



**The President of
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The real meaning of early cervical cancer management

Although cervical cancer is an outstanding paradigm of best practice in population screening, its therapeutic implications still remain a major issue, as they affect young women in their reproductive blooming. Traditionally, the standard treatment for the disease is radical hysterectomy combined with pelvic lymphadenectomy and/or radiation and chemotherapy, depending on the stage. At the same time, this represents both a salvation and a nightmare for these women. Bright minds like Eugen Aburel in 1950, approached this problem by minimizing surgical intervention and proposed radical trachelectomy as the best treatment for early-stage cervical cancers in young women. This technique was pushed into the background until 1994, when Dargent shifted the focus to the preservation of fertility in well-selected cases of early-stages, i.e. IA2 and IB1, employing radical trachelectomy via vaginal approach. Initially, there was a skepticism regarding the new procedures; however, eventually it was shown that disease-free and overall survival rates following radical trachelectomy in carefully selected patients, is similar to that of radical hysterectomy. At that point, the concept of conservative surgery was gradually established.

It is a wonderful feeling to inform your patient with cervical cancer, who is under 40s that she will not only miss the opportunity for child-bearing, but additionally she will enjoy a disease-free life. However, the counseling of these women is still a challenging task full of traps for both sides. Therefore, the question arises on how strict should be the eligibility criteria for the women and how strong will be the temptation of the doctor to avoid an emotional weakness in front of a patient involved in this situation. How radical is the *radical* operation, and how healthy would be a woman after such a procedure? Will she be able to conceive and how would that be implemented? What are her chances of having a healthy child when a higher rate of cervical dysfunction lurks and how strict would be the perinatal monitoring?

Until now, multiple studies have demonstrated the safety and feasibility of radical trachelectomy, while retrospective studies have confirmed that the outcomes of radical hysterectomy and radical trachelectomy are entirely equivalent. But as the future appears bold in minimally invasive surgery, for the moment, these procedures must be limited to women highly motivated to have a child, while the doctors must follow strict eligibility criteria and detailed consultation. ■