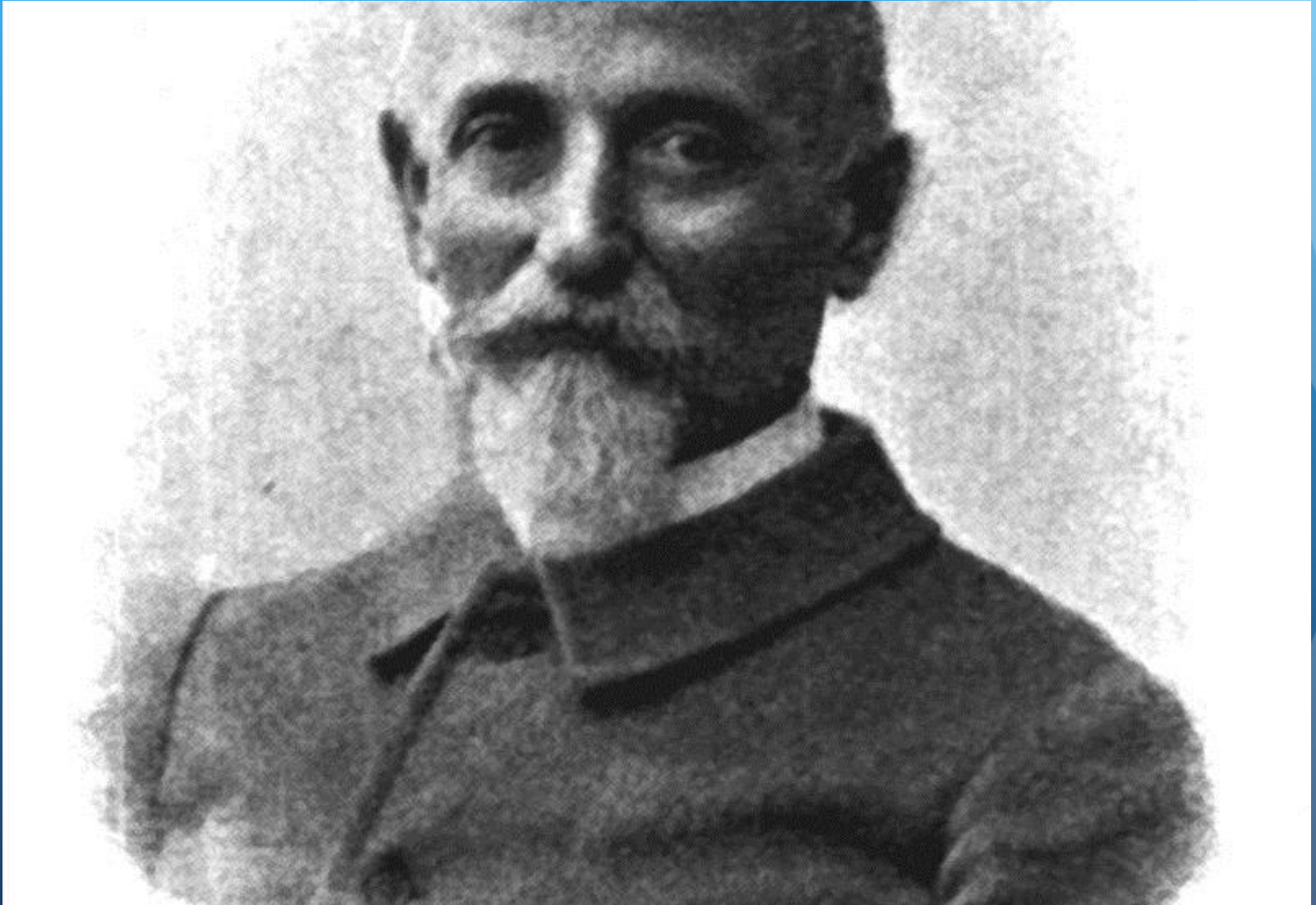


Introduction to the Surgical Management of Cervical Cancer

Karin Williamson
Consultant Gynaecological Oncologist
Nottingham University Hospitals

