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Fertility sparing surgery in treatment of early stage of cervical cancer

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 an increased rate 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 optimize reproductive outcome, some institutions perform less radical approaches – 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.

Biography

Aleksandar Stefanovic has completed his PhD in Medical Faculty, University of Belgrade. He is the Director of Clinic for Gynecology and Obstetrics, Clinical Center of Serbia, Belgrade, Serbia and President of Association of Gynecologist and Obstetricians of Serbia, Montenegro and Republic Srpska. He is also a Member of FIGO. He has published more than 46 papers in reputed journals and has been serving as an Editorial Board Member of repute. He was invited speaker in more than 60 international congresses.

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