Quelle place pour la chirurgie?
Mise à jour des recommandations 2023

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Centre Antoine Lacassagne, NICE

Conflits d’intérêts

- Advisory Boards, honoraires: Novartis, Pfizer, GSK, Lilly, MSD, Fresubin, Astrazeneca-Daiichi, Gilead,Seagen
- Congrès : Pfizer, Amgen, Roche, Novartis, GSK,MSD, Lilly

Mise à jour des recommandations ESGO/ESMO/ESTRO

ESGO European Society of Gynaecological Oncology | 23rd European Congress on Gynaecological Oncology
Oct 27-30, 2022 | Berlin, Germany

Original research

OPEN ACCESS

ESGO/ESTRO/ESP Guidelines for the management of patients with cervical cancer – Update 2023*

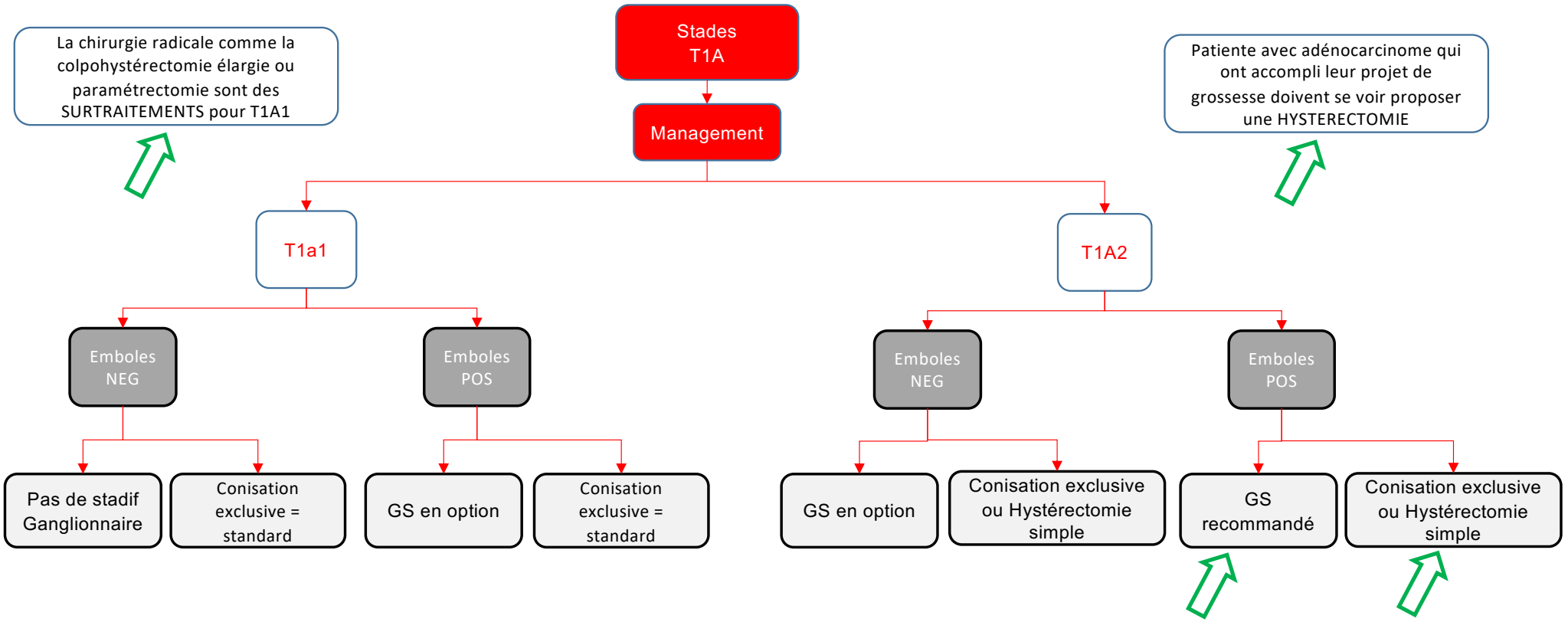
David Cibula,[1,2] Maria Rosaria Raspollini,[3] François Planchamp ,[4] Carlos Centeno,[5] Cyrus Chargari ,[6] Ana Felix,[7,8] Daniela Fischerová ,[1,2] Daniela Jahnn-Kuch,[9] Florence Joly,[10] Christhardt Kohler,[11,12] Sigurd Lax,[13,14] Domenica Lorusso,[15,16] Umesh Mahantshetty,[17] Patrice Mathevet,[18] Raj Naik,[19] Remi A Nout,[20,21] Ana Oaknin ,[22,23] Fedro Peccatori,[24] Jan Persson,[25,26] Denis Querleu ,[15,27] Sandra Rubio Bernabé ,[28] Maximilian P Schmid,[29] Artem Stepanyan ,[30] Valentyn Svintsitskyi,[31] Karl Tamussino,[32] Ignacio Zapardiel ,[33] Jacob Lindegaard[34]

Classification FIGO 2018

TABLE 1 FIGO staging of cancer of the cervix uteri (2018).