Wilhelm Alexander Freund 1878



Early Development of vaginal approach for cancer of cervix

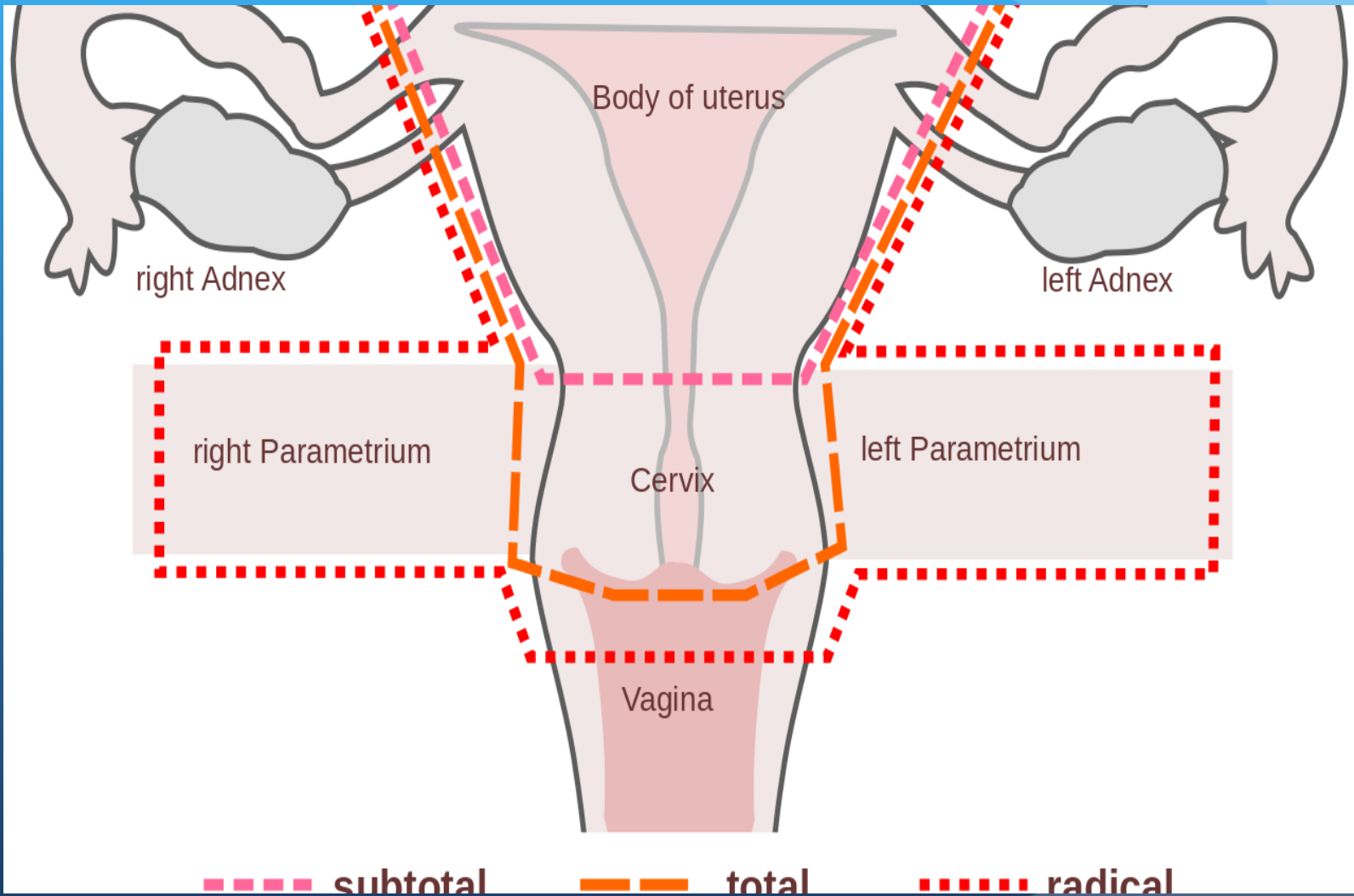
Czech Pawlik

- 1880 1st simple vaginal hysterectomy for cancer of the cervix
- 1889 Reported 3 radical hysterectomies for cancer of the cervix

