SURVIVAL IMPACT OF THE C1 ABDOMINAL RADICAL TRACHELECTOMY (ART) RADICALITY IN PATIENTS WITH EARLY STAGE CERVICAL CANCER (CC).

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OBJECTIVES

The aim of the present study is to evaluate the overall survival (OS)and disease free survival (DFS) rates related to surgical radicality in the C1 ART, sparing the uterine arteries and hypogastric plexus in patiens with early stage cervical cancer(CC)

MATERIAL & METHODS

This technique was designed for patients (pts) with FIGO stages Ia2, Ib1 CC < 2cm, or >2 and < 3cm ; these last group received Platinum based neoadjuvant chemotherapy(NCH).

Between 10/04 -10/14 , 24 pts. were included, by the intention to treat.

Surgical technique: 1) Open staging laparotomy with complete and systematic pelvic lymphadenectomy and frozen section of the lymph nodes. 2) Dissection of the uterine artery from its beginning at the hypogastric artery. 3) Dissection of the urethers. 4) Transection of the anterior, posterior, and lateral parametria sparing the hypogastric nerve and plexus. 5) Opening of the vaginal cuff. 6) Transection of the cervix with frozen section of the superior margin. 7) Suturing the vagina to the uterine isthmus.

The oncological outcomes

(O.S & DFS), age, surgical feasibility, radicality measured in the surgical specimen, and compared with the radicality of a non randomised control group of C1 RH; hystological type; blood loss, uterine blood flow evaluated by color doppler ultrasound; operating time; mean hospitalization time; complications; recurrences; pregnancies and follow up were also analyzed.

SURGICAL TECHNIQUE

Step 1 : Open staging laparotomy with complete and systematic pelvic lymphadenectomy and frozen section of the lymph nodes.

Step 4: Transection of the, anterior posterior, and lateral parametria sparing the hypogastric nerve and plexus.

Steps 2 & 3: 2) Dissection of the uterine artery from its beginning at the hypogastric artery. 3) Dissection of the urethers.

Steps 5 & 6: 5) Opening of the vaginal cuff. 6) Transection of the cervix with frozen section of the superior margin.

DFS

OS

	HRC1 (P.P.A.P.)(n=73)	A .R.T.-SUA .(n=20)
Nº LIMPH NODES : 2,638 pNS	14.9 (4-47)	13,5 (2-22)
LEFT PARAMETRIUM (CM): 1,013 pNS	3.42 (0,3 -7)	3.04 (2,3-3,9)
RIGHT PARAMETRIUM (CM) 1,203 pNS	3.44 (1,7 - 7)	3,2 (1,8-3,9)
VAGINAL LENGTH (cm) : 2,203 pNS	2,21 (0,5-3,7)	2,62 (0,8-3,1)

RESULTS

The technique could be performed in 23/24 the cases. Age: 27,1years (21-32). Five pts. Received NCH. In 2/24 cases the procedure had to be completed with a radical hysterectomy (RH) type C1 because of positive margins in the surgical specimen; and in another one(1/24) , the procedure was aborted by the presence of a metastatic lymph node in the anterior parametrium, performing afterwards a C1 RH ,too. Radicality (surgical specimen): tumor size 2,36 (1 – 4,1) cm.; Vaginal length: 2,62 (0,8 - 3,1); Right parametrium: 3,2 (1,8 - 3,9) cm.; Left parametrium: 3,04 (2,3 – 3,5) cm. Cervix length: 2,8 (2,3 – 3,3) cm. Lymph nodes: 13,2 (2-22). Blood loss: 600 ml .Operating time: 180 minutes.. Bladder catheterization: 48 hs. Postmicturition residual volume: < 50 ml. Normal indices of doppler blood flow in endometrium, subendometrium and uterine arteries. Mean Hospitalization time: 4 days.. **Complications:** 1 case of dyspareunia + cervical poliposis. 1 case of dysmenorrhea. Three pregnancies were observed; 1 ending in an abortion at the 3rd.month, two underwent an elective cesarean section at 35,5 weeks, obtaining two healthy newborns. No complications and no evidence of disease were observed. **Recurrences:** 2/24 (8,3%), submitted to chemorradiation (CHRT) . **Deaths:**(2/24-8.3%) **DFS & O.S:** 91.7%. **Follow-up:** 66 months

CONCLUSIONS

The C1 ART was feasible,and oncologically safe, with low complications, morbidity, and reasonable DFS & OS; allowing an adequate uterine blood flow in case of the need of other oncologic treatments , or for a pregnancy development. It could to be taken into account as treatment for the IA2-Ib1 cervical cancer , not only for fertility sparing. A large number of cases series, and randomized trials are needed to valid these results.