

Non Conservative Treatment of (Invasive) Cervical Cancer in France



Jean LEVÊQUE – Fabrice FOUCHER – Vincent LAVOUE

Département de Gynécologie Obstétrique Médecine de la Reproduction - CHU Anne de Bretagne

Département d'Oncologie Chirurgicale – CRLCC Eugène Marquis

UFR Médecine - Université de Rennes 1

RENNES – Breizh

Country Meeting

Prevention and control of HPV and HPV related
cancers in France: the current landscape and

way forward

2-3 December, 2021

VEYRIER-DU-LAC, ANNECY, FRANCE

France 2018 – Uterine Cervical Cancer

Incidence / y	Mortality / y	OS at 5 y
2 920	1 117 deaths	63 %

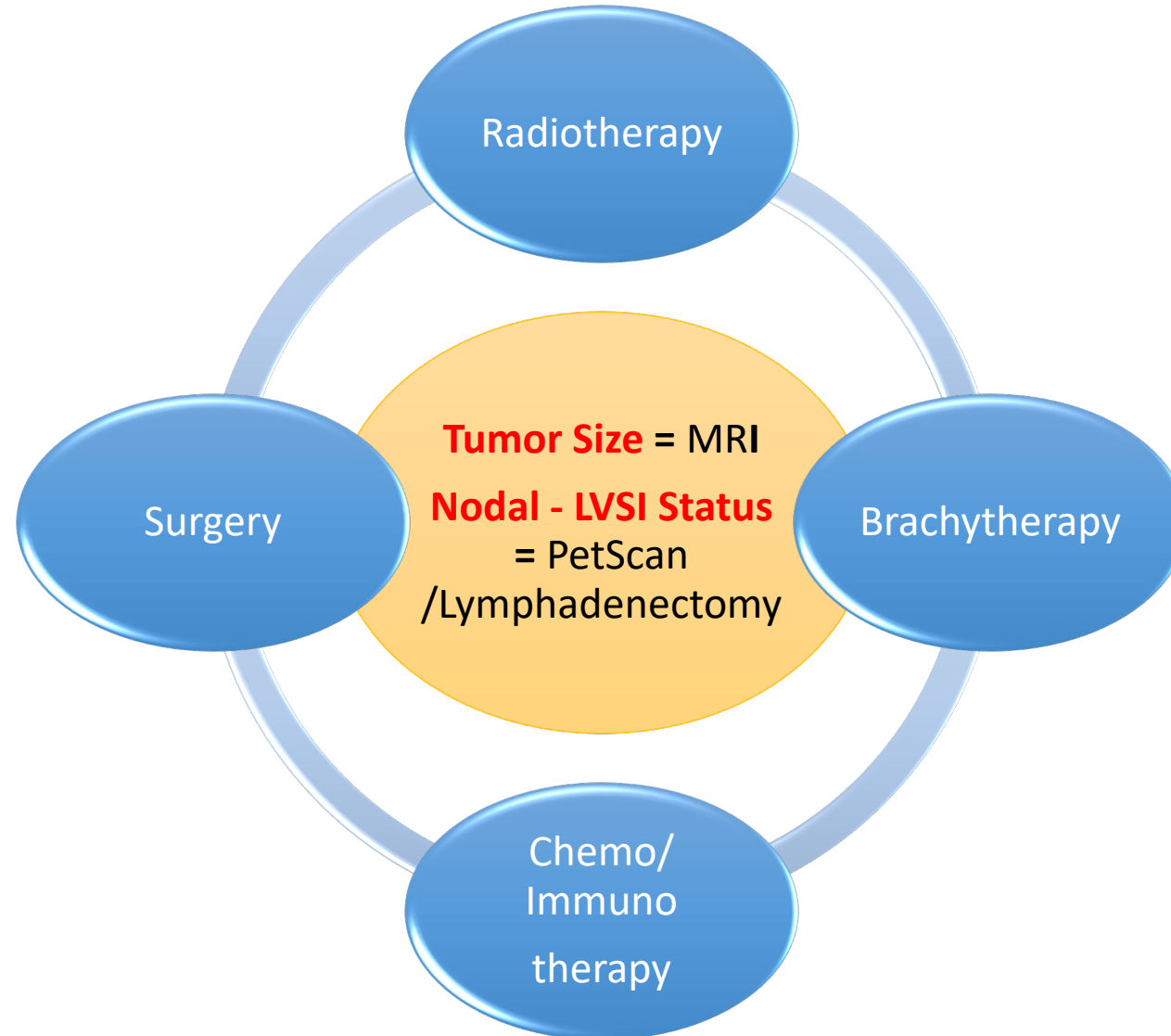
	1990 - 2010	2010 - 2018
Incidence / y	- 1,8%	- 0,7%
Mortality / y	-2,1%	- 1,1%
OS 5 y	68%	62%