Johns Hopkins Hospital 1895



TYPES OF HYSTERECTOMY



Ernst Wertheim 1898



Wertheims published results:

- 1905 Reported outcomes on his first 270 patients

Operatively mortality 18%

Major Morbidity 31%

First year mortality 40%

- 1912 Reported on his first 500 cases

Operability rate 50%

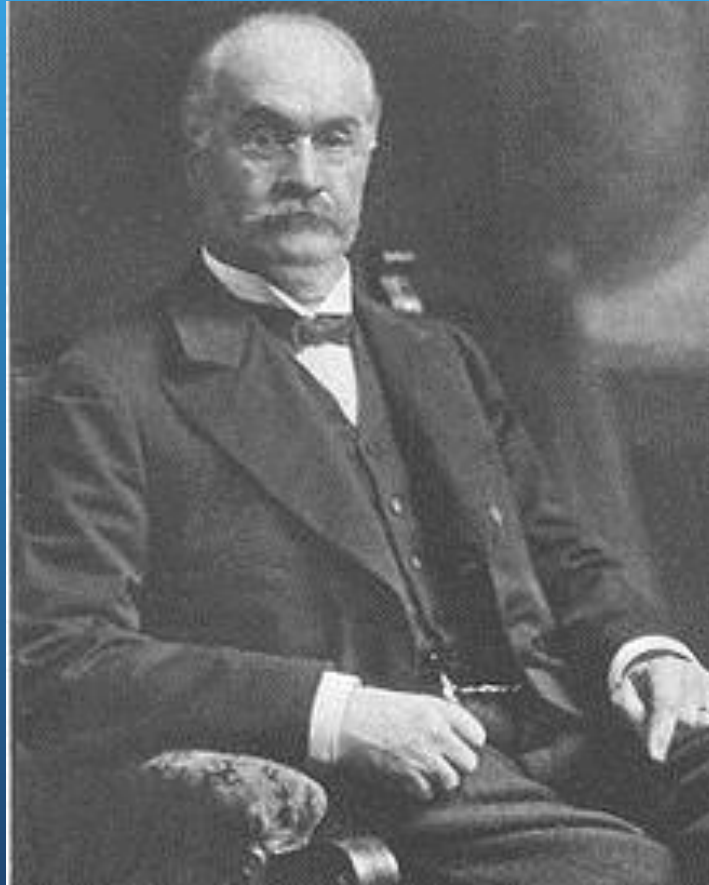
Mortality rate 18%

5 year survival 42%





Schauta 1901



Schauta's results

Operability rate 49%

Mortality Rate 11%

5 year survival 40%

Operative mortality 10%

Intra-op bowel/bladder injury rate 11%

Joe Vincent Meigs - 1950s



