Cancer Cervix and Pregnancy

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Cancer cervix and Pregnancy

- The incidence of CIN varies but it is generally between 1% to 8% of abnormal cytology.
- Invasive cancer is the most common solid tumor during pregnancy
- Fortunately its incidence is 0.2% to0.9% of all pregnancies..1.4% of all cases of cancer cervix

Cancer Cx.with pregnancy

- Symptoms
- Usually asymptomatic, detected during routine Pap smear
- Vaginal bleeding and discharge may be mistaken for pregnancy .complications
- Pelvic pain..less frequent

Cervical Screening During Pregnancy

- Cervical cancer peaks between age 30 to 49 years
- The mean age of pregnant women with invasive cervical cancer 31.8y.
- Significant numbers diagnosed in 2nd or 3rd trimester
- Efficacy and safety of screening is well-documented

Diagnosis during pregnancy

- Colposcopy is safe and well tolerated and should be used to evaluate abnormal Pap smear
- Any suspicious lesion should be biopsed
- the overall risk of biopsy-related complications is approximately 0.6% usually mild bleeding .

Diagnosis during pregnancy (cont.)

- Cervical conization during pregnancy..crucial in diagnosis and staging of MIC.
- Complications…Hemorrhage 2-13%
- Fetal loss 17%-50%, <10% in 2nd,3rd
- *PMRM *Preterm labor *infection laceration
- and stenosis * Fetal Salvage89-95%

Workup during pregnancy

- Physical examination
- cervical biopsy
- conization
- chest x-ray with abdominal shield
- since about 83% of cases are stage I cystoscopy and proctoscopy are eliminated.also I.V.U and Enema.

Treatment of CIN during pregnancy

- No indications for immediate treatment of cases with CIN during pregnancy
- Pap smear and colposcopy every trimester
- Vaginal Delivery with higher rate of regression at 6-week examination compared to Caesarean delivery
- Definitive treatment…6 weeks postpartum

Treatment of invasive cancer during pregnancy

- Invasive cancer during pregnancy is curable
- Treatment is clear in the 1st and 3rd trimester but less clear in the 2nd trimester
- the two modalities used are surgery or Radiotherapy as in non-pregnant

T.T during pregnancy (cont)

- First trimester(1-12weeks)
- Fetal salvage is not feasible in women receiving treatment for invasive cancer
- The maternal risk from delaying therapy until fetal maturity is excessive
- Surgery with the fetus in situ

T.T during pregnancy (cont)

- Second trimester (13-25weeks)
- The period of greater uncertainty
- Fetal salvage is exceedingly rare with high neonatal mortality rate
- Delaying therapy for several weeks may subject the mother to the theoretical risk of disease progression

Summary of t.t Delays

Author	N.	Stage	Delays	outcome
Monk et al (1992)	3	IB	Mean 24wk	DOD
Duggan et al (1993)	8	IA-IB	Mean 20.6w	NED
Sorosky et al (1996	8	I	Mean 15.6w	NED

T.T 2nd trimester

- If patient elects to interrupt pregnancy.. The same as in 1st trimester
- If not ..define a target gestational age for fetal delivery
- Monitor by U/S..and MRI for tumor extension
- Documented lung maturity