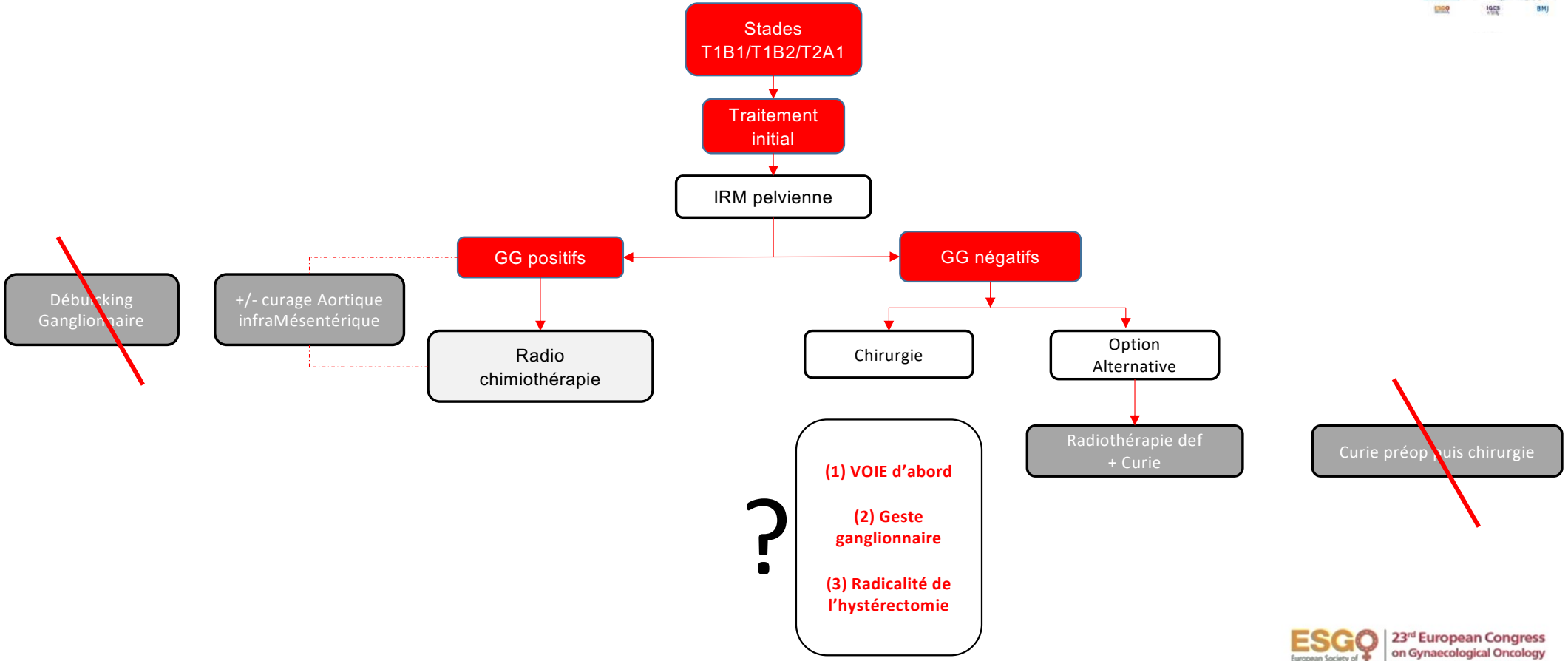
Stage	Description
I	The carcinoma is strictly confined to the cervix (extension to the uterine corpus should be disregarded)
IA	Invasive carcinoma that can be diagnosed only by microscopy, with maximum depth of invasion <5 mm[a]
IA1	Measured stromal invasion <3 mm in depth
IA2	Measured stromal invasion ≥3 mm and <5 mm in depth
IB	Invasive carcinoma with measured deepest invasion ≥5 mm (greater than Stage IA), lesion limited to the cervix uteri[b]
IB1	Invasive carcinoma ≥5 mm depth of stromal invasion, and <2 cm in greatest dimension
IB2	Invasive carcinoma ≥2 cm and <4 cm in greatest dimension
IB3	Invasive carcinoma ≥4 cm in greatest dimension
II	The carcinoma invades beyond the uterus, but has not extended onto the lower third of the vagina or to the pelvic wall
IIA	Involvement limited to the upper two-thirds of the vagina without parametrial involvement
IIA1	Invasive carcinoma <4 cm in greatest dimension
IIA2	Invasive carcinoma ≥4 cm in greatest dimension
IIB	With parametrial involvement but not up to the pelvic wall
III	The carcinoma involves the lower third of the vagina and/or extends to the pelvic wall and/or causes hydronephrosis or nonfunctioning kidney and/or involves pelvic and/or para-aortic lymph nodes[c]
IIIA	The carcinoma involves the lower third of the vagina, with no extension to the pelvic wall
IIIB	Extension to the pelvic wall and/or hydronephrosis or nonfunctioning kidney (unless known to be due to another cause)
IIIC	Involvement of pelvic and/or para-aortic lymph nodes, irrespective of tumor size and extent (with r and p notations)[c]
IIIC1	Pelvic lymph node metastasis only
IIIC2	Para-aortic lymph node metastasis
IV	The carcinoma has extended beyond the true pelvis or has involved (biopsy proven) the mucosa of the bladder or rectum. (A bullous edema, as such, does not permit a case to be allotted to Stage IV)
IVA	Spread to adjacent pelvic organs
IVB	Spread to distant organs

