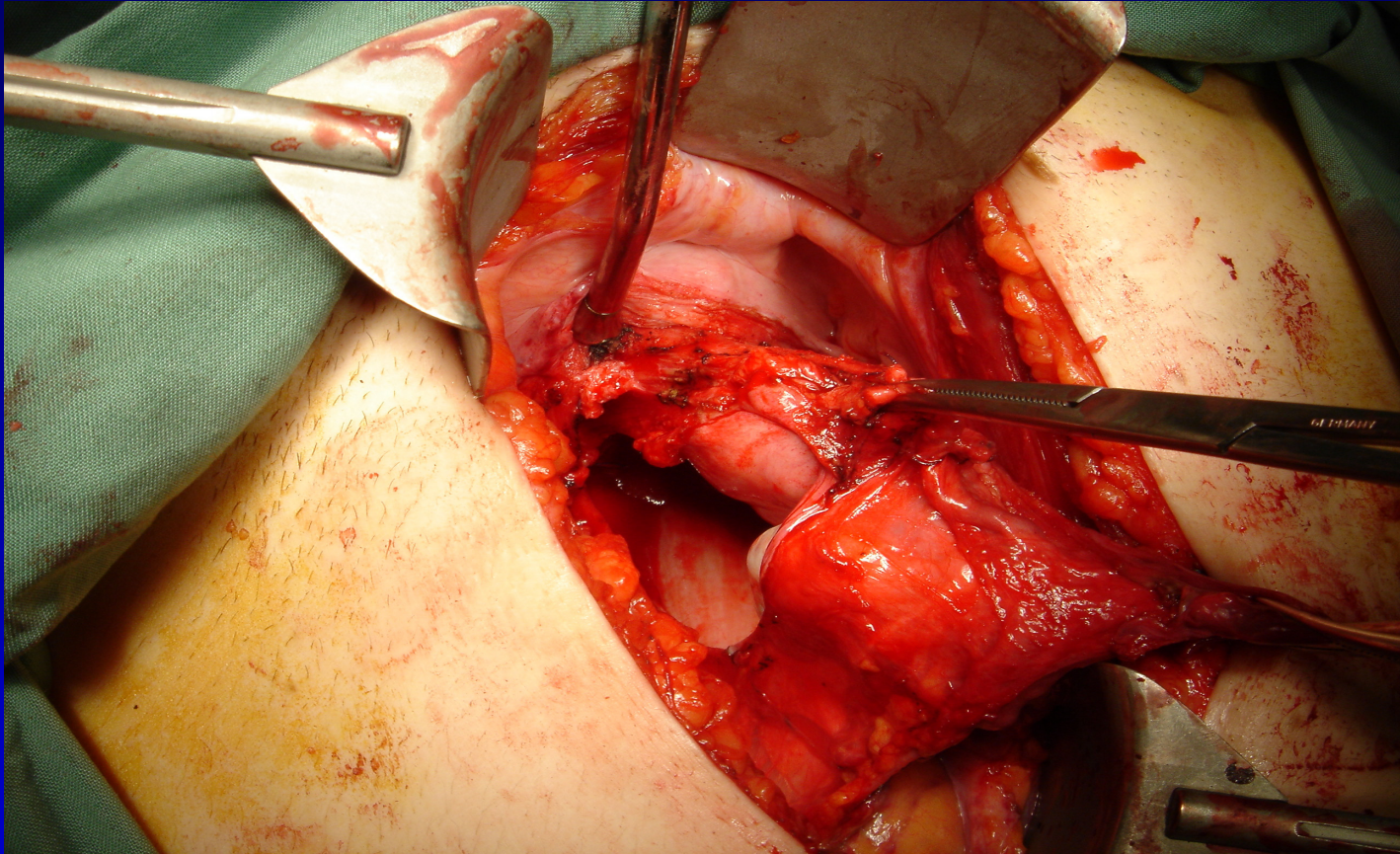
- Laparotomy,
- Round lig. divided enter retroperitoneum,
- Comprehensive PLND (similar to rad hyst) \pm f/s,
- Uterine vessels divided at their origin,
- Ureter lateralised & parametria dissected,
- Transection of corpus and upper 1/3 of vagina,
- Proximal vagina re-attached to uterine corpus.

