

Management Dilemmas in Cervical Cancer



Prof. Surendra Nath Panda, M.S.
Dept. of Obstetrics and Gynecology
M.K.C.G. Medical College
Berhampur, Orissa, India



Cervical Cancer

Magnitude of the Problem: -

- 500,000 new cases identified each year
- 80% of the new cases occur in developing countries
- At least 200,000 women die of cervical cancer each year
- Cervical cancer is the third most common cancer worldwide
- YET - Cervical cancer is a preventable disease

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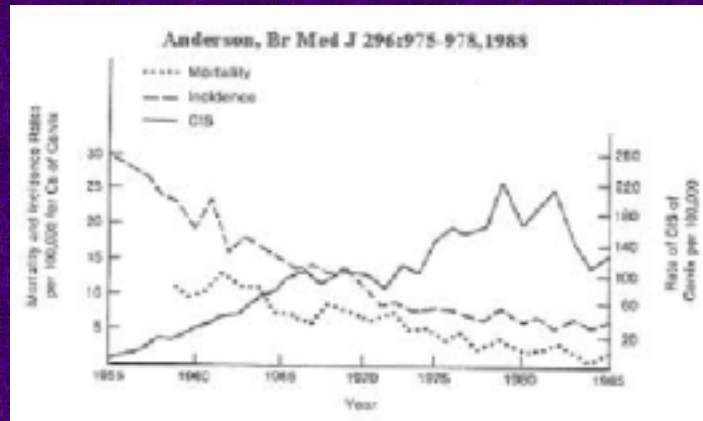
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2



Cervical Cancer

Incidence and Death in relation to detection of CIS



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5:10 PM

02-11-02

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3



Cervical Cancer

Clinical Features: -


- Symptoms: -
 - Asymptomatic in early cases/ preclinical stage
 - Haemorrhage- Metrorrhagia / Post coital.
 - Bleeding is usually severe in cauliflower like exophytic growths.
 - Discharge- watery, offensive, blood stained
 - Cachexia and Pain-In advanced cases.

5:10 PM

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4




Cervical Cancer

Clinical Features: -

- Signs: -
 - An obvious growth may or may not be present
 - When an obvious growth is present, it may be exophytic cauliflower like or endophytic, ulcerative and scirrhous
 - Cervix is usually indurated and hard to feel, friable, easily bleeds on touch and its mobility may be restricted or lost.
 - In cases of endocervical growths, the Cx is expanded, firm and feels barrel shaped.

5:10 PM 02-11-02 Management Dilemmas in Cervical Cancer- Prof. S.N.Panda 5



Cervical Cancer

Diagnosis: -



- PAP smear examination
- Colposcopy
- Biopsy: -
 - Excisional biopsy is preferable to punch biopsy
 - Employing Schiller's test / Acetic acid test helps in selecting the biopsy site where the growth is not obvious.
 - Cone biopsy in early cases
- Endocervical curettage

5:10 PM 02-11-02 Management Dilemmas in Cervical Cancer- Prof. S.N.Panda 6

Cervical Cancer

Histopathology

- Squamous Cell (>90%)
- Adenocarcinoma (5%)
- Clear Cell
- Mesonephric





5:10 PM 02-11-02 Management Dilemmas in Cervical Cancer- Prof. S.N.Panda 7

Cervical Cancer

Staging: -Always Clinical

- 0: Carcinoma-in-situ
- Ia: Microinvasive (Ia1, Ia2)
- Ib: Invasive (>5mm FIGO, >3mm SGO)
- IIa: Upper 2/3 of vagina
- IIb: Parametrial involvement (not to PSW)
- IIIa: Lower 1/3 of vagina
- IIIb: PSW or hydronephrosis/nonfunctional kidney
- IVa: Bladder or rectal mucosa
- IVb: Distant metastases



5:10 PM 02-11-02 Management Dilemmas in Cervical Cancer- Prof. S.N.Panda 8

Cervical Cancer

Staging: -Techniques

- Complete physical Exam, Pelvic Exam , Rectal Exam.
– if needed, examination under anaesthesia, should be done.
- Ultrasonography
- Chest X ray
- IVP
- Cystoscopy
- Proctosigmoidoscopy


5:10 PM 02-11-02 Management Dilemmas in Cervical Cancer- Prof. S.N.Panda 9


Cervical Cancer

THE TREATMENT DILEMMA

SURGERY **RADIOTHERAPY**


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 : Treatment of Cervical Cancer

Options: - 

- Recurrent disease: -as per previous treatment
 - RT → Exenteration
 - Surgery → RT
- Stage III & IV: - Radiation / ??Exenteration
- Radiation, as primary treatment is an option in all stages.
- Chemotherapy - as adjunct to RT or for palliation


5:10 PM 02-11-02 Management Dilemmas in Cervical Cancer- Prof. S.N.Panda 13

 : Radical Hysterectomy

Key Points: -

- Removes corpus, cervix, parametria, upper third of vagina
- Uterine arteries divided at origin
- Ureters dissected through tunnel
- Uterosacral ligaments divided near rectum
- Typically combined with LND
- Oophorectomy not mandatory

5:10 PM 02-11-02 Management Dilemmas in Cervical Cancer- Prof. S.N.Panda 14




Radical Hysterectomy

Technique: -

- Abdominal exploration
- Assessment of operability
- Ligation and section of ovario pelvic fold and round ligament
- Dissection of pelvic lymphnodes
- Dissection of ureter
- Separation of bladder
- Ligation of uterine vessels

5:10 PM 02-11-02 Management Dilemmas in Cervical Cancer- Prof. S.N.Panda 15




Radical Hysterectomy

Technique: -

- Dissection of ureter from cardinal ligament
- Cleaning of paravesical and pararectal fossa
- Opening of rectovaginal septum
- Clamping and transection of uterosacral and cardinal ligament
- Transection of vagina
- Hemostasis and drainage
- Reperitonisation

