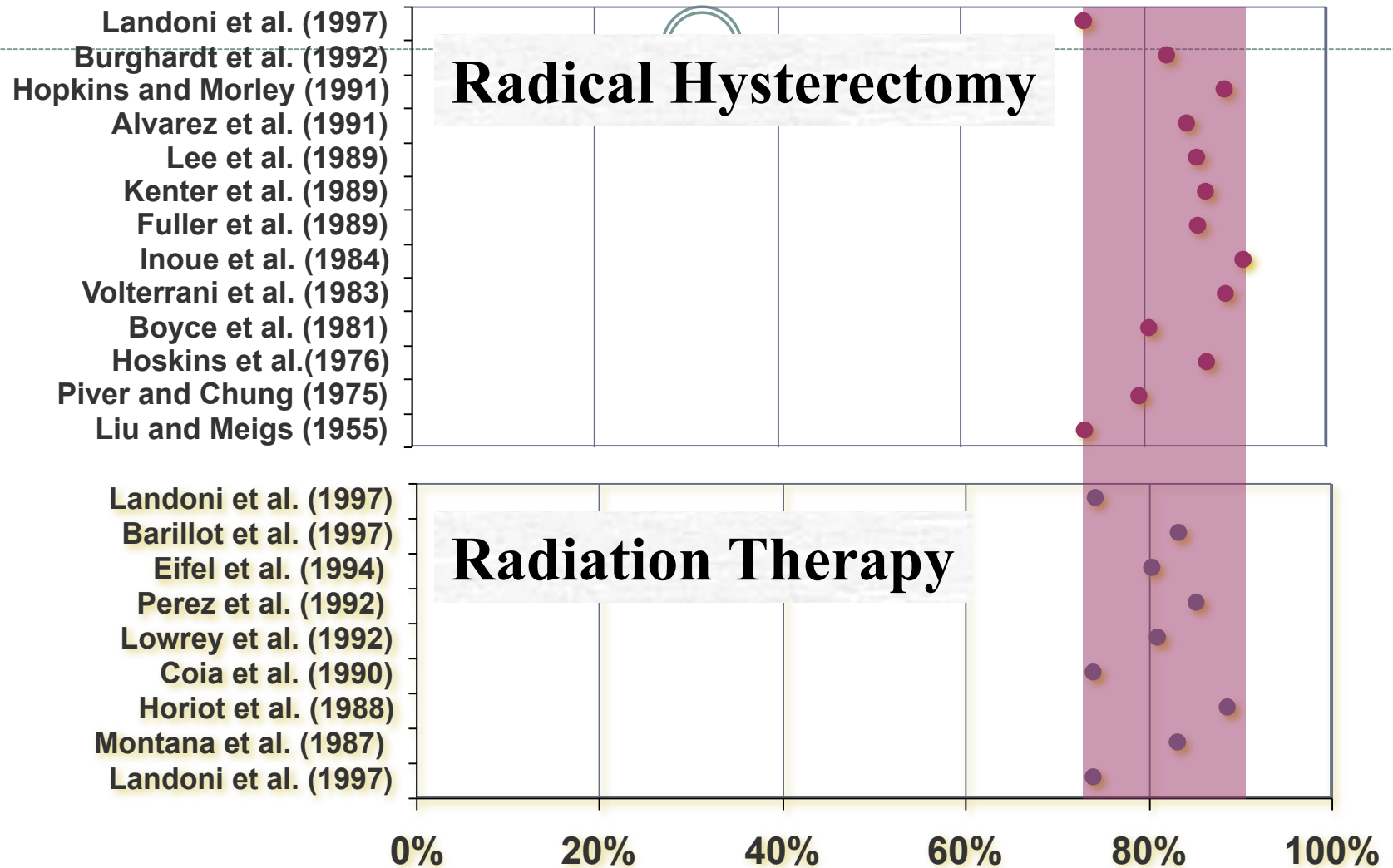


Positive lymph nodes at time of hysterectomy



**ABANDON SURGERY AND PROCEED TO
SURGERY**

5-yr survival rates - Stage IB



RT vs. RH for FIGO IB–IIA - Pathologic risk factors requiring postop RT

Landoni et al. Lancet 350:535, 1997

1986-1991—468 pts
Stage I–IIA

343 eligible



RT vs. RH for FIGO IB–IIA - Pathologic risk factors requiring postop RT

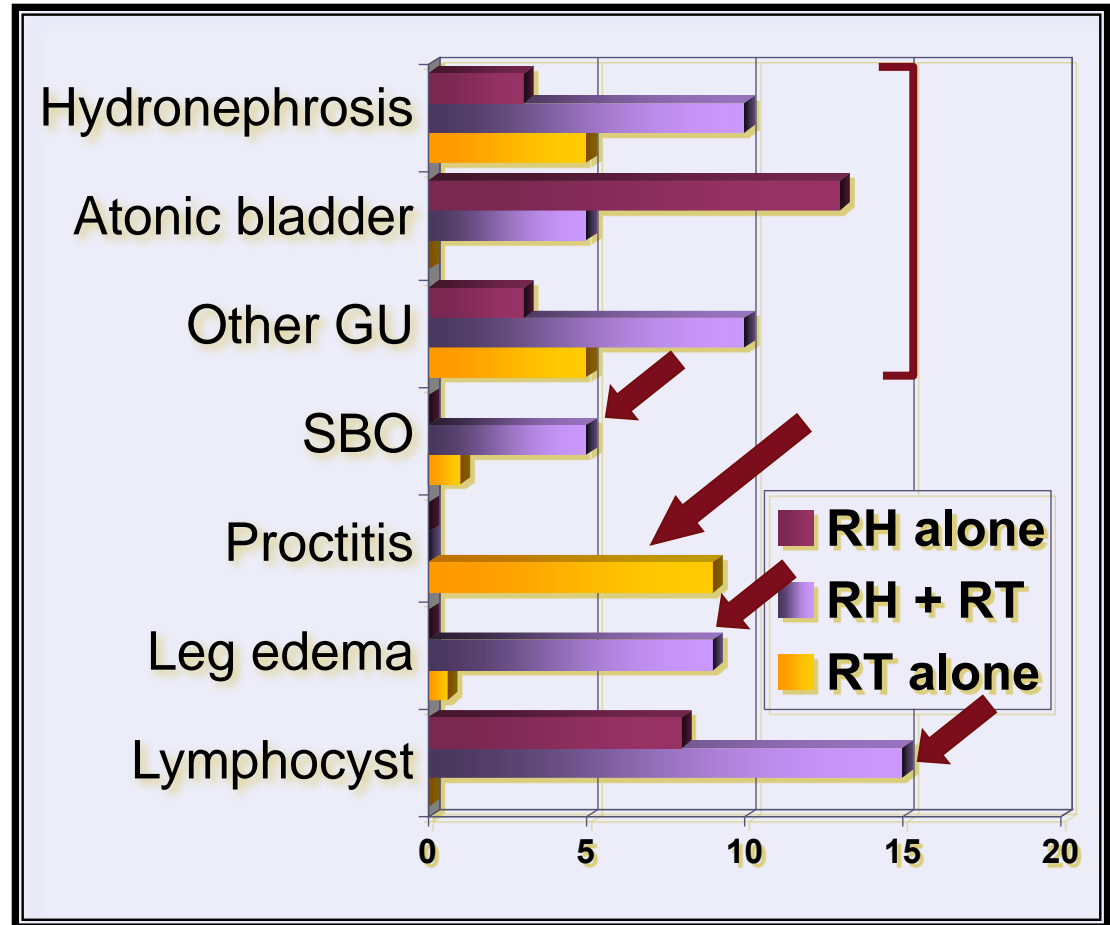
Landoni et al. Lancet 350:535, 1997

Risk factor	RT pts (n = 170)	
	≤4 cm (114)	>4 cm (55)
Paracervical involvement	22 (19%)	19 (35%)
< 3 mm safe stroma	44 (39%)	25 (45%)
Positive margin	7 (6%)	12 (22%)
Positive lymph nodes	28 (25%)	17 (31%)
ADJUVANT RT	62 (54%)	46 (84%)

RT vs. RH for FIGO IB–IIA - Complications of treatment

Landoni et al. Lancet 350:535, 1997

- RH
 - ↑ GU, lymphatic
 - ↑ Overall
- RH + RT
 - ↑ SBO, GU, lymphatic
- RT alone
 - ↑ Proctitis



Other costs



- Lost work during 4-6 weeks of post-hysterectomy recovery as well as with radiation therapy
- Hysterectomy does not reduce the need for concurrent chemotherapy or radiation
- Overall treatment time –
 - Radiation alone – 6-8 weeks
 - Surgery + radiation – 9-12 weeks

NIH Consensus Development Conference Statement - Cervical Cancer (April, 1996)



“Efforts should be made to carefully select patients for treatment in order to ensure that they are treated with RT or surgery, but not both. The combined use of radical surgery followed by radiation substantially increases the cost and morbidity of treatment.”