Ungar L et al.: BJOG 2005; 112:366-9

Open pelvic side wall, PLND

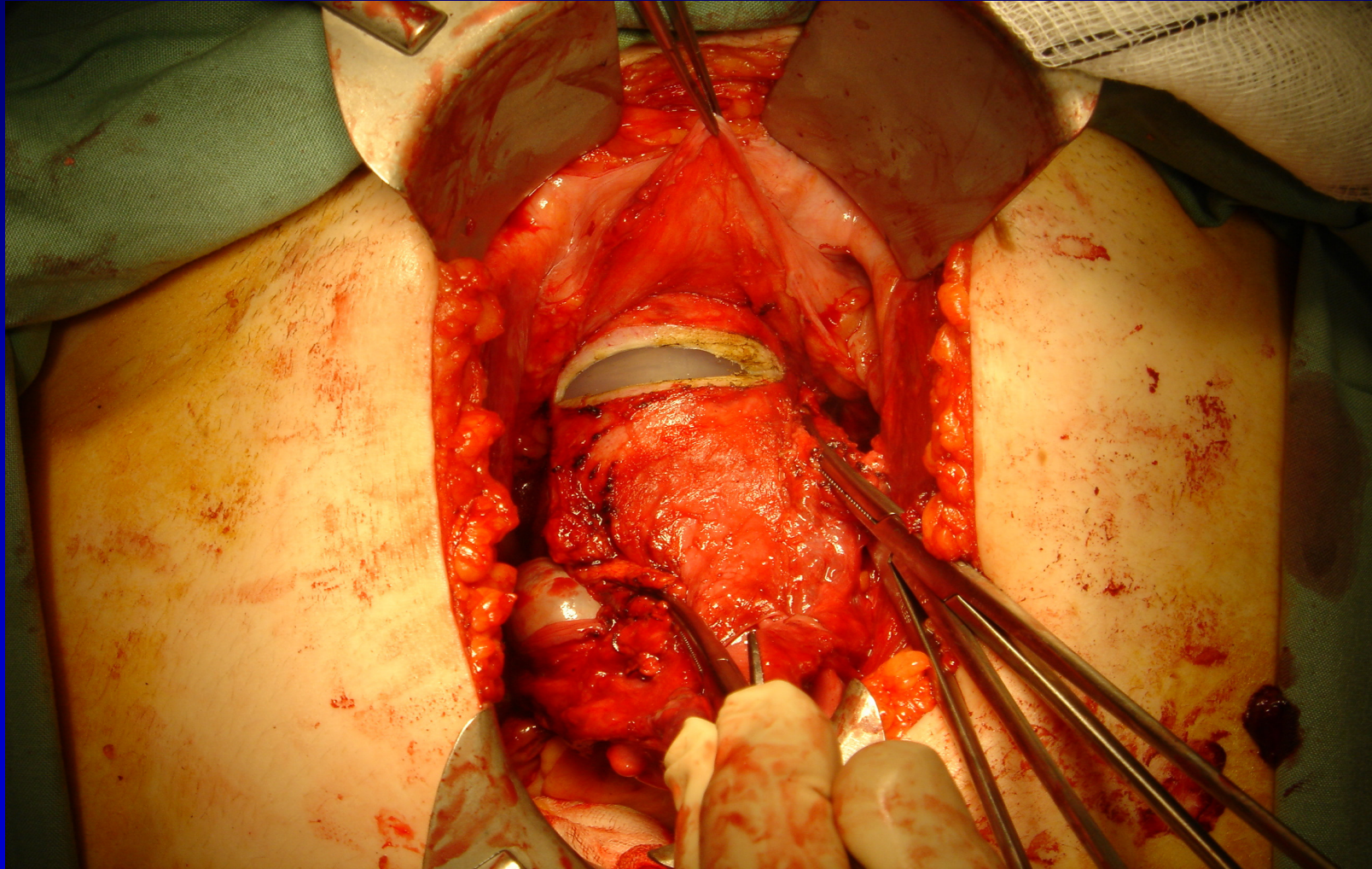


Dissect parametria

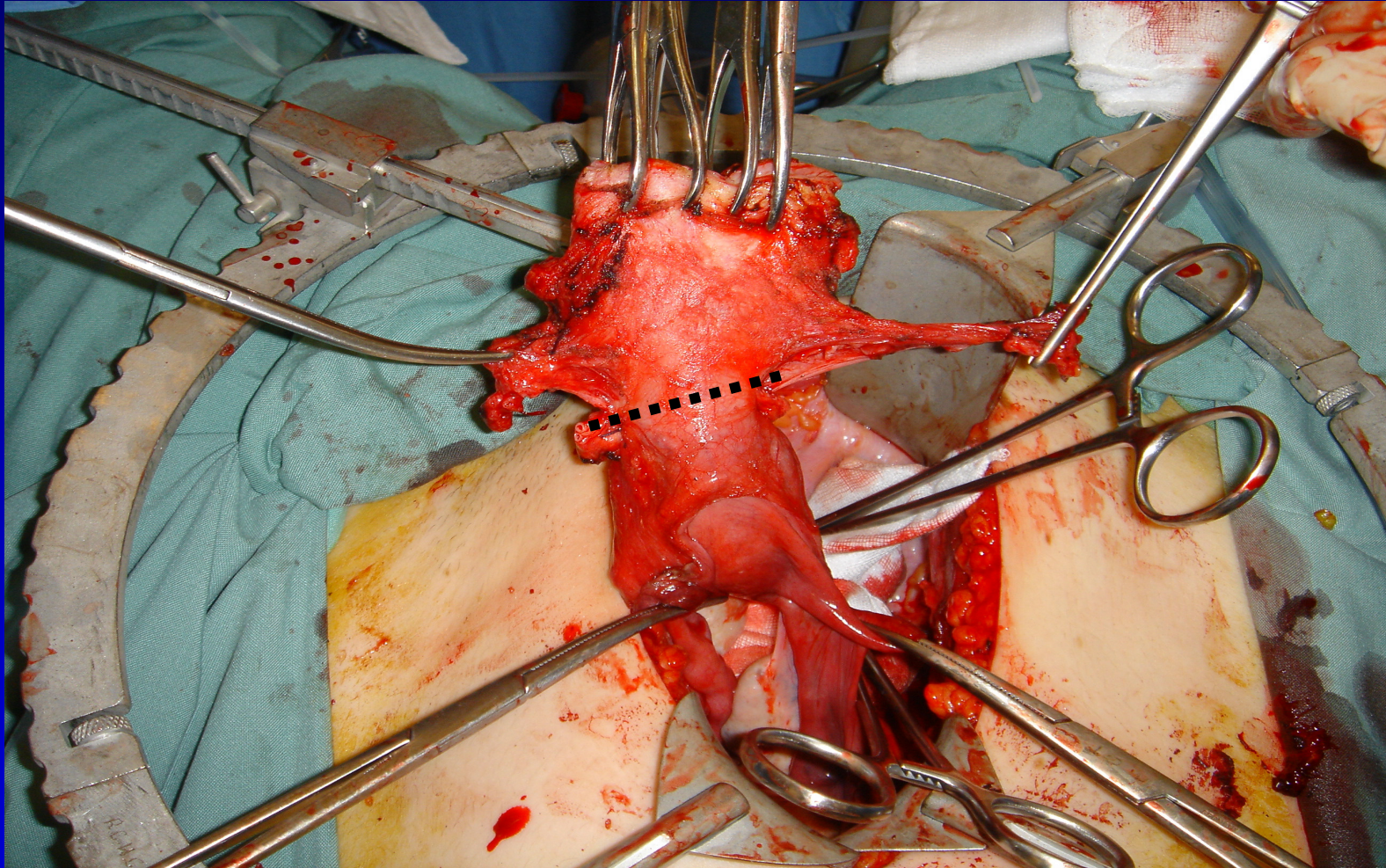


