Respond to the Letter

Many thanks for your letter and your comments on different management approaches for this admittedly challenging case of cervical adenocarcinoma diagnosed in pregnancy.

Various options were discussed in length with the couple (1). A repeat conisation was considered carefully and, in retrospect, this combined with systematic pelvic lymphadenectomy may have been an adequate treatment. The histological type (adenocarcinoma), the dimensions of the original tumour and the high suspicion of residual invasive disease in the crater suggested that there was a good likelihood a repeat cone would be an inadequate treatment. An alternative suggested by others was to do a repeat conisation in the first instance knowing it was inadequate treatment and then proceeding after the pregnancy had delivered to do more radical surgery. But there appears to be no previous published evidence for this approach (2). In addition, a second cone plus further treatment would have delayed the definitive treatment by another few weeks and left the tissue around the area more friable should a trachelectomy be required.

We agree that the fertility-sparing management in small volume low risk cervical adenocarcinomas is controversial even for the non-pregnant (3). Several recent reports in pregnant and non-pregnant women propose that simple conisation or trachelectomy may be safe and less morbid alternatives to radical trachelectomy as the risk of parametrial invasion appears to be low. The value of parametrectomy in small volume disease and the impact of a more conservative surgical approach on morbidity and risk of recurrence is the subject of an ongoing international multicentric randomized controlled trial (The SHAPE Trial: Simple Hysterectomy And Pelvic node dissection in Early cervix cancer)(4). Although fertility-sparing sparing surgery will not be addressed in this trial, the results will give insight into the value of parametrectomy in small low risk tumours. Until further high quality evidence becomes available, different management options have merits and associated risks; the ultimate decision should be taken at an individual level.

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References:

