Cervical Cancer Surgery Decision A Tradeoff

Charles Bankhead

Two approaches to fertility-preserving surgery yielded results suggesting that younger women with cervical cancer face tradeoffs involving fertility versus disease control, Chinese investigators reported.

Almost four times as many women conceived after vaginal trachelectomy, resulting in twice as many live births compared with abdominal trachelectomy, reported Shen Keng, MD, and colleagues, at the Society of Gynecologic Oncology meeting.

On the other hand, no patients had recurrence of cervical cancer after abdominal trachelectomy, whereas vaginal procedures were associated with a recurrence rate of 26%. The risk of recurrence after vaginal trachelectomy was most pronounced in women who had tumors larger than 2 cm, according to Keng of Peking Union Medical College Hospital in Beijing.

"Using standardized techniques, vaginal or abdominal radical trachelectomy provides similar surgical and pathologic outcomes," Keng said. "Patients treated by abdominal radical trachelectomy obtained better oncologic results, but their fertility outcomes were not as good compared with vaginal radical trachelectomy."

"Tumor size less than 2 cm should be emphasized as an indication for radical trachelectomy for improving the outcome of fertility and prognosis," Keng added.

Increased emphasis on fertility preservation has effected a shift from radical surgery for gynecologic malignancies to more conservative techniques that reduce morbidity and improve the odds that a woman will remain fertile after surgery. At the same time, disease control has remained a necessity, regardless of the surgical approach.

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