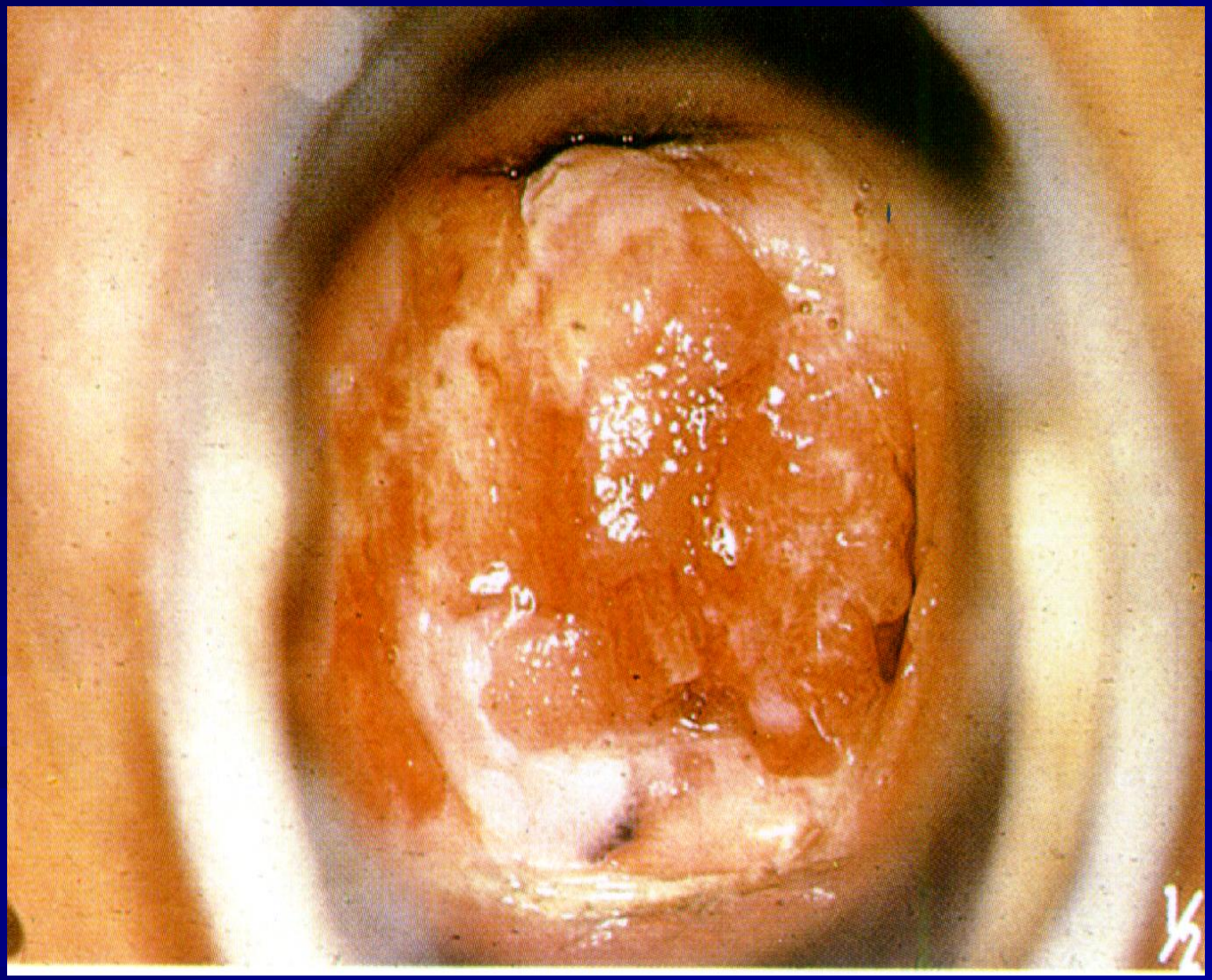
3rd trimester Treatment

- Wait for few weeks till fetal maturity then apply definitive therapy
- Surgery in 89% may be coordinated with fetal delivery and completed as a 1-stage operation.
- If R.T..external beam immediately after delivery followed by intracavitary radiation

Effect of Mode of Delivery

Author	C.S	%survival	vaginal	%survival
Creasman et al(1970)	9	89%	15	87%
Lee et al (1981)	12	90%	11	89%
Nisker et al (1983)	14	64%	17	65%
Van Der Vang et al (1995)	28	78%	16	67%

Cervical Cancer ..Gross



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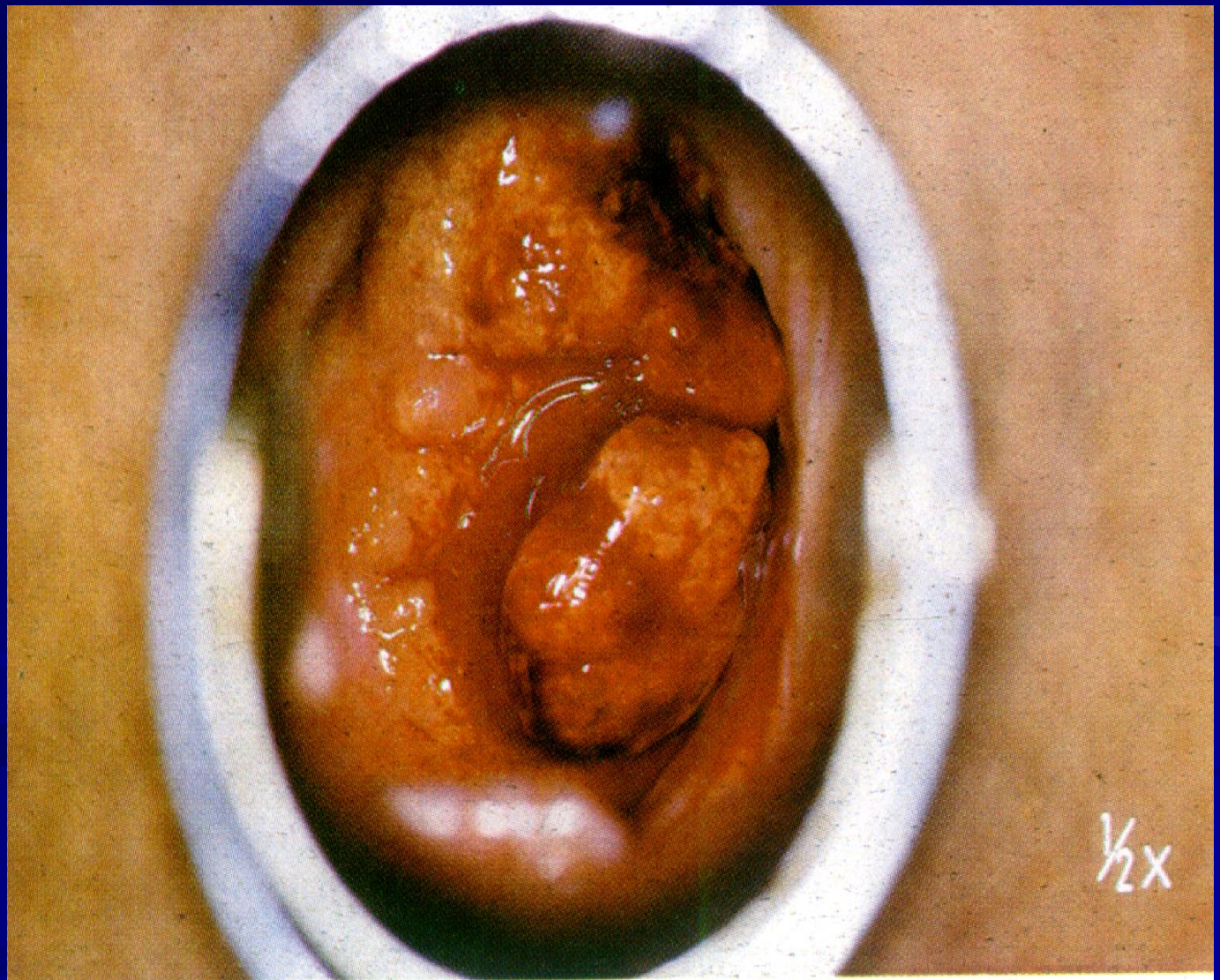