Meigs' Results

Results from 100 patients

Operative Mortality	0%
5 year survival	
Stage 1	81%
Stage 2	62%

Georgios Papanikolaou 1928



History of the Smear Test

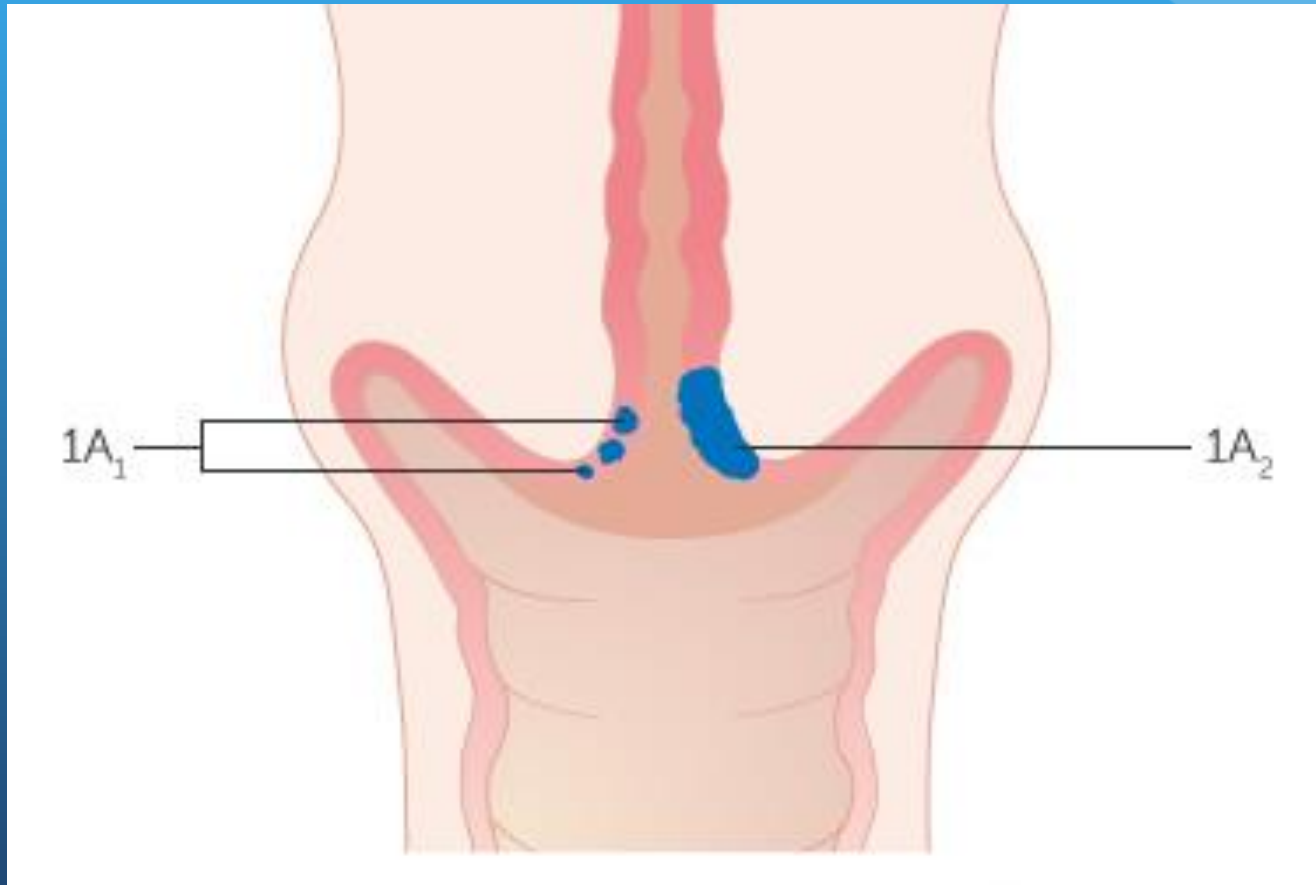
- 1943 Papanikolaou along with Dr Herbert Traut

Published “ Diagnosis of uterine cancer by the vaginal smear”

Cervical screening in the UK

- 1964 haphazard way
- Mid 1980's National screening programme
Call and recall system

MICROSCOPIC CERVICAL CANCER



1990's Surgical Treatment of cancer of the cervix

1A1 Cone Biopsy / LLETZ

1A2 RHLND (modified)

