Invasive Cervical Cancer

Type(s) of Surgery(ies)
in 2001?

In Search of Clinical Pathways: Illumination or Illusion

A National Cervical Cancer Survey

R. Boronow
Gynecologic Oncology 2000: 79, 143-144

Surgical Management or Cervical Cancer in the United States

- A -	- B -
32 directors of training programs for gynecologic oncology	22 non university gynecologic oncologists
Approved by ACOG	Members of ACOG

Stade Ia1 (<3mm)

- A -		- B -	
Conization only	28%	Conization only	22%
Vaginal Hyst	38%	Vaginal Hyst	49%
TAH	20%	TAH	22%
LAVH	9%	LAVH	7%

Stade Ia2 (3-5mm)

- A -	
Conization only	3%
Vaginal Hyst	12%
TAH	12%
LAVH	6%
Wertheim	61%
RxTTT only	6%

- B -	
Conization only	5%
Vaginal Hyst	5%
TAH	5%
LAVH	5%
Wertheim	80%

Stade Ib1

- A -		- B -	
Wertheim	89%	Wertheim	96%
Schauta	2%		
RxTTT	9%	Rx TTT	4%

Stade Ib2

- A -		- B -	
Wertheim	72%	Wertheim	68%
Rxttt (+/- chemo ?)	28%	Rx TTT	32%

Stade Ib2
Postradiation Conservative Hyst

- A -		- B -	
No	30%	No	18%
Routine use	26%	Routine use	23%
Selective use	44%	Selective use	59%

Stade IIa

- A -		- B -	
Wertheim	57%	Wertheim	77%
Rx TTT	43%	Rx TTT	23%

Stade IIb

- A -		- B -	
Rx TTT	97%	Rx TTT	95%
Wertheim	3%	Wertheim	5%

Neoadjuvant Chemotherapy

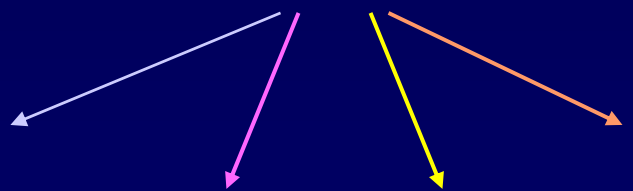
- A -		- B -	
Routine (bulky)	6%	Routine (bulky)	5%
Selective	45%	Selective	33%
No	49%	No	62%
Likely to become standard therapy	28%	Likely to become standard therapy	40%

Conclusion

Lack of standard practice

→ Surgery = individualized

Evidence Based Medicine: Yes But



Multidisciplinary , personal training, experience & conviction