There is a break in the slope of the decrease in incidence and mortality

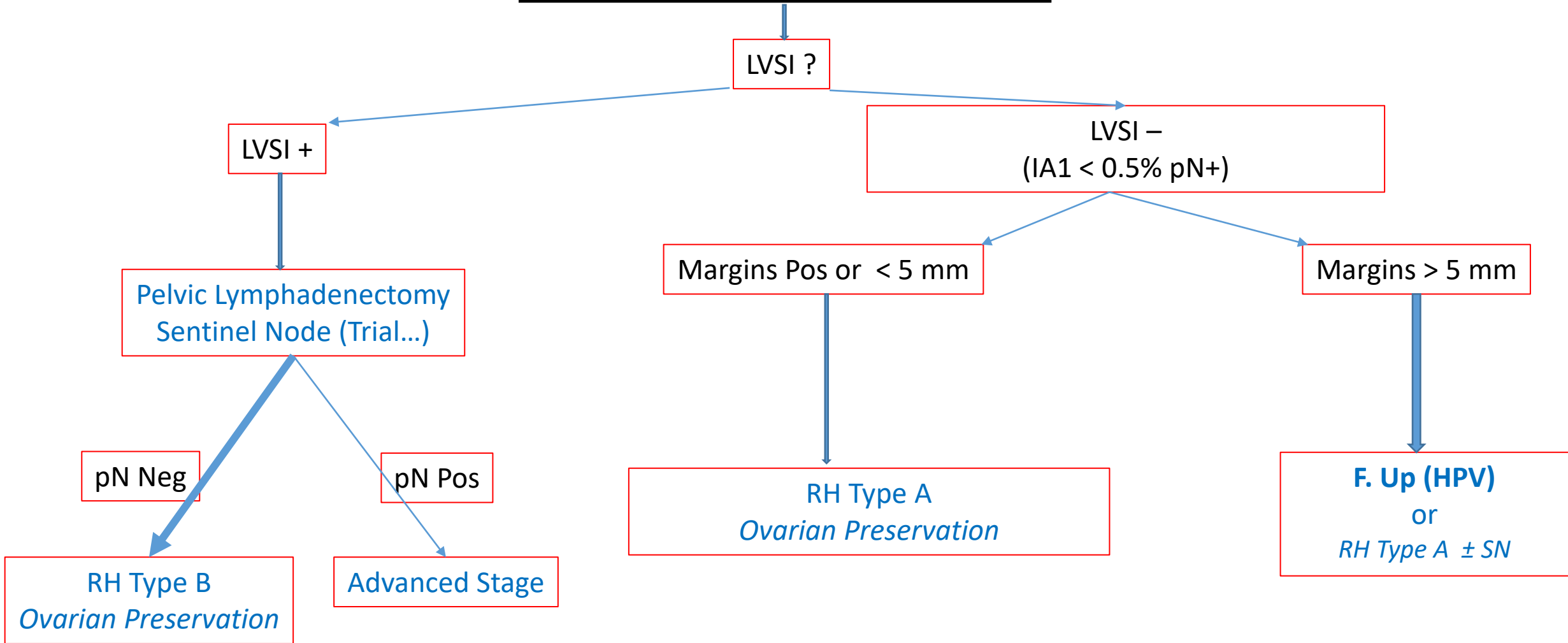
More aggressive tumors: +++ in young (not vaccinated) women despite a good screening ?