1B1 RHLND

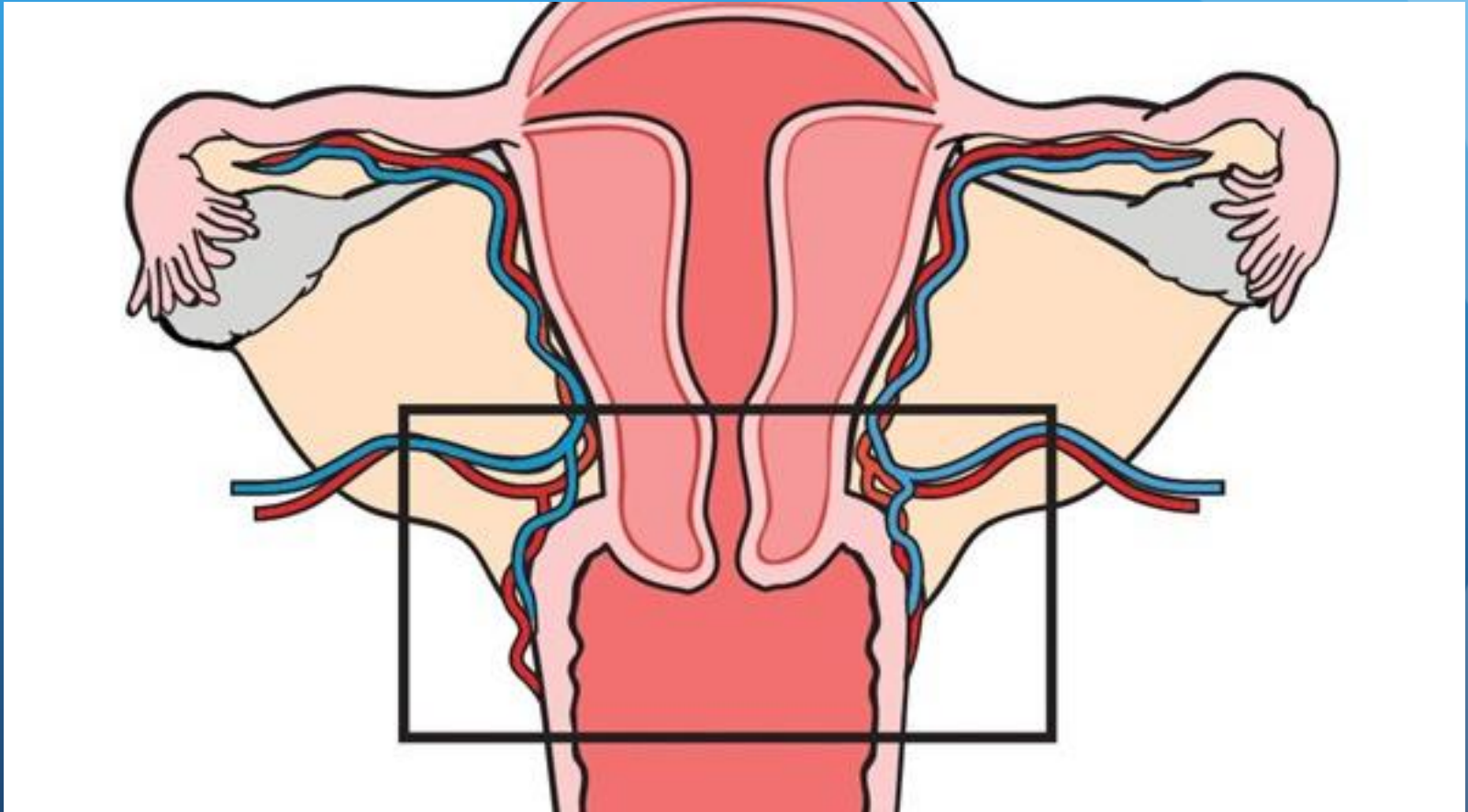
Some 1B2 / 2A]