**Blood supply for uterus depends on
ovarian pedicle**

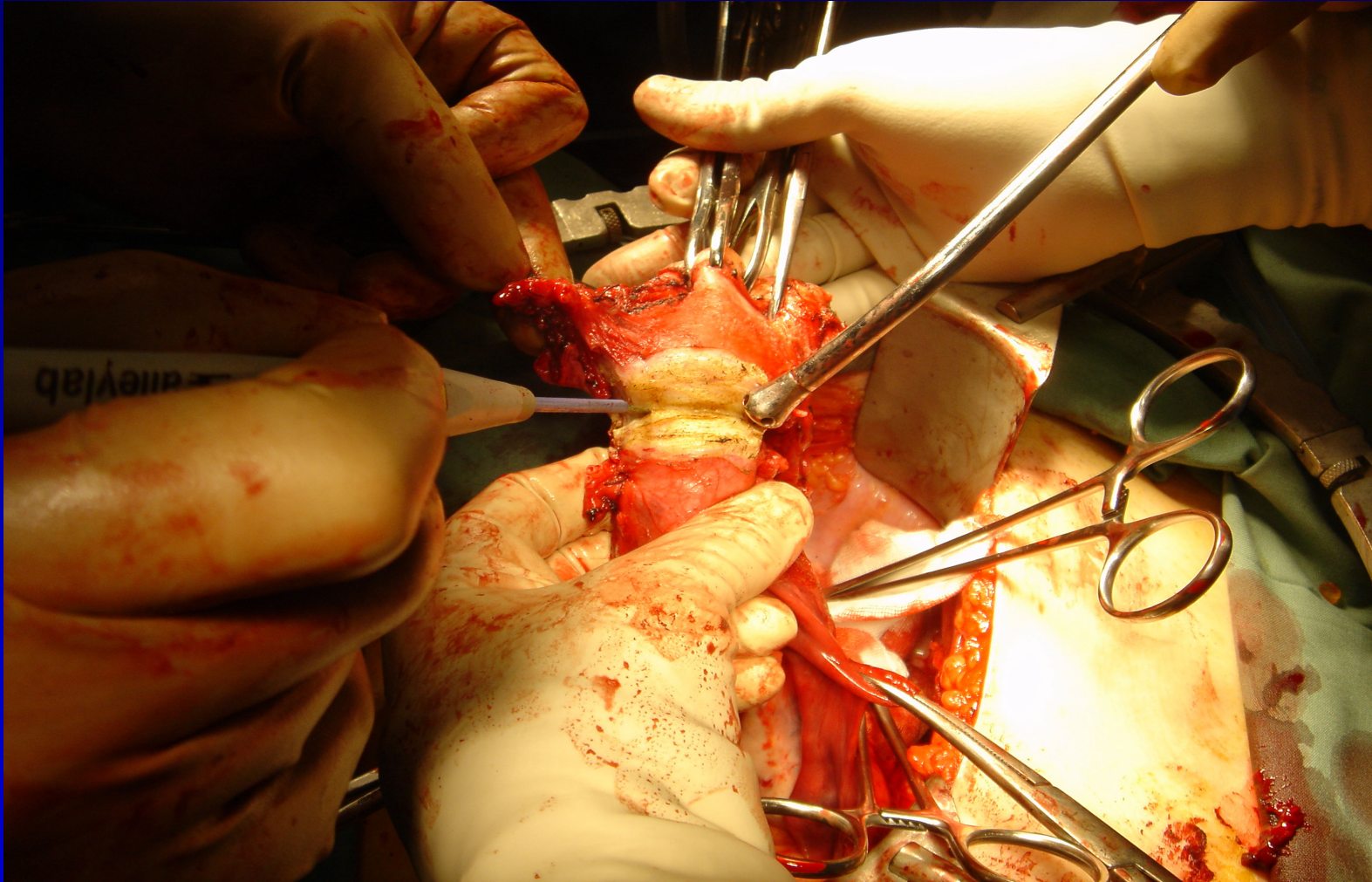
Divide vagina (lower resection m.)