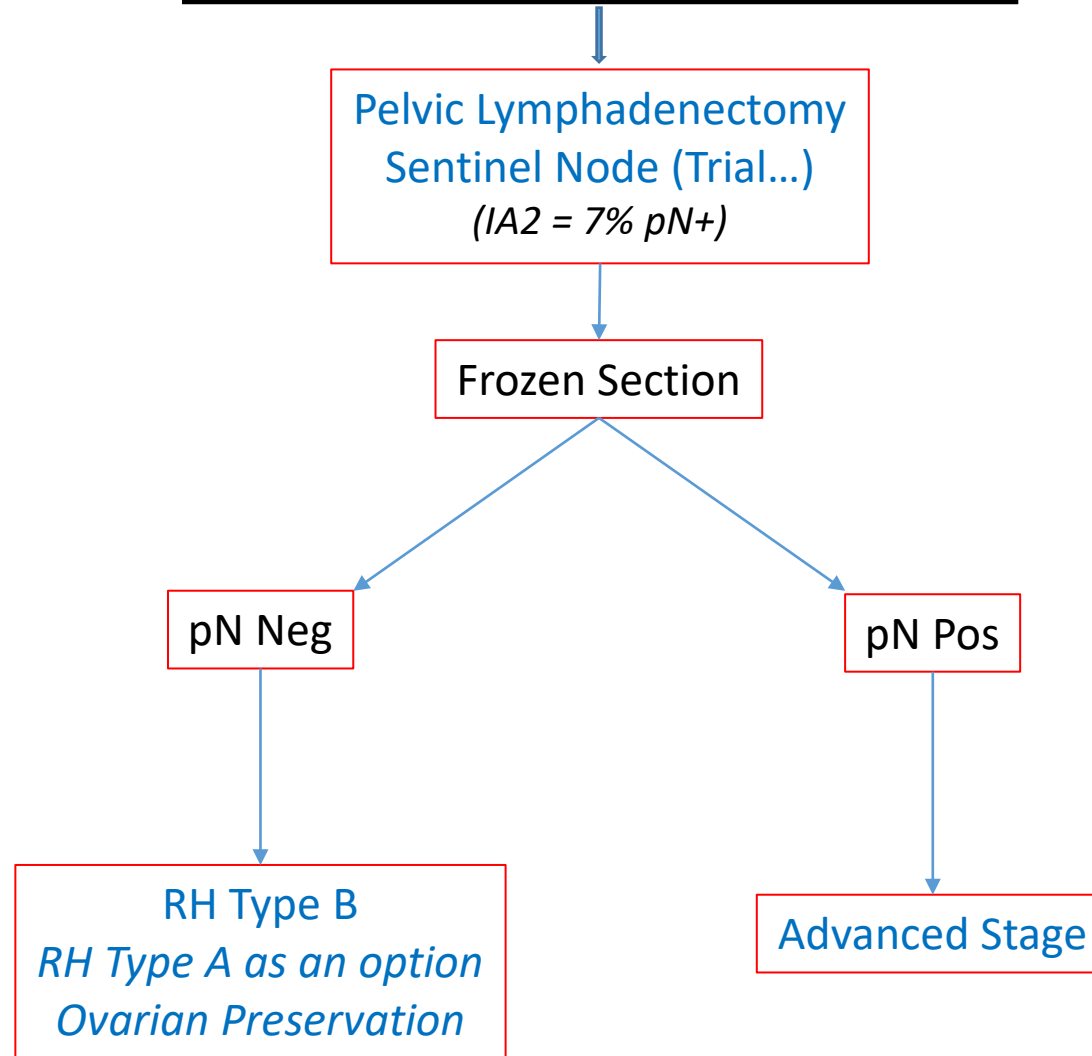
Two key points discussed in MultiDisciplinary Team meeting