Central Recurrent Ca Cervix - Pelvic Exenteration

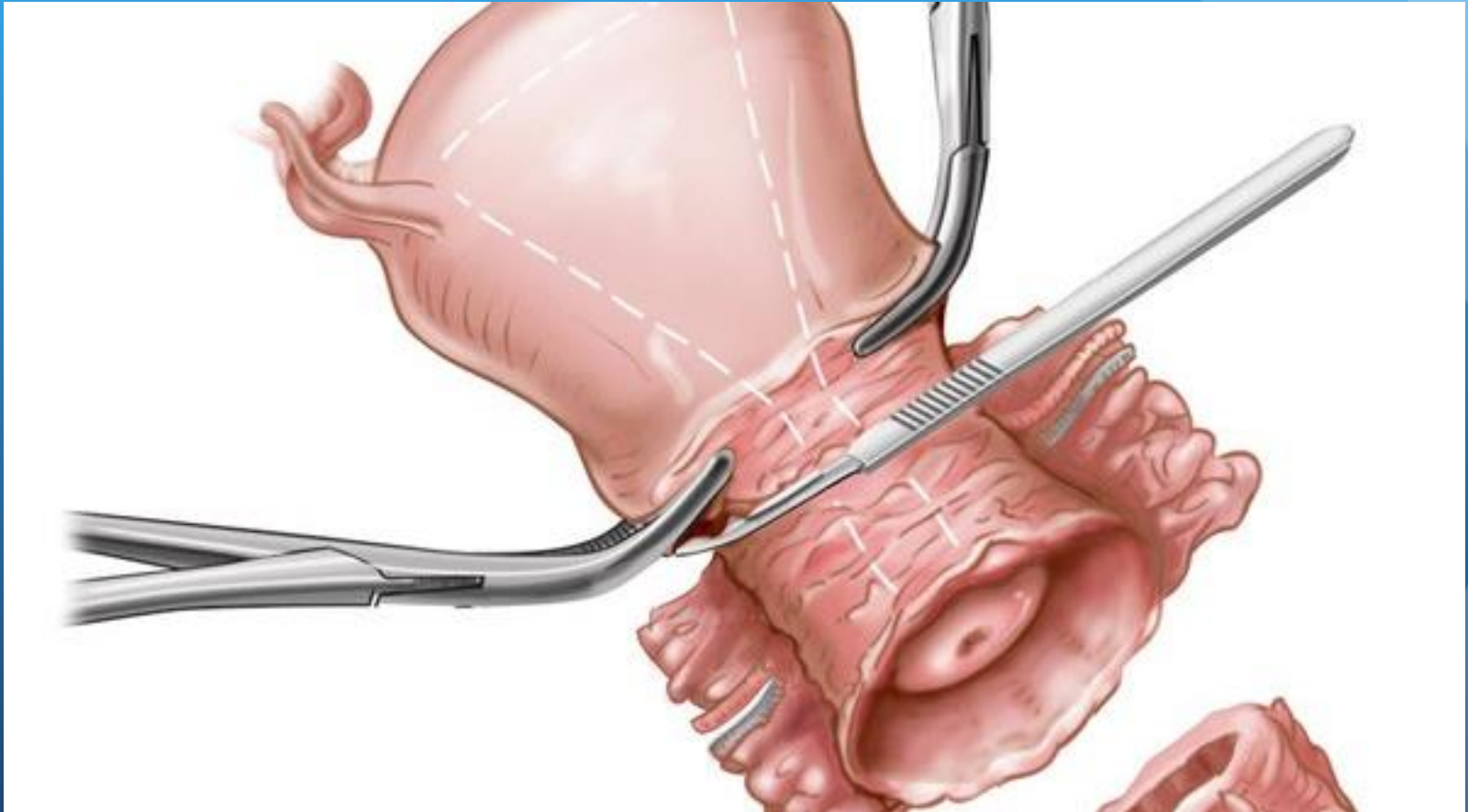
Daniel Dargent 1994



Radical trachelectomy



Radical Trachelectomy



Radical trachelectomy

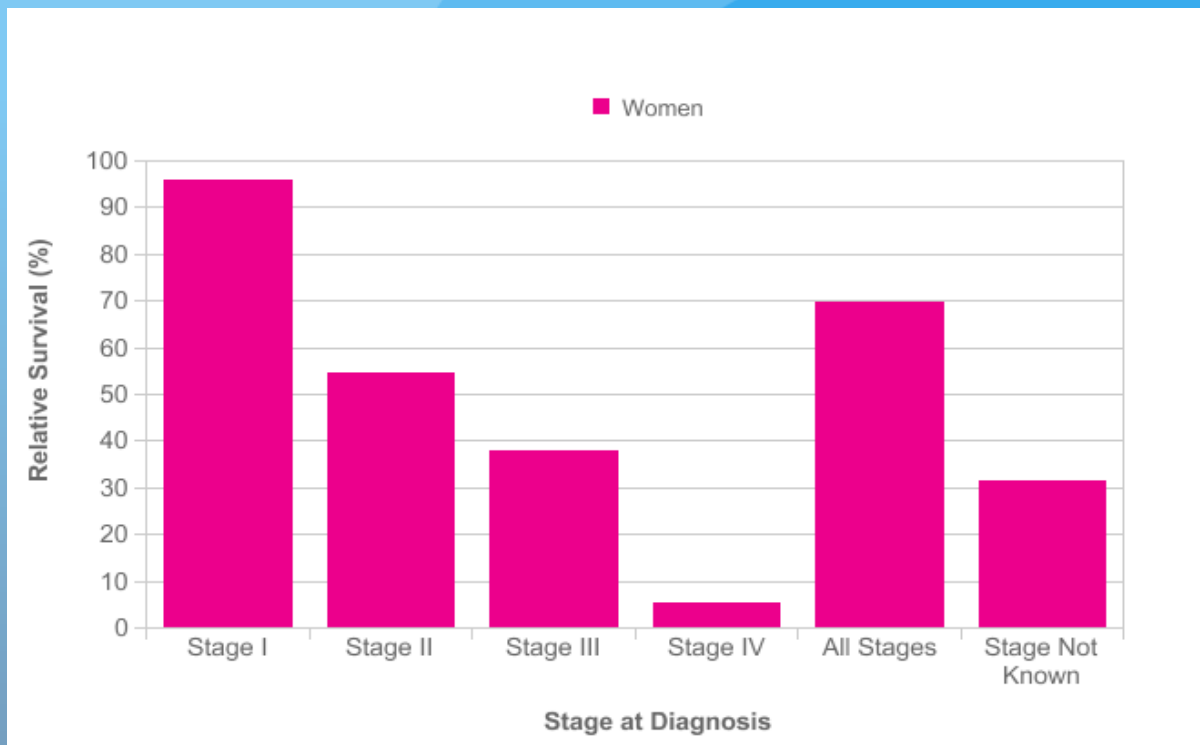
- 1994 Dargent Radical Vaginal Trachelectomy
 - Laparoscopic lymph nodes
 - Extrapertitoneal lymph nodes
- 1997 Abdominal Radical trachelectomy & nodes
- 2003 Laparoscopic trachelectomy & nodes

Standard Surgical treatment of cervical cancer today

- | | |
|-----|----------------------------|
| 1A1 | LLETZ |
| 1A2 | Modified RHLND
RTr + LN |
| 1B1 | RHLND
RT + LN |
| 1B2 | RHLND / ChemoRT |

Cervical Cancer (C53): 2002-2006

Five-Year Relative Survival (%) by Stage, Adults Aged 15-99, Former Anglia Cancer Network



Please include the citation provided in our Frequently Asked Questions when reproducing this chart: <http://info.cancerresearchuk.org/cancerstats/faqs/#How>
Note: Relative survival can be greater than 100% because it accounts for background mortality. A relative survival figure greater than 100 indicates that people diagnosed have a better chance of surviving one (five) year(s) after diagnosis than the general population.

Prepared by Cancer Research UK