Blood Supply from Ovarian Pedicle



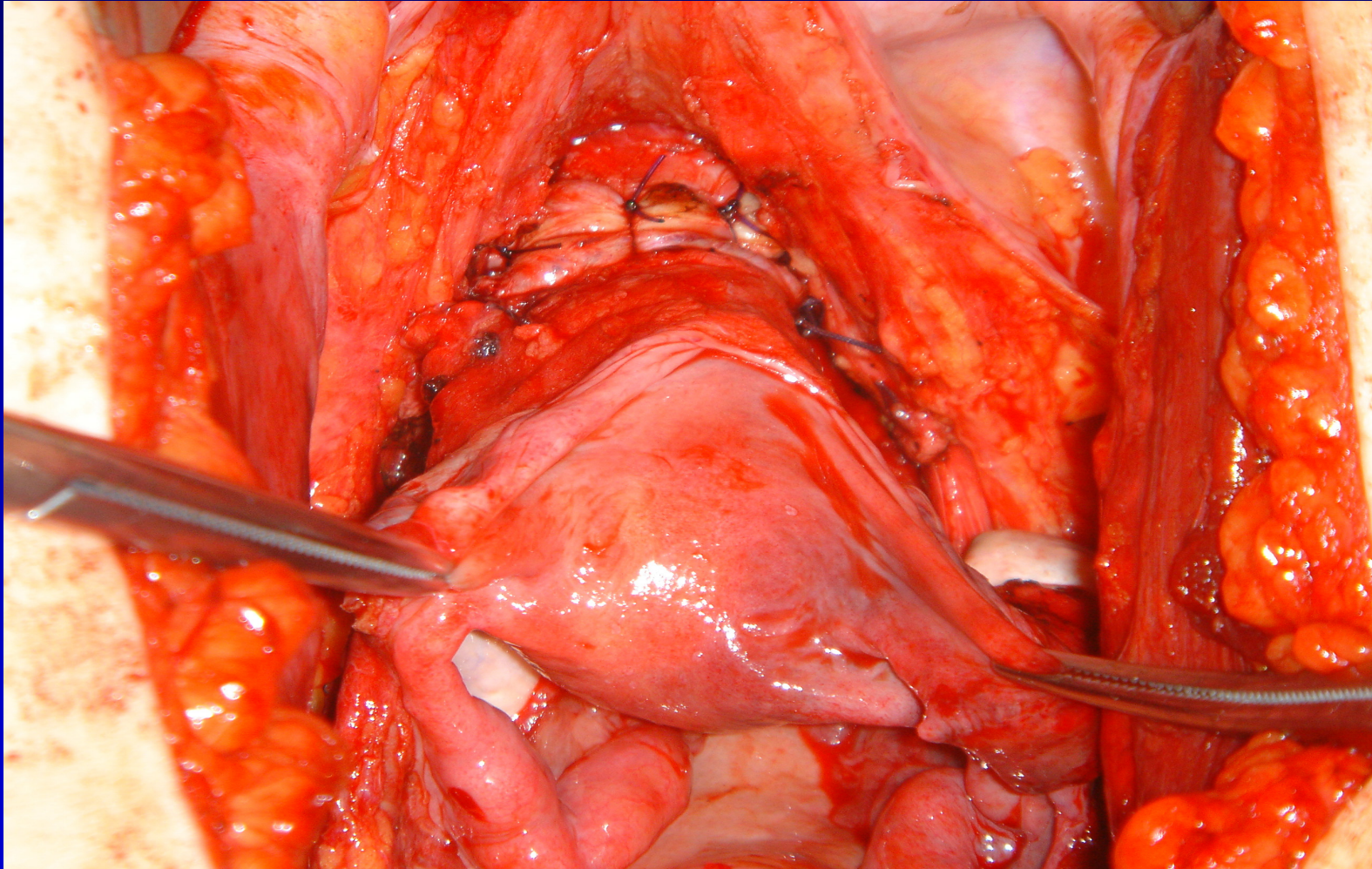
Divide utero-cervical junction