Recommandations ESGO/ESMo/ESTRO 2023



Cibula D et al., Int J Gynecol Cancer 2023

Recommandations ESGO/ESMO/ESTRO 2023



Cibula D et al., Int J Gynecol Cancer 2023

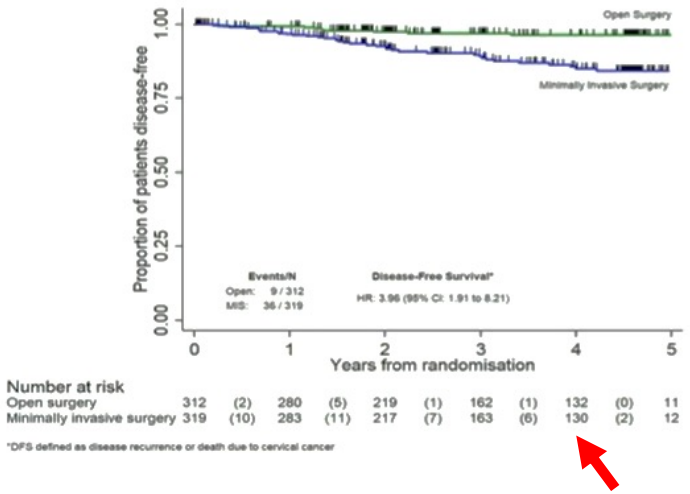
The NEW ENGLAND JOURNAL of MEDICINE

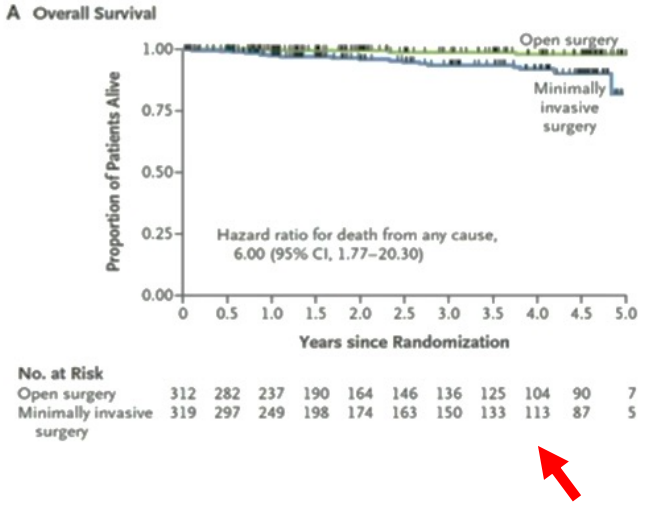
ORIGINAL ARTICLE

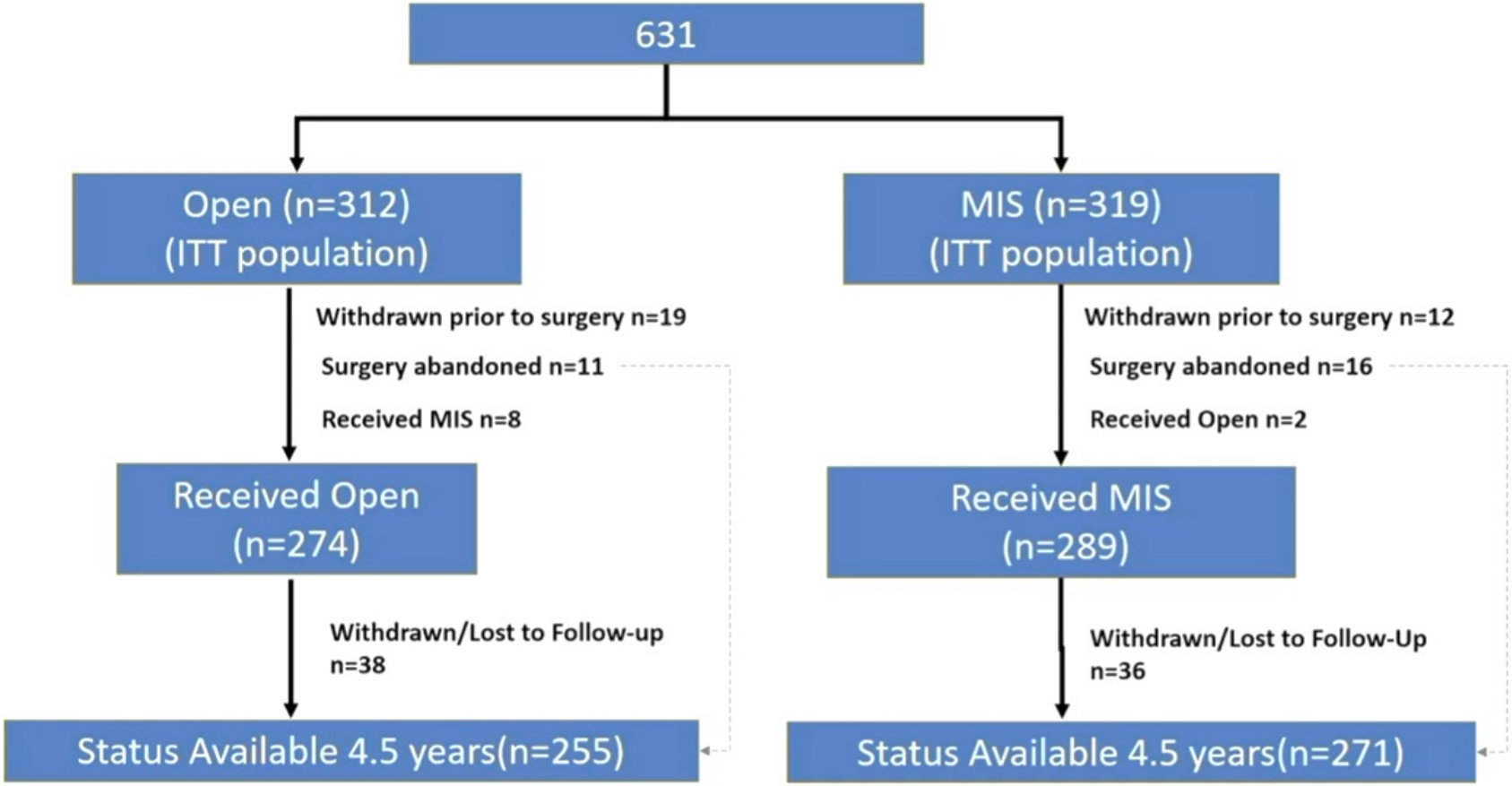
Minimally Invasive versus Abdominal Radical Hysterectomy for Cervical Cancer

Pedro T. Ramirez, M.D., Michael Frumovitz, M.D., Rene Pareja, M.D., Aldo Lopez, M.D., Marcelo Vieira, M.D., Reitan Ribeiro, M.D., Alessandro Buda, M.D., Xiaojian Yan, M.D., Yao Shuzhong, M.D., Naven Chetty, M.D., David Isla, M.D., Mariano Tamura, M.D., Tao Zhu, M.D., Kristy P. Robledo, Ph.D., Val Gebski, M.Stat., Rebecca Asher, M.Sc., Vanessa Behan, B.S.N., James L. Nicklin, M.D., Robert L. Coleman, M.D., and Andreas Obermair, M.D.

