Management of bulky stage Ib cervical cancer

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Bulky Stage Ib Cervical Cancer
Management of bulky stage IB cancers

- Women with bulky (ie, tumor >4 cm) (ie, stage IB2) and IIA cervical cancer (ie, stage IIA2) have a higher local failure rate and worse survival than those with smaller volume disease.

- After surgery alone, the rate of relapse is as high as 30 percent in contrast to earlier stage disease.
Management of bulky stage IB cancers

The optimal management is controversial. Proposed strategies include:

1. Primary chemoradiotherapy
2. Neoadjuvant (induction) chemotherapy, followed by radical hysterectomy and subsequent chemoradiotherapy, if indicated according to the pathologic findings.
3. Primary radical hysterectomy and lymphadenectomy followed by tailored RT with concomitant chemotherapy.
Chemoradiotherapy

- The benefit for chemoradiotherapy over RT alone has been demonstrated in women with bulky stage IB2.

Chemoradiotherapy was associated with a significant 50 percent reduction in the risk of disease progression, and better three-year (83 versus 74 percent) survival.

and six-year (78 versus 64 percent ) survival
Timely completion of RT is essential for good outcomes, whether chemotherapy is used or not.

In a series of 1224 women with cervical cancer treated with definitive RT for stage IB to III disease. Women who were required over nine weeks to complete treatment had significantly higher rates of pelvic failure and poorer disease-specific survival at 10 years as compared to those whose treatment was administered over a shorter time period.
There is no consensus as to the indications for postchemoradiotherapy hysterectomy. Some clinicians recommend this approach if:

1) the tumor size is $\geq 8$ cm,
2) there has been a poor response to RT,
3) or if there is concern that the cancer is involving the noncervical portion of the uterus.
Neoadjuvant chemotherapy followed by surgery

- Neoadjuvant chemotherapy may permit some women who have initially unresectable disease to undergo surgical therapy, it cannot be concluded that the use of neoadjuvant chemotherapy followed by surgery gives superior long-term results in the era of modern chemoradiotherapy.
Primary surgery

• One of the main arguments against a primary surgical approach is the high potential for multimodal therapy since the majority of women will be found to have high-risk or intermediate-risk factors for recurrence after surgery. Therefore, postoperative adjuvant RT or chemoradiotherapy will be recommended.
Primary surgery

- May be beneficial in premenopausal women where ovaries may be spared.
- In the setting of acute or chronic pelvic inflammatory disease, an undiagnosed, coexistent pelvic mass, or anatomic alterations that make optimal RT difficult.
- If patients are poorly compliant with RT or if expert RT is not available.
Cancer of Cervix in Saudi Women


- 8th most common malignancy in adult females (above 14 yrs).
- 3.3% all newly diagnosed cancer cases
Prevention is better than cure
Thank You For Listening