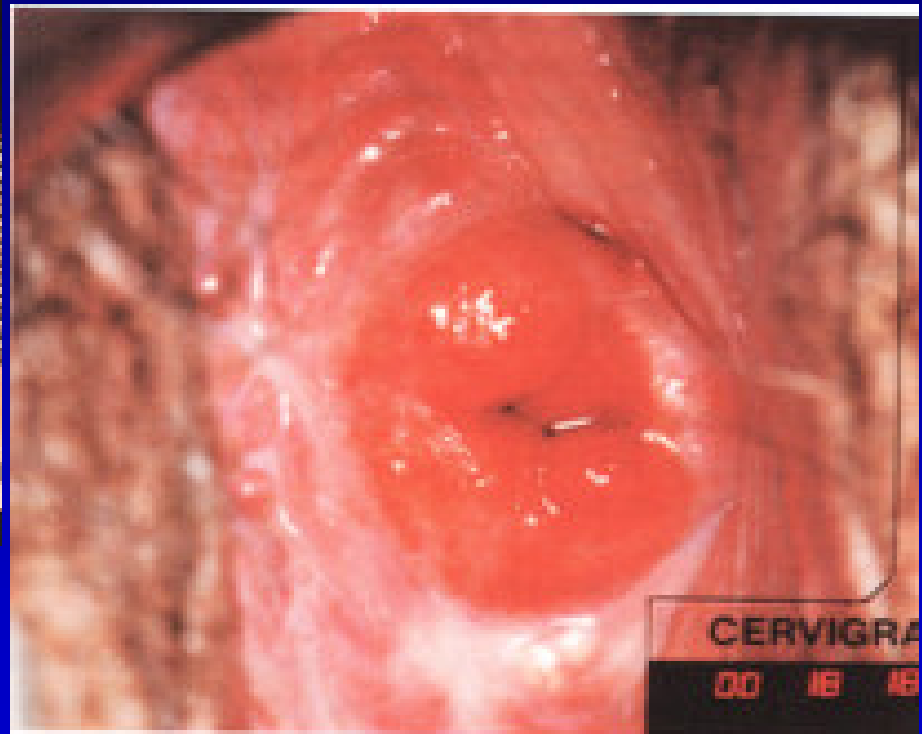
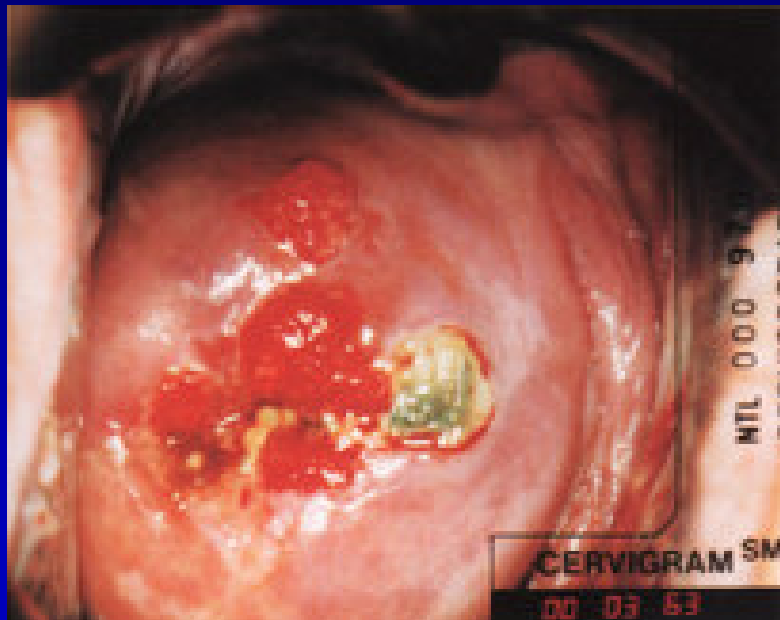
Specimen



