Reference Number: 1 **Version Number: 1**	**Date of Next Review: February 2023** **Previous Trust/LHB Reference Number:**
Title Fertility Sparing Surgery for Cervical Cancer Guideline	
Introduction and Aim This guideline includes the indications and follow up of patients undergoing fertility sparing surgery for cervical cancer, these include knife cone biopsy, simple and radical trachelectomy.	
Objectives • **Provide a clinical guideline for managing patients with cervical cancer who desire to retain fertility**	
Scope This policy applies to all healthcare professionals in all locations including those with honorary contracts	
Equality Health Impact Assessment	*An Equality Health Impact Assessment (EHIA) has not been completed.*
Documents to read alongside this Procedure	
Approved by	*Gynaecology Professional Forum*

Accountable Executive or Clinical Board Director	*Ruth Walker, Executive Nurse Director*
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Summary of reviews/amendments

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	*Feb 2020*		

Scope of the Guideline

This guideline includes the indications and follow up of patients undergoing fertility sparing surgery for cervical cancer, these include knife cone biopsy, simple and radical trachelectomy.

Background

Fertility preserving surgery is aimed at retaining the uterus for women with cervical cancer who wish to preserve their fertility. This is dependent on the stage of the cancer and is outlined below. Trachelectomy can be a simple or radical procedure. Simple trachelectomy involves a supra-vaginal amputation of cervix. Radical trachelectomy involves removal of cervix with the parametrium, vaginal cuff and pelvic lymphadenectomy. Trachelectomy can be performed via the laparoscopic, trans-abdominal or vaginal route and can be accompanied with a cervical cerclage to prevent future cervical incompetence.

Indications/Procedures

Conservative treatment for Stage 1a1 cervical cancer

This would normally be a LLETZ or knife cone biopsy, and in this case the follow up would be identical to the management with a radical trachelectomy except that

- MRI scan would only be performed if indicated.
- Annual cervical cytology for 10 years.

Conservative treatment for Stage 1a2/1b1 cervical cancer

Simple trachelectomy/knife cone biopsy
Indications for this procedure are:-

Persistent CIN/CGIN/abnormal smears with flushed or short ectocervix as a result of previous multiple loop treatments.
Stage 1A1/1A2 cervical cancer

Radical trachelectomy
Indications for this procedure are:-

Stage 1A1/1A2 cervical cancer with LVSI.
Stage 1b1 cervical cancer. (Ref 3)

Role of cervical cerclage with trachelectomy

Cervical cerclage is applied using nylon sutures with knot tied and buried at 6 o'clock position. (Sheppard J, BJOG) Abandonment of elective cerclage and instead

recommending its insertion in second trimester of pregnancy in selected cases is acceptable.

Follow up after trachelectomy

- All cases should be followed up at UHW in the Gynaeoncology-Colposcopy clinics.
- All patients should be encouraged to avoid pregnancy for the first 12 months to ensure adequate healing and no persistence or recurrence of disease. (Kim J BJOG)
- Annual smear for 10 years
- MRI for 5 years

Interval and duration of follow up

- All patients followed up 6 monthly for the first post-operative year.
- 12 monthly follow-ups for 10 years at the Gynaeoncology-Colposcopy clinic.

Modified from Marsden protocol (Sheppard J, BJOG)

Clinical Examination

This includes history, speculum and examinations of the vagina and rectum.

Cervical cytology

Endocervical brush and cervical LBC will be performed annually for 10 years at the Cancer Centre.
Endometrial cells are disregarded in trachelectomy patients as detected in >50% of these smears.

Colposcopy

Benefit of colposcopy is doubtful but examination on the colposcopy couch makes easy visualisation and facilitates examination. Colposcopy is often unsatisfactory because of the hidden transformation zone. Colposcopy and biopsies are recommended only as a follow up of abnormal smears.

HPV typing

Its role is unknown in the follow up of cervical cancer but in women with persistent smear abnormalities, HPV typing may assist in discussing management options.

Imaging

MRI has been recommended at 6 and 12 months in other centres but it is not clearly evidence based (Peppercorn P, Radiology). However in the radical trachelectomy patients it is generally accepted that MRI is a useful adjunct for follow up.
Aim to have annual MRI as part of follow up for 5 years.

Obstetric management

All patients should be alerted to have an early pregnancy scan and be registered with a nominated obstetrician managing high risk pregnancies. The obstetrician is encouraged to communicate with the Gynaeoncologist. A cervical cerclage is required if it hasn't been placed at the time of the original surgery.

Completion Surgery

This should be offered at anytime once the patient has completed her family or fertility is no longer an issue.

Follow up after fertility sparing surgery for cervical cancer

All patients to be followed up in the gynaeoncology-colposcopy clinic (Gyn43RC)

Stage 1A1

- Post LLETZ/knife cone biopsy (KCB) – Colposcopy 6 monthly for first year then annually with smears for 10 years. No role for routine MRI

Stage 1A2/1B1

- Post KCB/simple trachelectomy or radical trachelectomy
- Colposcopy 6 monthly for first year then annually with smears for 10 years and routine MRI for 5 years.

Patients should be examined vaginally and abdominally at each visit

Evidence C

References

Kim J-H, Park J-Y, Kim D-Y, Kim Y-M, Kim Y-T and Nam J-H, Fertility-sparing laparoscopic radical trachelectomy for young women with early stage cervical cancer, *BJOG: An International Journal of Obstetrics & Gynaecology* (2010) 117(3): 340–347,

Peppercorn PD, Jeyarajah AR, Woolas R, Shepherd JH, Oram DH, Jacobs IJ, et al. Role of MR imaging in the selection of patients with early cervical carcinoma for fertility-preserving surgery: initial experience. *Radiology* (1999) 212: 395–9

Shepherd JH, Spencer C, Herod J, Ind TEJ. Radical vaginal trachelectomy as a fertility sparing procedure in women with early-stage cervical cancer—cumulative pregnancy rate in a series of 123 women *BJOG: An International Journal of Obstetrics & Gynaecology*. (2006) 113(6): 1471-0528.