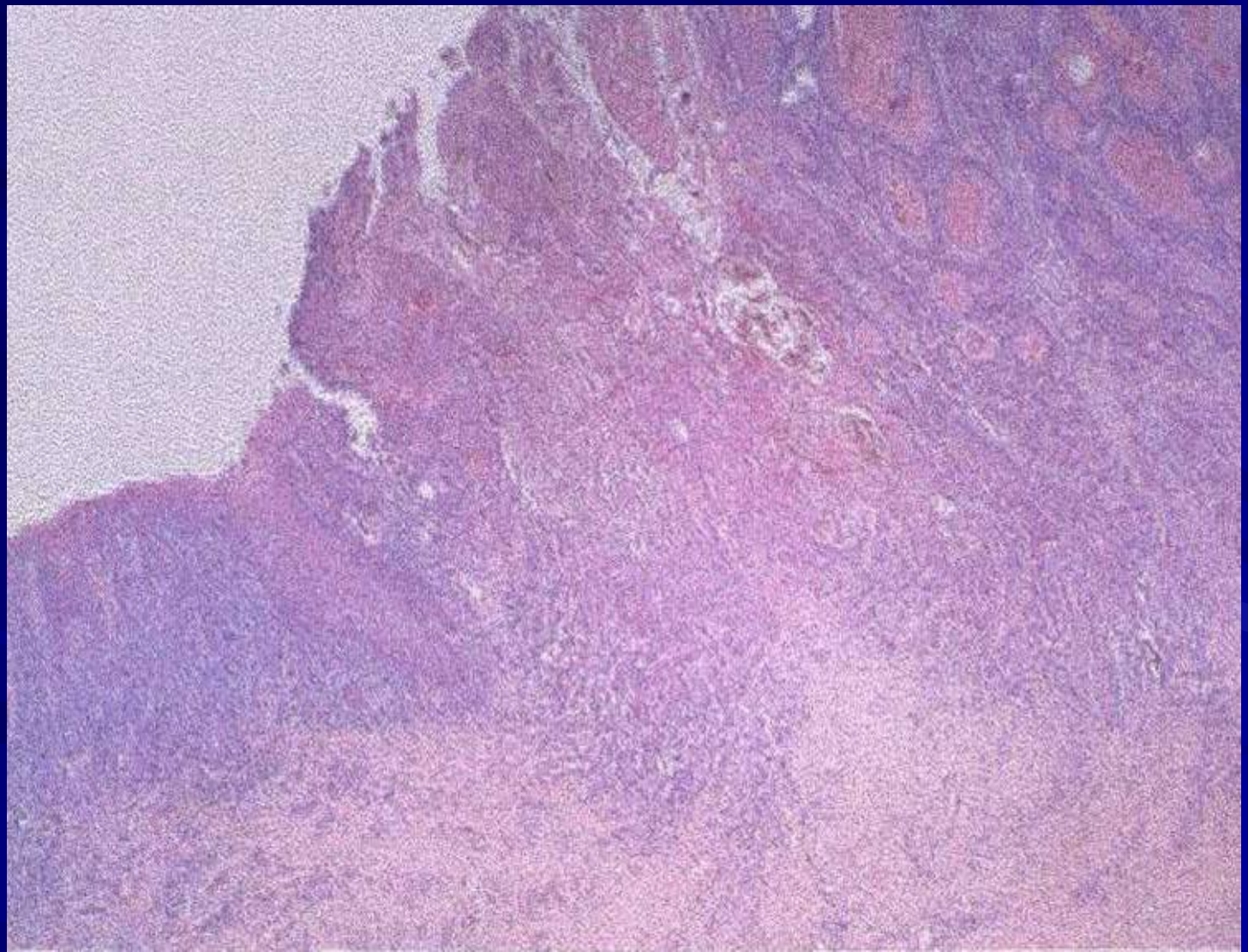


Sq.Cell Carcinoma M.P.(LPF)



Sq.Cell Carcinoma M.P (HPF)