5:10 PM 02-11-02 Management Dilemmas in Cervical Cancer- Prof. S.N.Panda 16




Radical Hysterectomy

Complications: -

- Acute: → Hemorrhage, Trauma, Sepsis, Thrombophlebitis, Pulmonary Embolism, Small Bowel obstruction, Febrile Morbidity, UVF - 1-2%, V V F - < 1%,
- Primary mortality- 1%
- Sub Acute: → Neurogenic bladder dysfunction
- Chronic→Lymphocyst, Ureteral stricture

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Radical Hysterectomy

Advantages: -

- More thorough assessment of the spread and type of lesion
- ? Preservation of ovaries if desired
- Retention of more functional vagina
- Less morbidity and less recurrence
- Special conditions like
 - Large Adnexal masses
 - Fibromyoma
 - Radioresistant growth
 - Unsuitable for intracavitary irradiation
 - Central recurrence after radiotherapy

5:10 PM 02-11-02 Management Dilemmas in Cervical Cancer- Prof. S.N.Panda 18




Schauta Operation

An Alternative surgery: -

- Adopted as Mitra's Operation In India as an alternative to Wertheim's Hysterectomy.
- Its an extended Vaginal Hysterectomy.
- Comprises of removal of entire Uterus and Adenexae with most of the vagina and medial portion of parametria, by vaginal route
- Though primary mortality is low (<1%) lymph nodes cannot be removed. So it should be followed by
 - Post operative radiation or
 - Taussig's extra peritoneal Lymphadenectomy

5:10 PM
02-11-02
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19




Radiation

Complications: -

<p>Acute: -</p> <ul style="list-style-type: none"> • Perforation • Fever • Diarrhea • Bladder spasm 	<p>Chronic: -</p> <ul style="list-style-type: none"> • Proctitis • Cystitis-UTI • Fistula • Enteritis • Femoral head necrosis • Ureteric stenosis • Rectal stricture
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20




Special Category

Difficult to deal: -

- Invasive Cancer discovered on Cone Biopsy
- Cervical Stump Carcinoma
- Invasive Carcinoma found after simple hysterectomy
- Cervical Cancer in Pregnancy
- Large Barrel shaped lesion

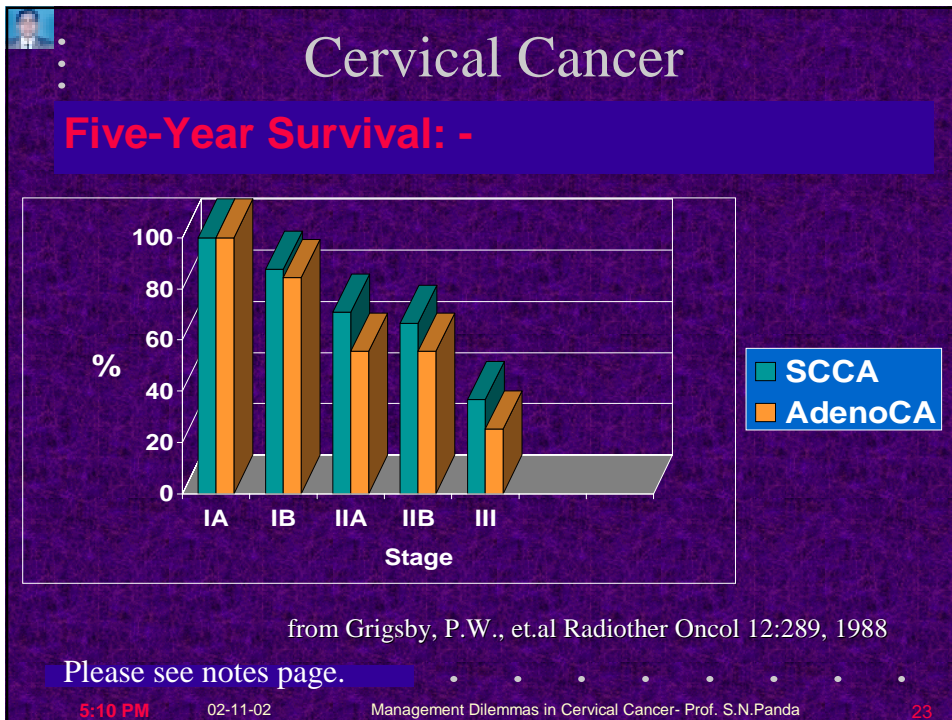
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Follow Up

- At 2-3 Months interval ---- 2year
- At 3-4 Months interval ---- Next 2- 4 year
- At 6 Monthly interval ----- Rest of the life
- ?Tumour markers

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- ## Conclusion
- “Prophylaxis - better than cure” - Never more True
 - **Pre treatment evaluation and Proper staging is a must.**
 - Surgery and radiation are complimentary. So proper team is essential- Surgeon and Radiotherapist should join hands.
 - **Stage for stage, little progress has been made in lowering mortality rates.**
 - However, the overall mortality rate is decreasing because more patients are having their cancers diagnosed in early states of disease.
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24



Conclusion

- Five year survival - stage IA – 100 %, IB - 85 - 90 % , stage IIA- 70 - 75 %
- Many physicians are discouraged with the results of cancer therapy.
- However, the opportunity is there for all physicians to make an early diagnosis in Ca Cx and to protect the women from this dreadful disease.
- Those women saved from the ravages of cervical cancer shall call their physicians blessed.

5:10 PM

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25



Conclusion



“Days are gone when a patient with gynaecological malignancy could be treated by a surgeon or a radiotherapist in isolation”. -Stallworthy

5:10 PM

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26



At the service of women



Thank You

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27