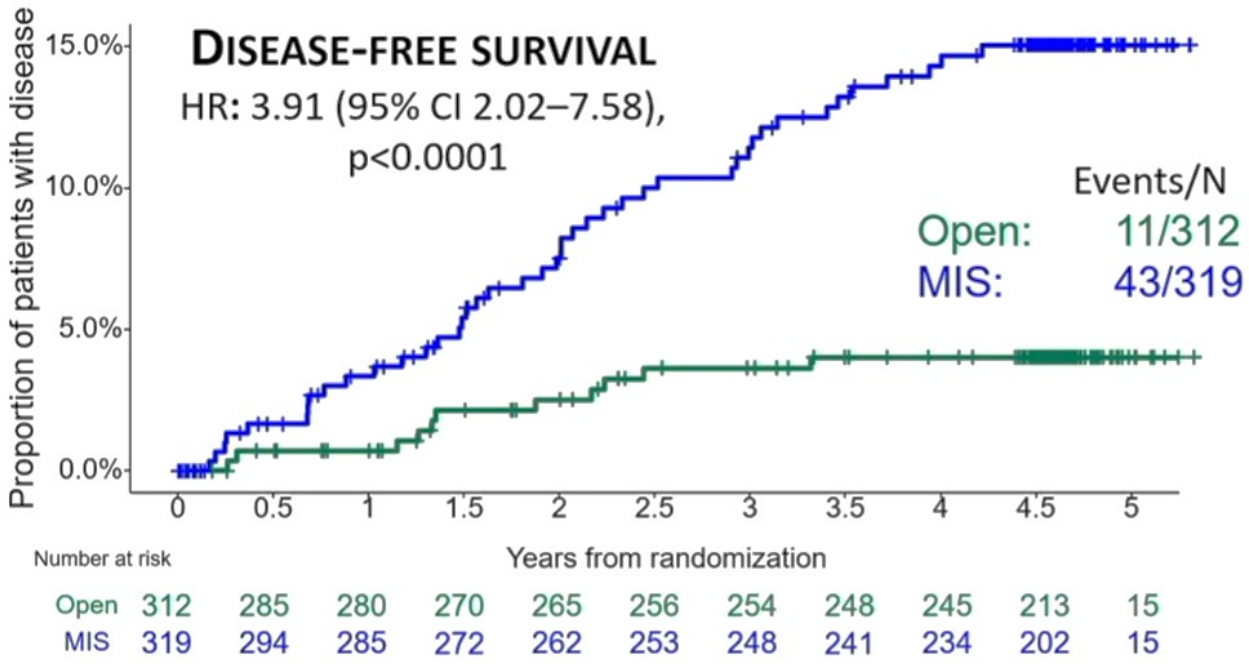
2018



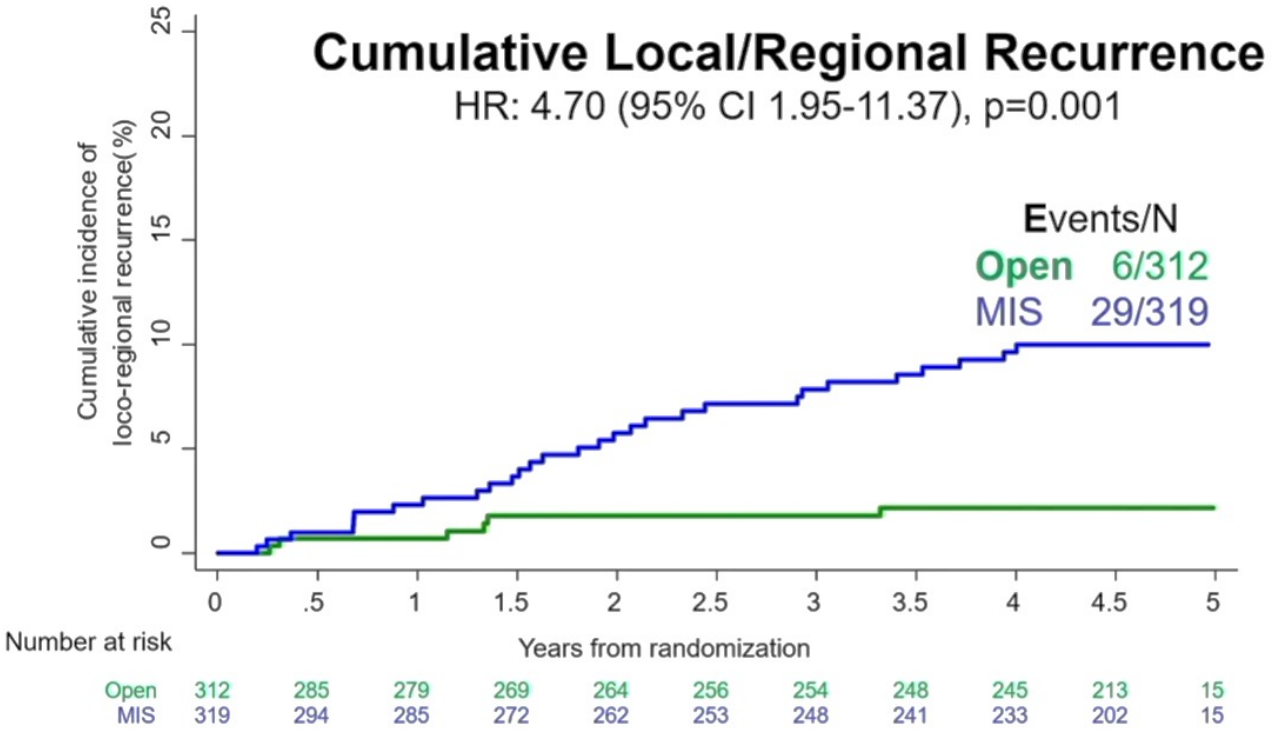