Original data source:

The National Cancer Registration Service, Eastern Office. Personal communication.

<http://ecric.org.uk/>



CANCER
RESEARCH
UK

Complications of Radical Surgery

- Bladder dysfunction
- Lymphoedema of legs

SHAPE TRIAL

A RANDOMIZED TRIAL COMPARING RADICAL HYSTERECTOMY AND PELVIC NODE DISSECTION VS SIMPLE HYSTERECTOMY AND PELVIC NODE DISSECTION IN PATIENTS WITH LOW RISK EARLY STAGE CERVICAL CANCER

A Gynecologic Cancer Intergroup (GCIIG) Trial led by the NCIC CTG

GCIIG Trial Designation: The SHAPE Trial NCIC CTG
Protocol Number: CX.5

SHAPE Trial

- **Background**
Considerable variation exists in international practices
- **Lack of high-quality evidence upon which clinicians can base their decisions and advise women**
- **Need to standardize treatments and a need to identify the patient and disease for which a less radical surgery can safely be offered**
- **In the context of “survivorship” issues related to long-term surgical effects:**
- **Compromised sexual, bowel and bladder function**
Infertility

SHAPE TRIAL

- Definition
- Low-risk » early-stage cervical cancer
 - • IA2
 - • IB1 < 2 cm
 - • Limited stromal invasion - < 10 mm SI on LEEP/cone
 - <50% SI on pelvic MRI