CONIZATION → Stage IA1



CONIZATION → Stage IA2



Stage IB1 (< 2 cm)

Sentinel Node / Pelvic lymphadenectomy
intraoperative frozen section

pN Neg

RH Type B
Ovarian Preservation

pN Pos

Advanced Stage

Option in
- Young women (conservative treatment)
- Aggressive lesion (LVS + / High Grade)

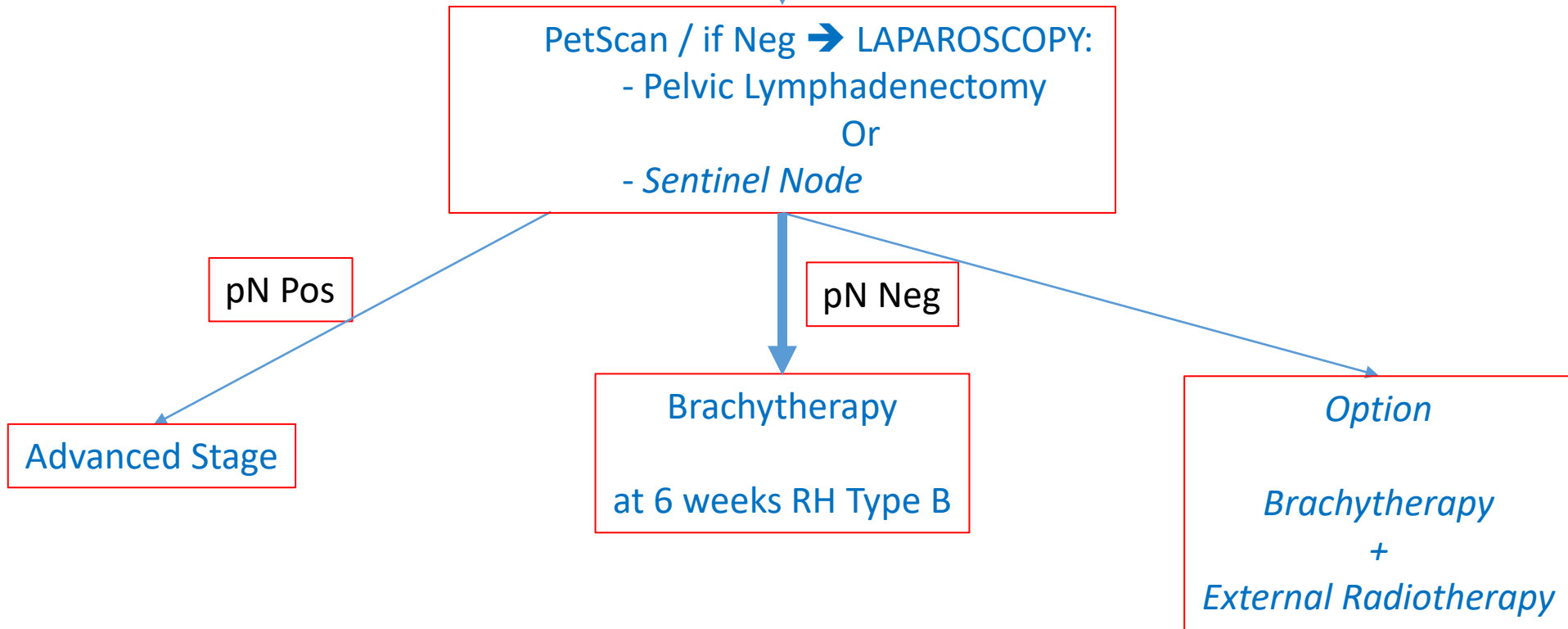
PetScan / if Neg → LAPAROSCOPY:
- Pelvic Lymphadenectomy
Or
- Sentinel Node

pN Neg

RH Type B
Ovarian Preservation



Stage IB2 (2 – 4 cm)



Stages IB3 – IVA

PET Scan – Laparoscopic Lymphadenectomy if PET Scan Neg
(Lombo-Aortic / Pelvic as an option)

