U.S. Survey on Provider Surveillance Patterns in Patients with Stage I Cervical Cancer After Cervical Conization

Silvana Pedra Nobre¹, Varvara Mazina², Yukio Sonoda¹, Ginger J. Gardner¹, Kara Long Roche¹, Mario M. Leitao Jr¹, Nadeem R. Abu-Rustum¹, Jennifer J. Mueller¹

¹Memorial Sloan Kettering Cancer Center, Gynecology Service, Department of Surgery, New York, NY, USA

²University of Washington, Department of Obstetrics and Gynecology, Seattle, WA, USA

BACKGROUND

- Fertility-sparing treatment has been recognized as a feasible conservative approach in patients with early stage cervical cancer, and is an alternative treatment option for women wishing future pregnancy.
- Uniform guidelines on surveillance following fertility-sparing treatment of early stage cervical cancer focus on women who have undergone trachelectomy.
- Specific practice recommendations for surveillance of women who have been treated by cervical conization are lacking.

OBJECTIVES

- To characterize current practice patterns and identify practice variations in the surveillance of Stage I cervical cancer after cervical conization (CC) in the United States.

METHODS

- A 25-question RedCap® electronic survey was sent to members of the Society of Gynecologic Oncology.
- Provider demographics, surveillance during first year (Y1), years 1-3 (Y1-3), and >3 years (Y3+) after CC, and use of pelvic exam, cytology, HPV testing, colposcopy and endocervical curettage (ECC) were queried.

Figure 3: Practice Patterns in Completion Hysterectomy after Cervical Conization

Figure 2: Surveillance Patterns in Stage I Cervical Cancer after Cervical Conization: Year 1, Years 1-2, >3 Years

RESULTS

- 185/1381 (13%) responses were collected. All providers identified as gynecologic oncologists (Figure 1)
- Y1, 66% of providers perform pelvic exam and 35% cytology q3 months (Figure 2).
- Y1-3, 60% perform pelvic exam and 46% cytology q6 months.
- Y3+, 54% perform pelvic exam q6 months and 67% cytology annually.
- 28% of providers do not offer HPV testing at any point during 5-year follow-up. 52% recommend annual HPV testing Y3+ following CC.
- 86% of providers do not offer routine colposcopy and 71% do not offer ECC at any point during 5-year follow-up.
- 75% of providers screen patients for HPV vaccination.
- Surveillance results impact decisions for post-CC hysterectomy (Figure 3).

CONCLUSIONS

- There are no specific surveillance guidelines for Stage I cervical cancer treated with CC.
- The most commonly reported surveillance practice is q3 month pelvic exam with or without cytology in Y1 and q6 month thereafter.
- Wide variation exists in visit frequency, cytology and HPV testing, and there is a clear trend away from use of colposcopy and ECC.
- The disparities in these surveillance strategies suggest a need to define uniform surveillance guidelines for this unique patient cohort.

Figure 1. Surveyed Provider Characteristics

REFERENCES

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