Chapter 2: Primary treatment for stage 0 to IA cervical cancer (Fig. 1)

CQ01. What treatments are recommended for carcinoma in situ?

Recommendations A cervical cone biopsy is recommended (grade B).

CQ02. What treatments are recommended for recurrence following conservative treatment?

Recommendations (1) For recurrence following laser cone biopsy or the loop electrosurgical excision procedure, the same procedure should be repeated or a total hysterectomy considered, depending on the patient (grade B). (2) For recurrence following laser ablation or cryotherapy, either a cone biopsy or total hysterectomy is recommended (grade B).

CQ03. What treatments are recommended for stage IA1 disease?

Recommendations (1) It is possible to preserve the uterus by performing a cervical cone biopsy in patients who strongly desire fertility preservation; however, these patients must have no vascular or lymphatic infiltration, negative resection margins, and negative histological results from endocervical curettage (grade B). (2) A total hysterectomy without pelvic lymphadenectomy is recommended for patients with no evidence of vascular or lymphatic infiltration (grade B). (3) Both a modified radical hysterectomy and pelvic lymphadenectomy are sometimes performed for patients with vascular or lymphatic infiltration (grade C1).

CQ04. What treatments are recommended for stage IA2 disease?

Recommendations (1) A modified radical hysterectomy or a more extensive procedure with lymphadenectomy should be considered for stage IA2 disease (grade C1). (2) After thorough histopathological examination of a specimen obtained by diagnostic conization, omission of lymphadenectomy in patients with no vascular or lymphatic infiltration can be considered (grade C1).

CQ05. What treatments are recommended if the disease is upstaged to stage IB or higher following total hysterectomy?

Recommendations Adjuvant radiotherapy or concurrent chemoradiotherapy (CCRT) should be considered (grade C1).

CQ06. What treatments are recommended for adenocarcinoma in situ?

Recommendations (1) A total hysterectomy is recommended (grade B). (2) Uterus preservation can be considered with cervical cone biopsy in patients who strongly desire fertility preservation. However, careful management is required (grade C1).

CQ07. What treatments are recommended for stage IA adenocarcinoma?

Recommendations (1) In cases involving deep invasion, a radical hysterectomy or modified radical hysterectomy with pelvic lymphadenectomy should be considered (grade C1). (2) In cases involving shallow invasion, a hysterectomy without pelvic lymphadenectomy (total hysterectomy or modified radical hysterectomy) can also be considered (grade C1). (3) If the patient strongly desires fertility preservation, a cervical cone biopsy can be performed to preserve the uterus. Careful case selection is required (grade C1).

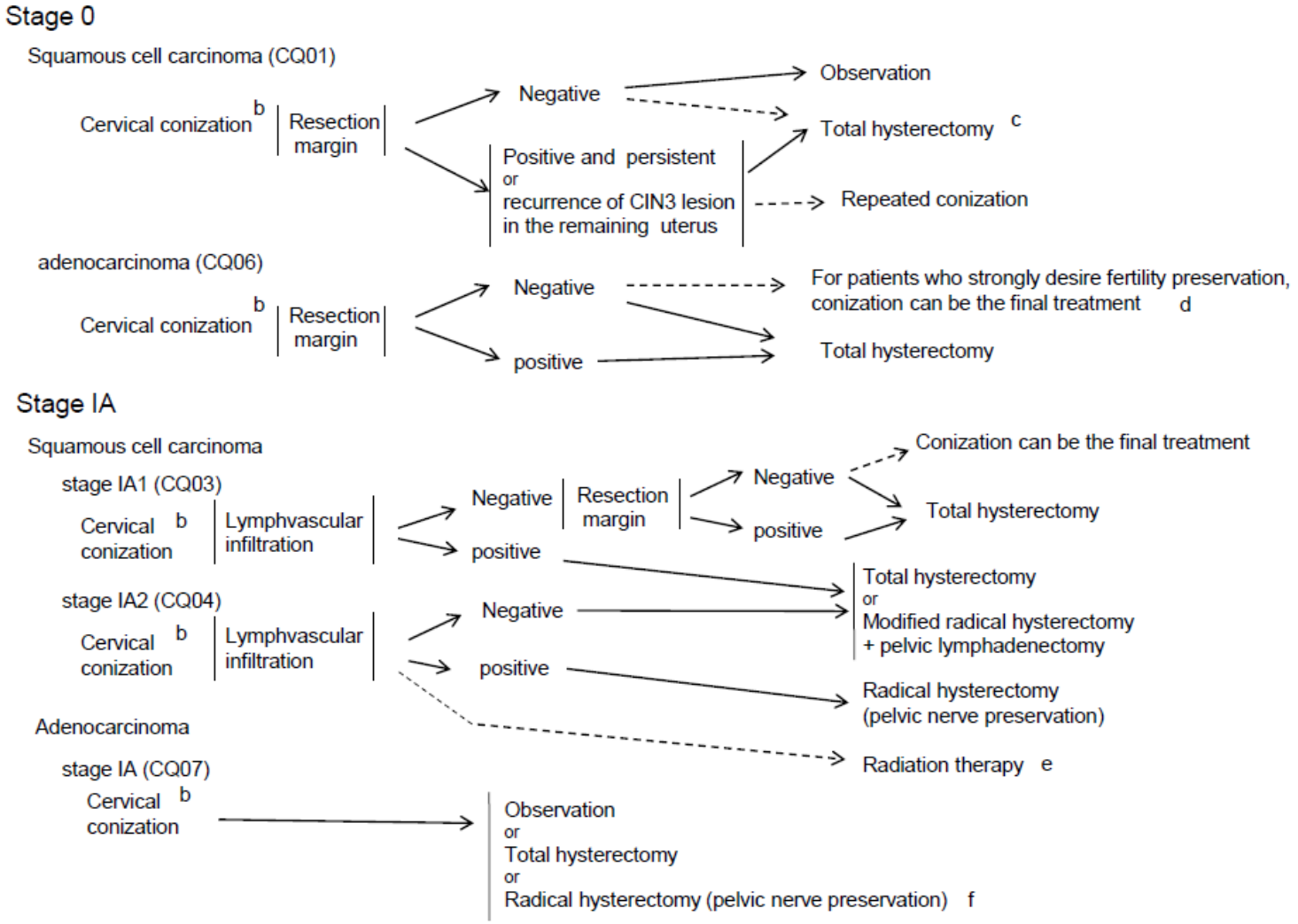

Fig. 1 Primary treatment for stage 0 to IA cervical cancer

a If cervical conization is difficult because of atrophy of the cervix, such as in older patients, omission of the conization may be considered. However, prior to surgery, it is necessary to carefully review the cytology, colposcopy, and biopsy tissue findings; this allows for the performance of a hysterectomy suitable for the estimated lesion.

b Cervical canal curettage should be performed at the time of cervical conization. If cervical curettage is positive, the patient should be treated as if they have positive margins.

c Hysterectomy may be considered if the patient does not wish to preserve her fertility.

d Residual lesions are reportedly found in about 20% of cases involving negative margins. Careful inspection is required to preserve the uterus.

e In the NCCN clinical practice guidelines in oncology, radiation therapy is also an option for patients with cervical cancer.

f Operative procedures should be individualized according to the histopathological findings of the conization specimens, namely the extent of invasion and the presence or absence of lymphovascular infiltration.