

Fertility sparing surgery in treatment of early stages of cervical cancer: The new standard of care?

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Abstract

Standard surgical approach to invasive cervical cancer carries risks of unfulfilled reproductive plans and morbidity, which could influence quality of life to a greater extent. Radical trachelectomy is a fertility sparing procedure with the aim to preserve reproductive potential of the patient with unchanged oncologic outcome. The procedure can be performed by vaginal or abdominal approach. Abdominal trachelectomy offers greater radicality concerning the parametrial resection with an easier learning curve, although studies demonstrate slightly lower reproductive success. Vaginal radical trachelectomy is combined with minimally invasive lymphadenectomy (laparoscopic or robotic). The procedure is applied to patients with early-stages of cervical cancer, FIGO staged as Ia1, Ia2 and smaller Ib1 tumours. Since the procedure is combined with an ex-tempore histologic analysis, organization and experience of team is of crucial importance. Oncologic outcome is excellent and comparable to standard procedure. Fertility rates are between 40 and 70%, with increased rates of pregnancies achieved by assisted reproductive procedures (about 1/3). The rate of pregnancy complication is higher, and include increased rates of abortions, preterm deliveries, chorioamnionitis and cesarean sections. In an attempt to further decrease morbidity and to optimise reproductive outcome, some institutions perform less radical approach – conisation or amputation of cervix, preceded by pelvic lymphadenectomy. Novel approaches include sentinel node biopsies and neoadjuvant chemotherapy followed by fertility sparing procedures. Since the oncologic safety of these procedures is yet to be determined, for now these procedures have to be considered as experimental. More studies, concerning the safety of above mentioned procedures, are needed, before they can fully be utilized in routine practice.

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Biography

Aleksandar Stefanovic has completed his Phd in 1966 on Comparative value of transvaginal and transabdominal ultrasonography and operative findings in diagnostic differentiation of ovarian cancer” at School of Medicine, University of Belgrade. And Master’s Degree in 1995 on Risk factors for uterine adenocarcinoma at School of Medicine, University of Belgrade. And in 1994 – specialization in gynecology and obstetrics at School of Medicine, University of Belgrade. And he was interested in gynecological oncology,

radical gynecological surgery, multidisciplinary gynecological oncology, fertility sparing in gynecological oncology, radical trachelectomy. His achievements include conducted more than 2 500 surgical procedures (mostly radical oncologic), published more than 300 scientific papers, author and co-author in several textbooks in gynecology (“Endometrial Cancer”, 1996, “Contraceptio”, 1998; “Gynecology and Obstetrics”, 2006; “Diabetes in pregnancy”).