

Evidence Discussion (ONC 23)

Initial staging

- For clinical stage IB1 or higher, imaging with PET/CT or CT chest, abdomen and pelvis is indicated as per American College of Radiology and National Comprehensive Cancer Network guidelines^{1,2}.
- Imaging is indicated to assess for lymphadenopathy and distant metastases.
- MRI pelvis is an appropriate test prior to fertility sparing treatment and to assess extent of local disease and residual disease post operatively.
- Definitive surgery with radical hysterectomy with lymph node sampling is the treatment of choice for smaller, locally confined invasive cervical cancers. Alternatively, trachelectomy can be considered for patients with stage IA2 or IB1 tumors who wish to maintain fertility².
- Meta-analyses have shown CT with intravenous (IV) contrast to have 43% to 55% sensitivity and 71% specificity for parametrial invasion, and 41% sensitivity and 92% specificity for bladder invasion. In comparison, MRI demonstrated 71% specificity (95% confidence interval [CI], 62%-79%) and 91% sensitivity (95% CI, 88%-93%) for parametrial invasion, and 84% sensitivity (95% CI, 57%-95%) and 95% specificity (95% CI, 87%-98%) for bladder invasion².
- PET/CT can also be considered for inconclusive findings on conventional imaging.

Restaging

- If primary therapy was surgery, surveillance pathway should be utilized.
- If primary treatment was rad/chemo (no surgery), PET/CT or CT c/a/p can be utilized.
- Unresectable or metastatic disease on systemic tx-CT c/a/p every 2 cycles is appropriate.
- With recurrence: PET/CT or CT c/a/p is recommended.
- Inconclusive CT can extend imaging to pelvic MRI for better soft tissue resolution.

Surveillance

- With Stage I post fertilization sparing treatment, MRI pelvis 6 m postop and then annually x 2 years

References

1. Abu-Rustum NR, Yashar CM, Arend R, et al. National Comprehensive Cancer Network (NCCN) Guidelines Version 1.2023 – April 28, 2023. Cervical Cancer, available at: https://www.nccn.org/professionals/physician_gls/pdf/cervical.pdf. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines™) for Cervical Cancer V1.2023 – April 28, 2023. ©2023 National Comprehensive Cancer Network, Inc. All rights reserved. The NCCN Guidelines™ and illustrations herein may not be reproduced in any form for any purpose without the express written permission of the NCCN. To view the most recent and complete version of the NCCN Guidelines™, go online to NCCN.org.

2. ACR appropriateness criteria cervical cancer