**Concomitant RadioChemotherapy +
Brachytherapy**
(Cis Platine 40 mg/m² 6 courses)
±
Boost on unresectable N (clips)
±
Adjuvant Chemotherapy

MRI + PETScan at 3 months

Stage IVA with (risk of) fistula
Pelvic exenteration
if locally advanced disease



Recurrences

MRI and PET Scan

Radiotherapy if possible
XRT 3D /
Intensity-Modulated Radiation Therapy

Surgery (Pelvectomy)
+++ if
Delay > 6 months
Centro-Pelvic Recurrence

Chemotherapy
Bevacizumab
Anti PD-1 (Trial)



Under Discussion: type of Radical Hysterectomy

Less extensive surgery (**RH Type A**):

Querleu – Morrow Classification

- T < 2 cm
- Stromal invasion < 10 mm
- pN Neg & LVSI Neg
- Age < 50 years

Type of RH	Paracervix Transection	Vaginal Resection
A	Between cervix / ureter	< 10 mm
B	At the ureteral tunnel	> 10 mm
C	At the junction with internal iliac vessels	>10 mm with paracolpos
D	At the pelvic sidewall	>10 mm with paracolpos

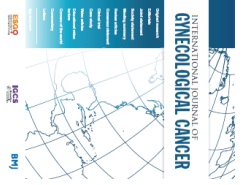


Cancer du col utérin opérable de stade précoce par chirurgie minimale invasive. Recommandations des chirurgiens du groupe GINECO - 25/09/19

Minimally Invasive versus Abdominal Radical Hysterectomy for Cervical Cancer

Pedro T. Ramirez, M.D., Michael Frumovitz, M.D., Rene Pareja, M.D.,

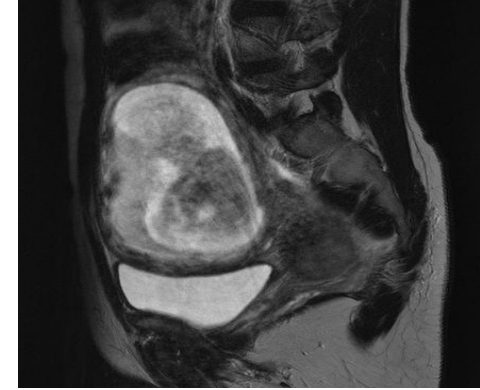
- Inform the patient of the results of the trials
- No uterine manipulator (∇ emboli)
- Vaginal colpotomy (∇ peritoneal diffusion/CO2)
- Preoperative brachytherapy for IB2
- Trained operator (> 50 procedures)



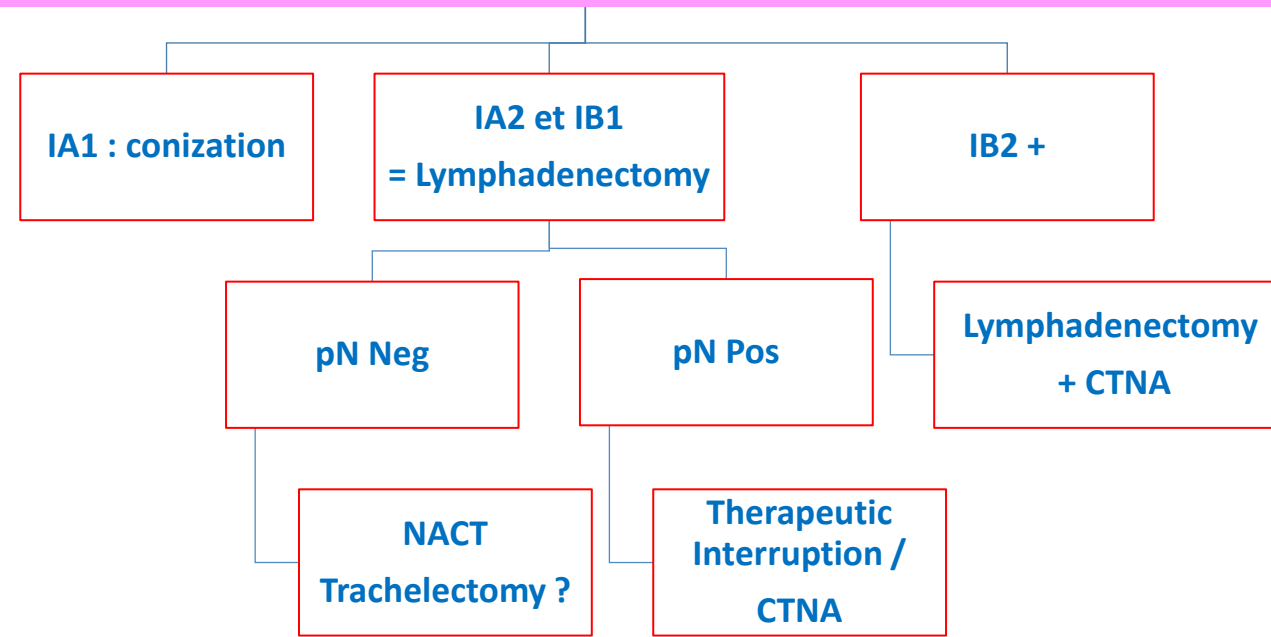
SUCCOR study: an international European cohort observational study comparing minimally invasive surgery versus open abdominal radical hysterectomy in patients with stage IB1 cervical cancer



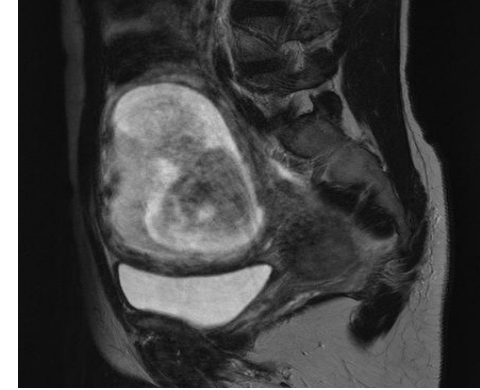
Cervical Cancer & Pregnancy



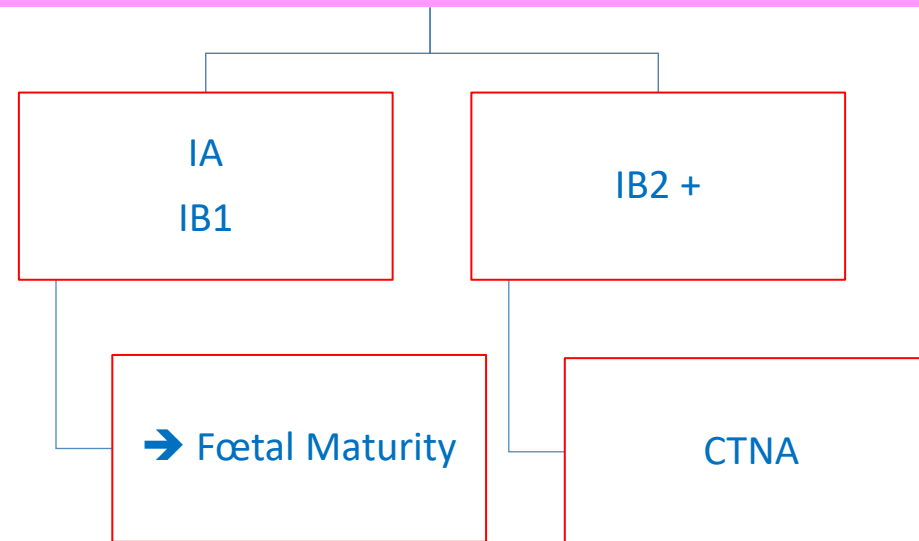
Before 24 weeks = Continuing the pregnancy



Cervical Cancer & Pregnancy



After 24 weeks = Continuing the pregnancy



Breizh : Porzh ar Baradoz – Brittany: the Heaven Door...



Thank you for your attention...