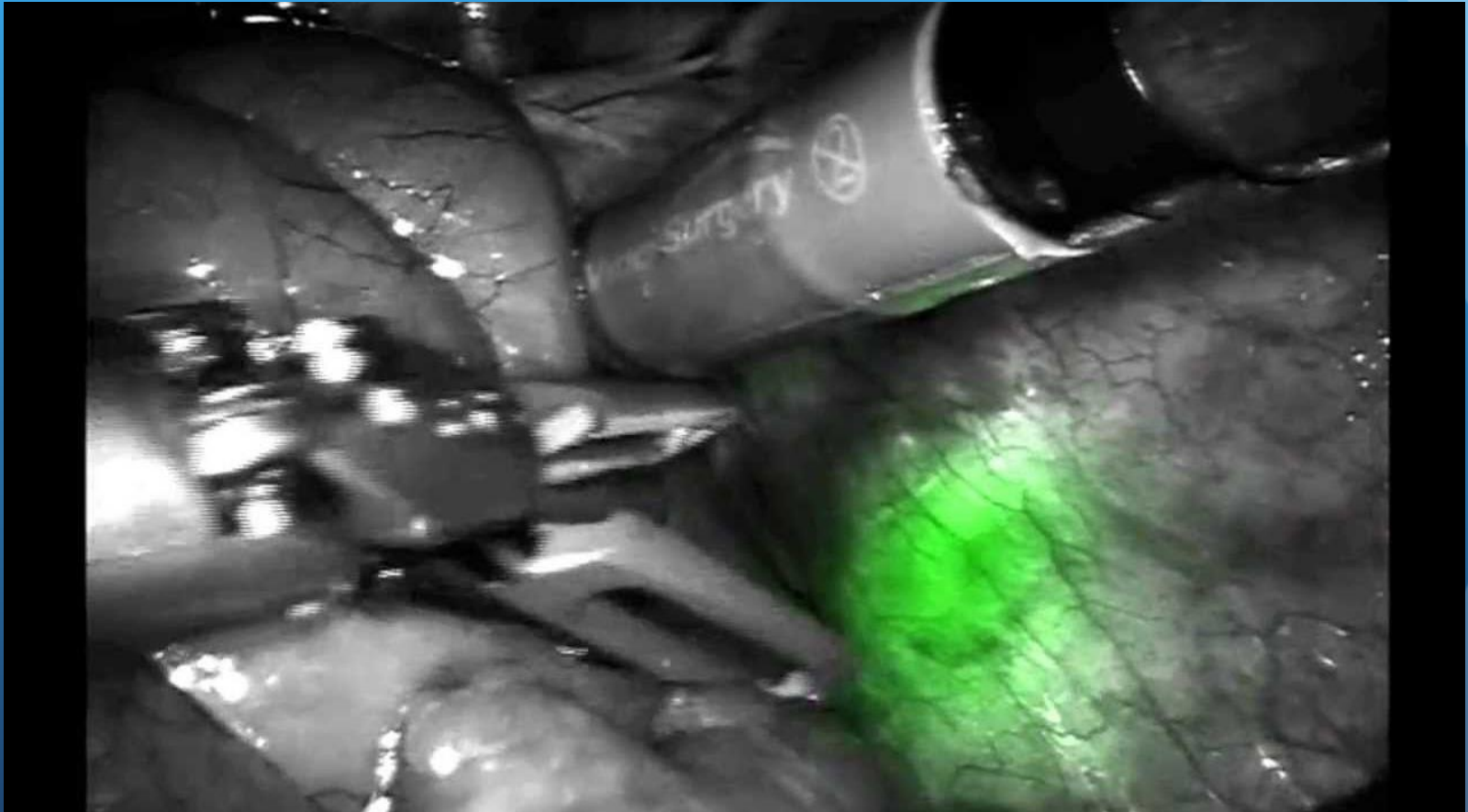
SIMPLE HYSTERECTOMY



RADICAL HYSTERECTOMY



Pelvic sentinel node



Conclusions - surgical management carcinoma cervix

- It all started nearly 140 years ago
- The Wertheim / Schauta techniques are the basis of all our radical surgery
- Cervical screening has lead to us diagnosing cancer much earlier
- Next challenge is how much less radical can we be safely in early cancer of cervix