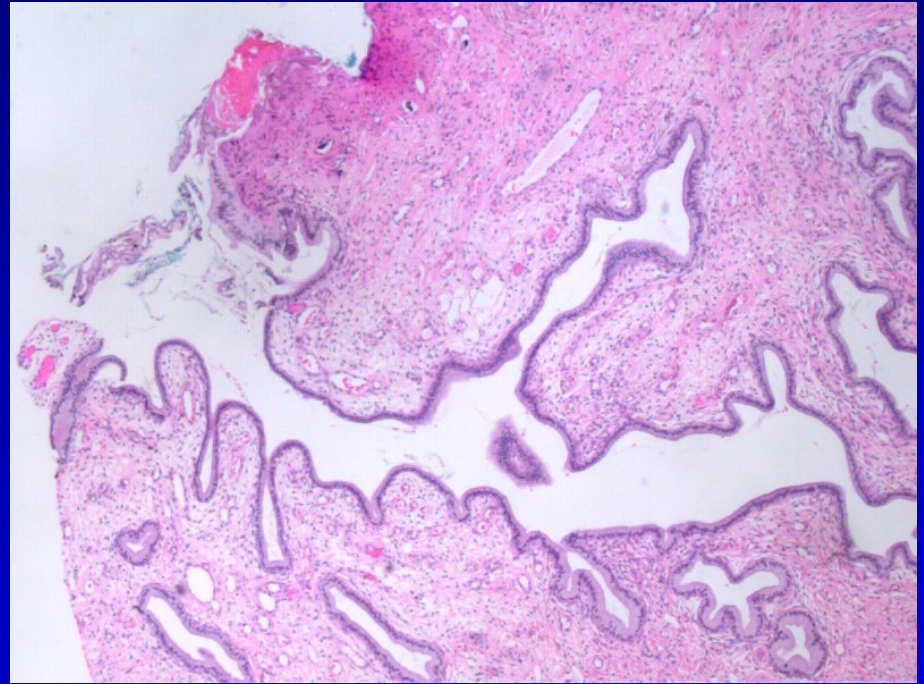
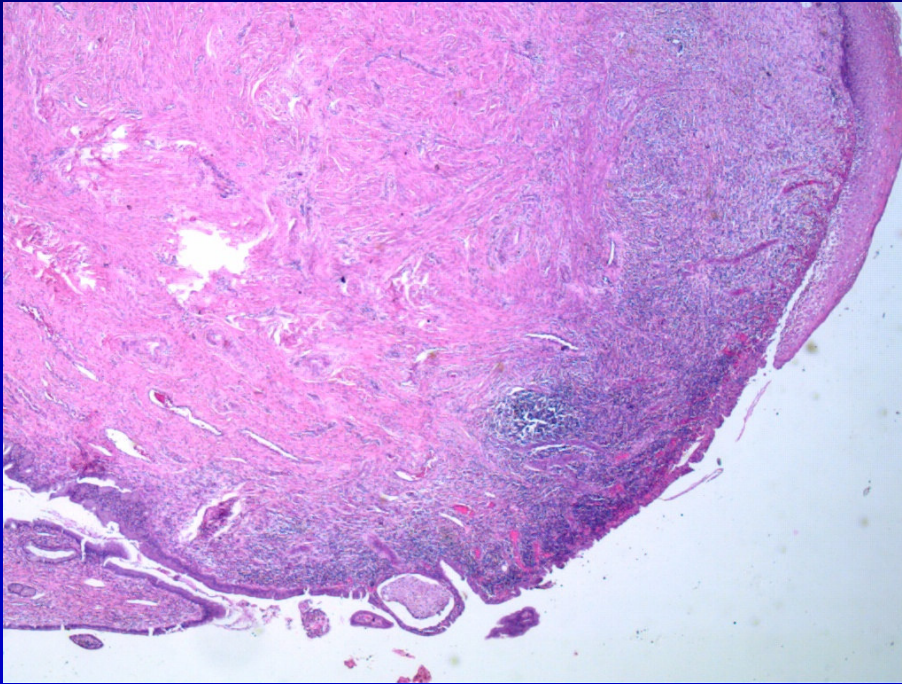
Re-attach vagina to uterus



Before and after



Histology



Specific Issues of Rad. Trachelectomy

- Indications and Limitations
- Sexual Quality of Life
- Smears postoperatively
- Recurrences
- Obstetrical outcome
- Consenting

Indications and Limitations

Indications:

- SCC or Adeno Ca.
- Wish to retain fertility
- In pregnancy

Limitations:

- Tumour size ~ 3cm
- Positive margins*
(corpus)
- Lymph nodes

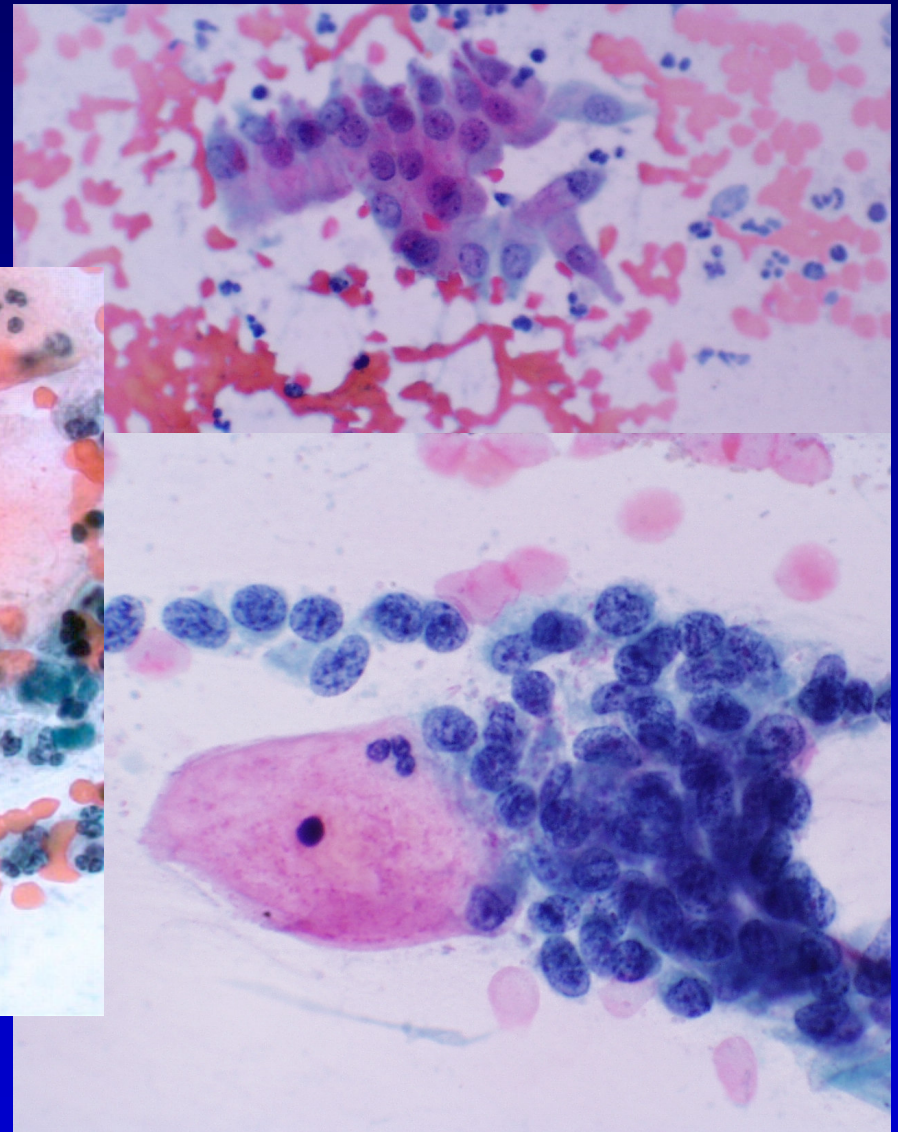
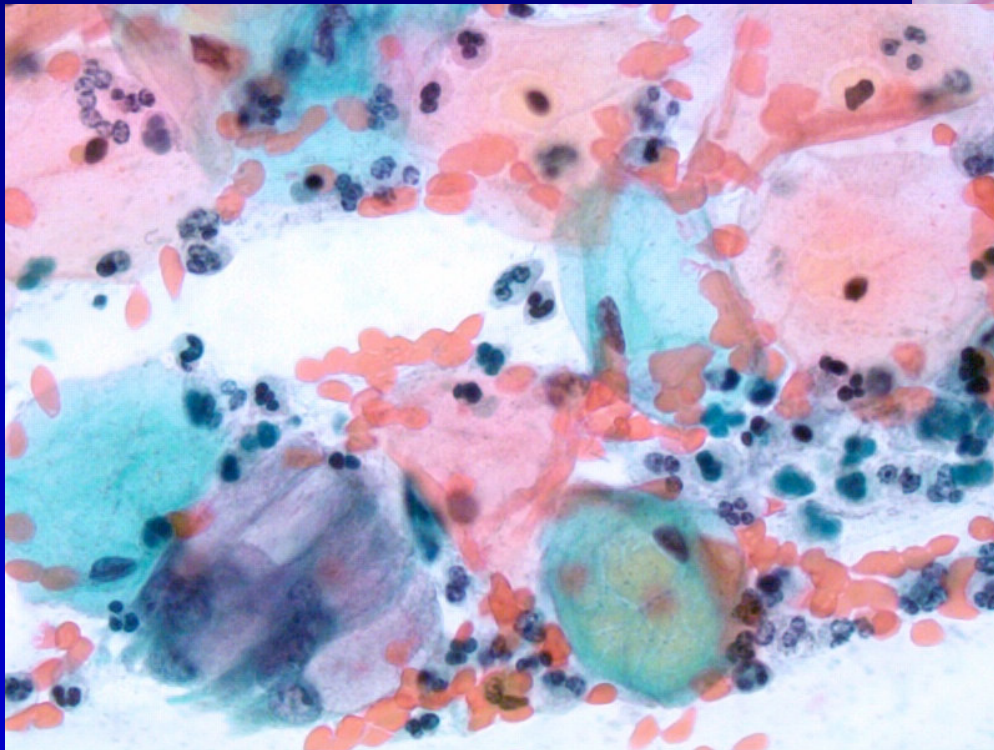
* Frozen section: upper – corporal – margin is important

