

ESMO MANAGEMENT AND TREATMENT ADAPTED RECOMMENDATIONS IN THE COVID-19 ERA: CERVICAL CANCER

Cancer patient prioritisation ▼

Priorities for cervical cancer

Documented multidisciplinary tumour team (MDT) decision making, taking into account patient condition (vulnerable patients)* and available resources [Intensive Care Unit (ICU) support for surgery]. If not adequate, refer to or discuss with an Oncological Hub for gynaecological cancers.

Patients and family should be adequately informed about the risk/benefit ratio of each intervention with clinicians taking into account of national therapeutic or interventional guidelines or national specialty recommendations in relation to COVID-19.

*vulnerable patients: >65 years, pre-existing cardiovascular disease, pre-existing respiratory disease

Outpatient visit priorities

- Potentially unstable (acute abdominal symptoms, complications in the post-surgery recovery, complications during/after pelvic radiotherapy, renal obstruction)
- Symptomatic persistent severe bleeding from pelvic/vaginal ulcerated tumour
- Anuria, symptoms of DVT in patients with confirmed diagnosis of cervical cancer
- New histologically confirmed patient, no prior surgery, for staging workup (blood tests and imaging close to home if possible)

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- Post-operative patients with no complications
 - Established patients with new problems or symptoms from treatment – convert as many visits as possible to telemedicine appointments
 - Follow-up visit (clinical and pelvic examination) after palliative treatment for advanced/recurrent disease (postpone up to 2 months)

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- Follow-up visit (clinical and pelvic examination) after radical treatment for early disease (postpone up to 6 months)
 - Survivorship visits off study

Priorities for cervical cancer: Imaging (CT scan/US)

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- Bowel perforation, peritonitis
 - Post-surgery complications (perforation, anastomotic leak)
 - Ureteral compression or hydronephrosis
 - Neurological symptoms suggesting nerve root/spinal involvement
 - Staging workup (if not done)

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- Tumour evaluation if clinical suspicion of tumour recurrence after radical treatment for early disease
 - Follow-up visit (with also clinical and pelvic examination) after palliative treatment for advanced/recurrent disease (postpone up to 2 months)
 - Follow-up visits within a clinical study

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- Follow-up visits out of study (blood tests and imaging close to home, convert to telemedicine if possible)

For patients on clinical trials, seek information about changes in management for individual studies from the co-ordinating trials unit – treatment frequency, blood investigations and imaging

Priorities for cervical cancer: Surgical oncology

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- Radiologically confirmed bowel perforation, peritonitis
 - Complications during/after radiotherapy for pelvic recurrence (fistulisation/bowel perforation)
 - Acute post-surgery complications (perforation, urethral dissection)

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- Radical hysterectomy +/- BSO and lymphadenectomy stage IA2, IB1-IIA
 - Trachelectomy(hysterectomy) +/- SLN sampling stage IA (postpone up to 2 months)
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- Repair of asymptomatic fistula
- CIN3 conisation (if appropriate)
- Resection of slowly growing central recurrence
- Consider postponing total pelvic exenteration after the COVID-19 pandemic

Priorities for cervical cancer: Medical oncology

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- Continuation of medical treatment in the context of a clinical trial
 - Stage IB3*, IIB-IVA chemotherapy in association with radiotherapy (CRT)
 - Stage IVB first line, first local recurrence after >12 months from primary CRT: cisplatin/paclitaxel + bevacizumab (if not contraindicated). When cisplatin is contraindicated, consider carboplatin/paclitaxel or topotecan/paclitaxel with bevacizumab

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- Continuation of standard chemotherapy in case of confirmed significant benefit

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- Second-line chemotherapy according to clinical need, patient wishes and resource availability

*2018 FIGO classification.

Immune checkpoint inhibitors only within clinical studies.

Priorities for cervical cancer: Radiation oncology

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- Pelvic EBRT in association with chemotherapy (CRT) stage IB3, IIB_IIA
 - Spinal cord compression, brain metastases, other critical metastatic lesions

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- Salvage radiotherapy for symptomatic localised recurrence (central, retroperitoneal lymph nodes)

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- Palliative radiotherapy for asymptomatic recurrence not amenable to surgery

Immune checkpoint inhibitors only within clinical studies.

List of abbreviations: BSO, bilateral salpingo-oophorectomy; CRT, chemoradiotherapy; CT, computed tomography; DVT, deep vein thrombosis; EBRT, external beam radiotherapy; SLN, sentinel lymph node; US, ultrasound.

References

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