FERTILITY SPARING SURGERY IN EARLY STAGES OF CERVICAL CANCER: THE NEW STANDARD OF CARE

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The concept of fertility preserving surgery in early cervical, radical trachelectomy with stage IA2 or IB disease. Trachelectomy is a conservative oncologic operation with the aim to preserve fertility in early stages of cervical cancer female patients that have realized reproduction. Excised structures in trachelectomy are: cervix, upper 1/3 of vagina, parametria and paracolpia, with preservation of uterine corpus. After removing the vaginal fornix and cervix, uterovaginal anastomosis with non resorptive suture is performed. Indications for trachelectomy are patients up to 45 years of age who wish to conserve fertility with negative lymph nodes, no distant metastatic disease, FIGO stage cervical cancer staged IA1, IA2, IB1 (tumour size ≤2cm with negative lymph nodes), with adequate cervical length, no evidence of expansion of malignant process on the upper part of the cervical canal, squamouscellular carcinoma, rarely cervical adenocarcinoma, negative lymph nodes intraoperatively, no metastatic disease, clear resected margins. There is an ongoing debate regarding the need for uterine vessels preservation. Some authors have proved that the preservation of the uterine artery is associated with more favorable restoration of the reproductive function. Others claim that preservation of the uterine vasculature is not necessary for fertility as obstetrical outcomes are similar to those of the historical vaginal radical trachelectomy cohorts. Simple trachelectomy as alternative to radical trachelectomy in selected cases (parametrial involvement rate <1% in patients with IB1 ≤2cm, negative lymph nodes and stromal invasion ≤ 10mm).