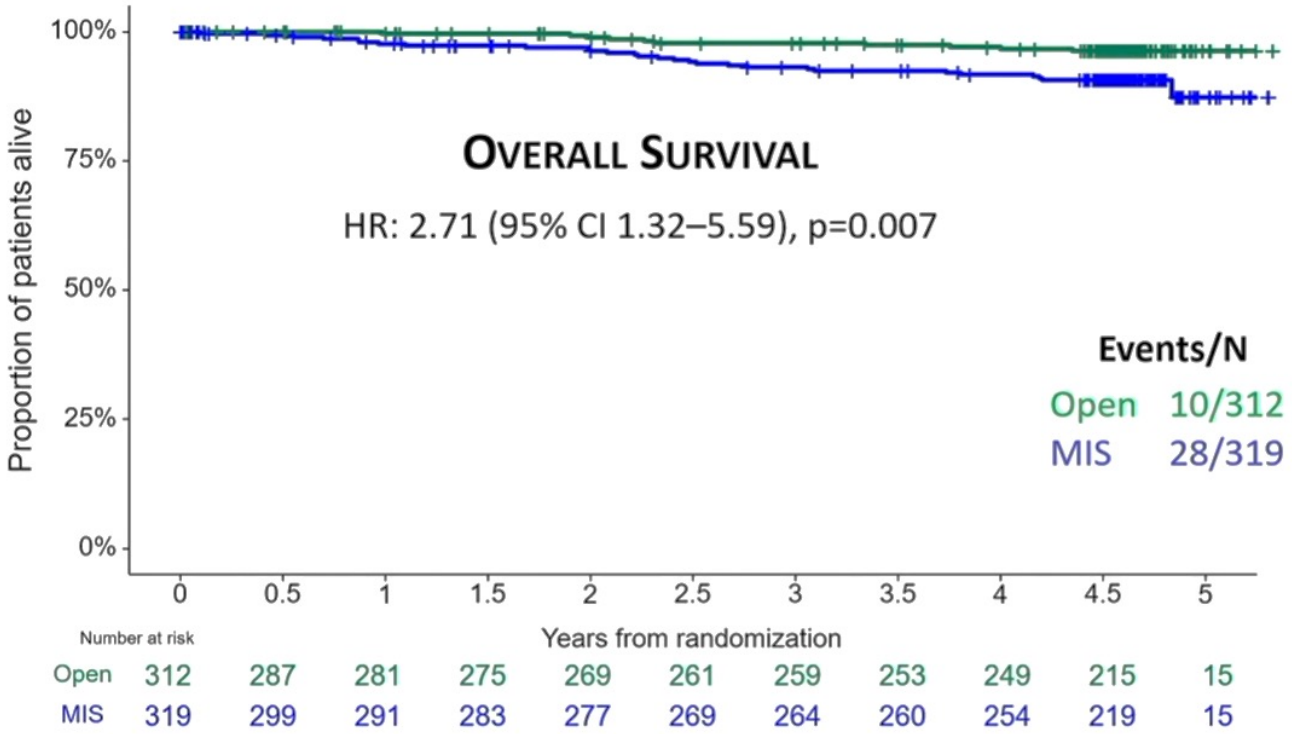
Lacc Trial, mise à jour ESGO 2022, Berlin