Sexual Quality of Life

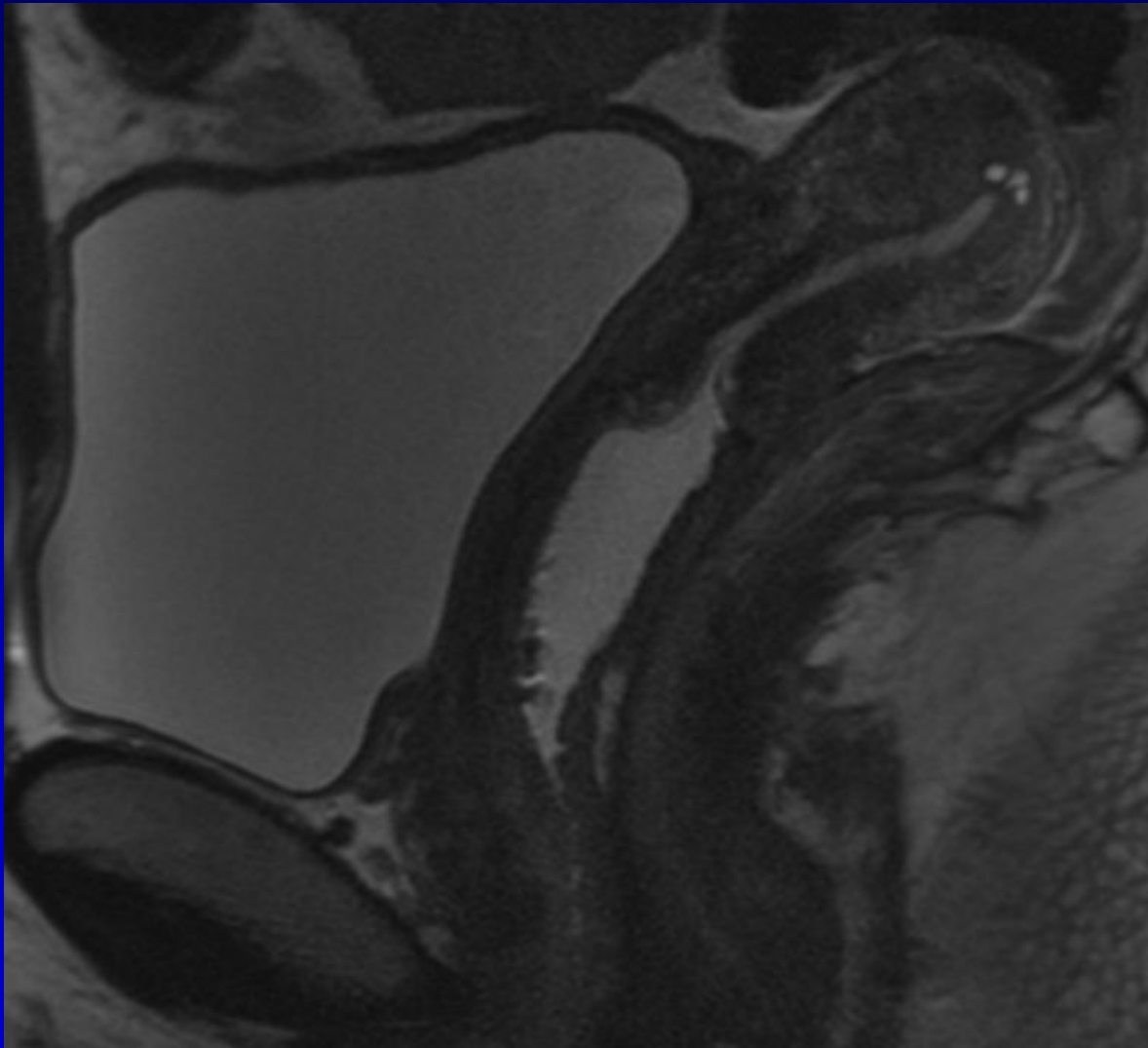
- Menstrual Patterns normal
- Sex life unchanged

Smears after radical trachelectomy

Endometrial & endocervical cells are common



Follow Up



@ 9 months

Recurrences

- 400 published cases of Rad Trach. to date
- Low recurrence rate – 3%
 - 10 cases published to date
 - Large tumours
 - Aggressive tumours

Obstetrical Results

(n=72, Quebec)

- Series of 72 patients, 50 pregnancies
- 31 pts. (43%) conceived
- 41 pts (57%) did not conceive
 - Died of disease 2
 - Definitive hysterectomy 2
 - Radiotherapy 1
 - Infertility 3
 - No desire to conceive 33 (80%)

Obstetrical Results

(n=72, Quebec)

Obstetrical outcome (50 pregnancies)

<i>First trimester miscarriage</i>	8 (16%)
<i>Second trimester miscarriage</i>	2 (4%)
<i>Third trimester deliveries</i>	36 (72%)
<i>Therapeutic abortions</i>	2 (4%)
<i>Currently pregnant</i>	2 (4%)

Obstetrical Results

(n=72, Quebec)

Third Trimester Outcome (n=36)

< 32 weeks ^a	3 (8%)
32 to 36 weeks	5 (14%)
≥ 37 weeks ^b	28 (78%)

^a at 25, 28, 31 weeks; ^b elective caesarean section

Information for Patients

1. Experimental – limited experience
2. Aim of procedure ~ preserve fertility
3. Possible complications ~ rad hyst
4. If LN +ve >> abandoning procedure >> XRT
5. If margins +ve >> radical hysterectomy
6. Obstetrical results encouraging - no guarantee
7. Delivery = elective caesarean section 37 weeks

Conclusion

**Radical trachelectomy is a viable
alternative option to radical
hysterectomy in selected patients.**