Lacc Trial, mise à jour ESGO 2022, Berlin



Lacc Trial, mise à jour ESGO 2022, Berlin



Lacc Trial, mise à jour ESGO 2022, Berlin

LACC Trial, Analyses Exploratoires

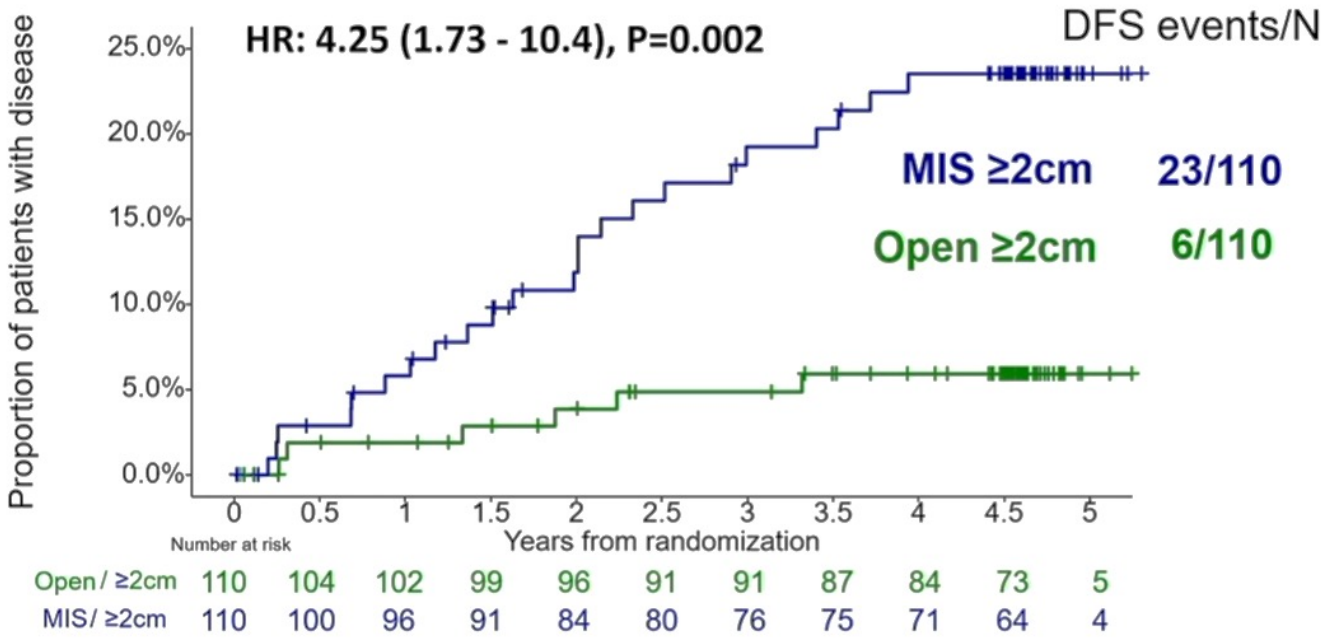
- Impact de la maladie résiduelle sur la pièce d'hystérectomie
- Taille tumorale <2 vs ≥ 2 cm
- Impact de la conisation préthérapeutique
- Taux de carcinose péritonéale
- Profil des récidives

TUMOR SIZE AND TREATMENT

	Disease-free survival		Overall survival	
	Open	MIS	Open	MIS
No residual disease	0/60	2/60	0/60	0/60
Tumor < 2cm	0/65	7/75	0/65	2/75
Tumor ≥ 2cm	6/110	23/110	7/110	19/110

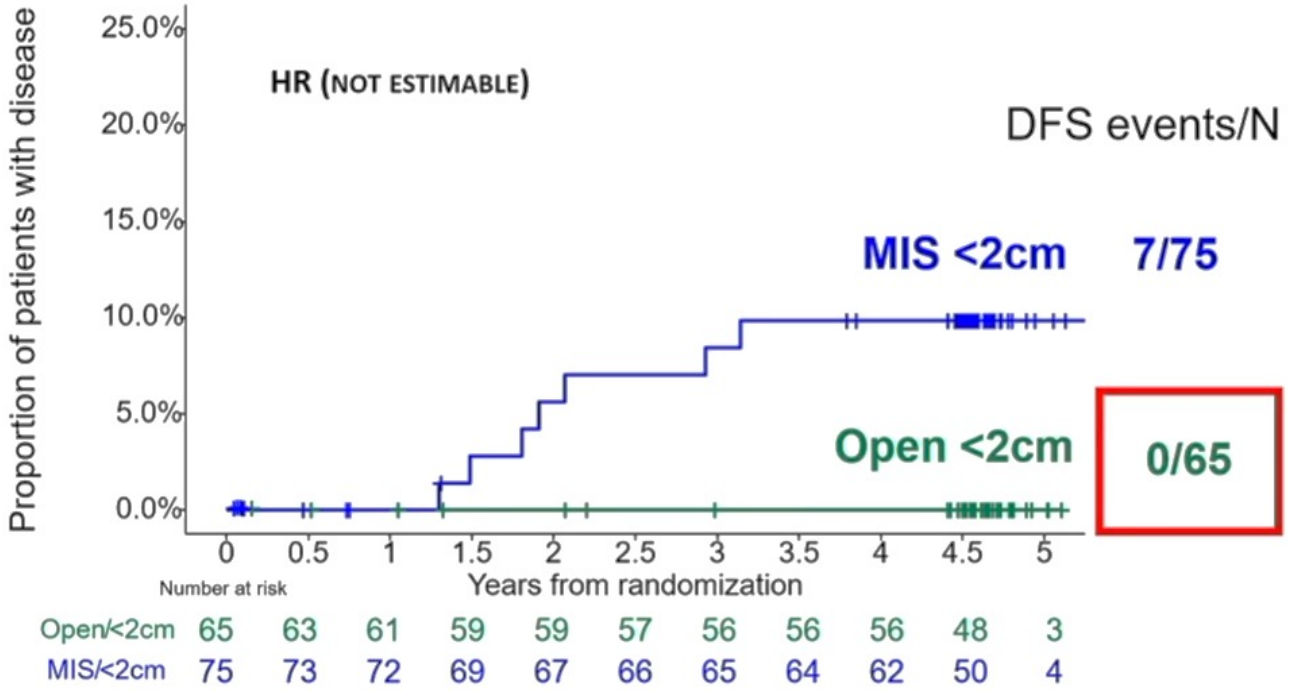
Lacc Trial, mise à jour ESGO 2022, Berlin

TUMOR SIZE: OUTCOMES IN ≥2 CMS



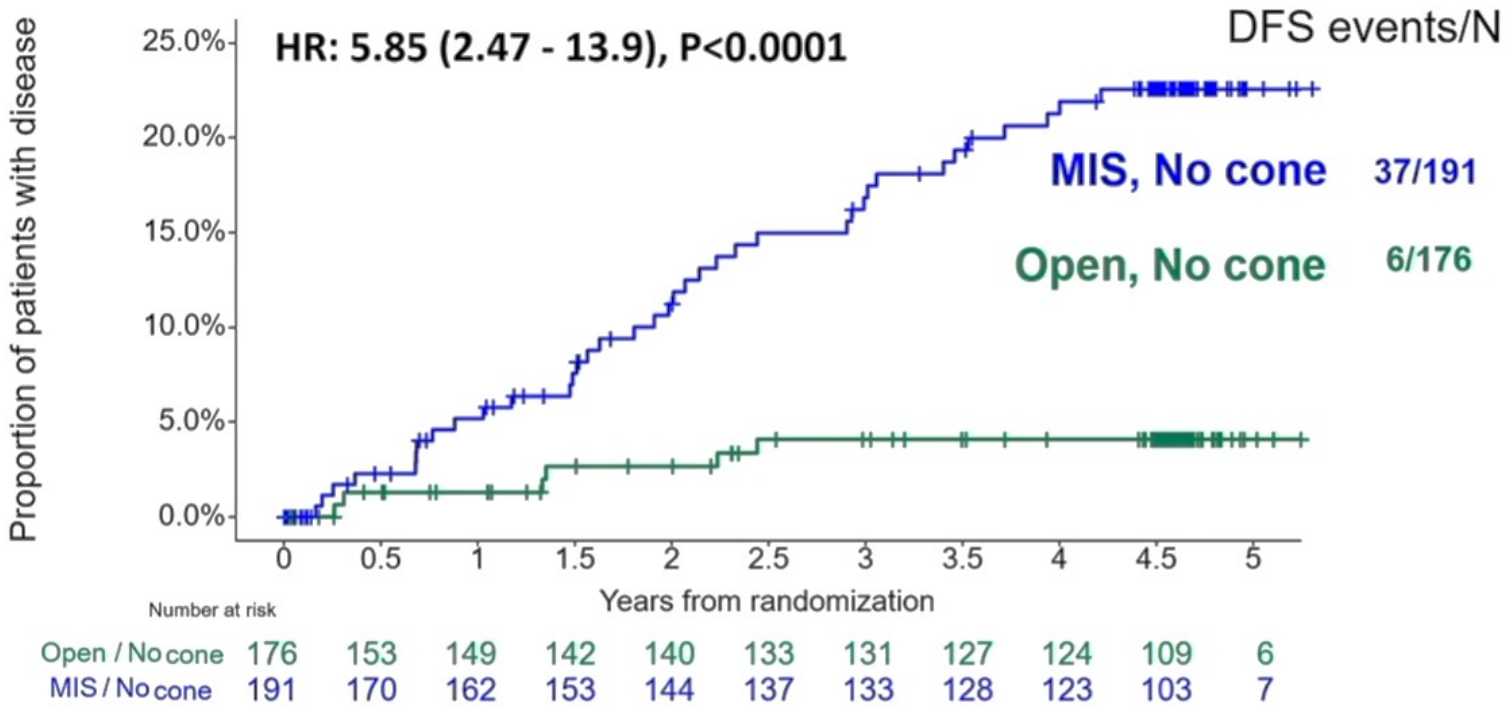
Lacc Trial, mise à jour ESGO 2022, Berlin

TUMOR SIZE: OUTCOMES IN <2 CMS



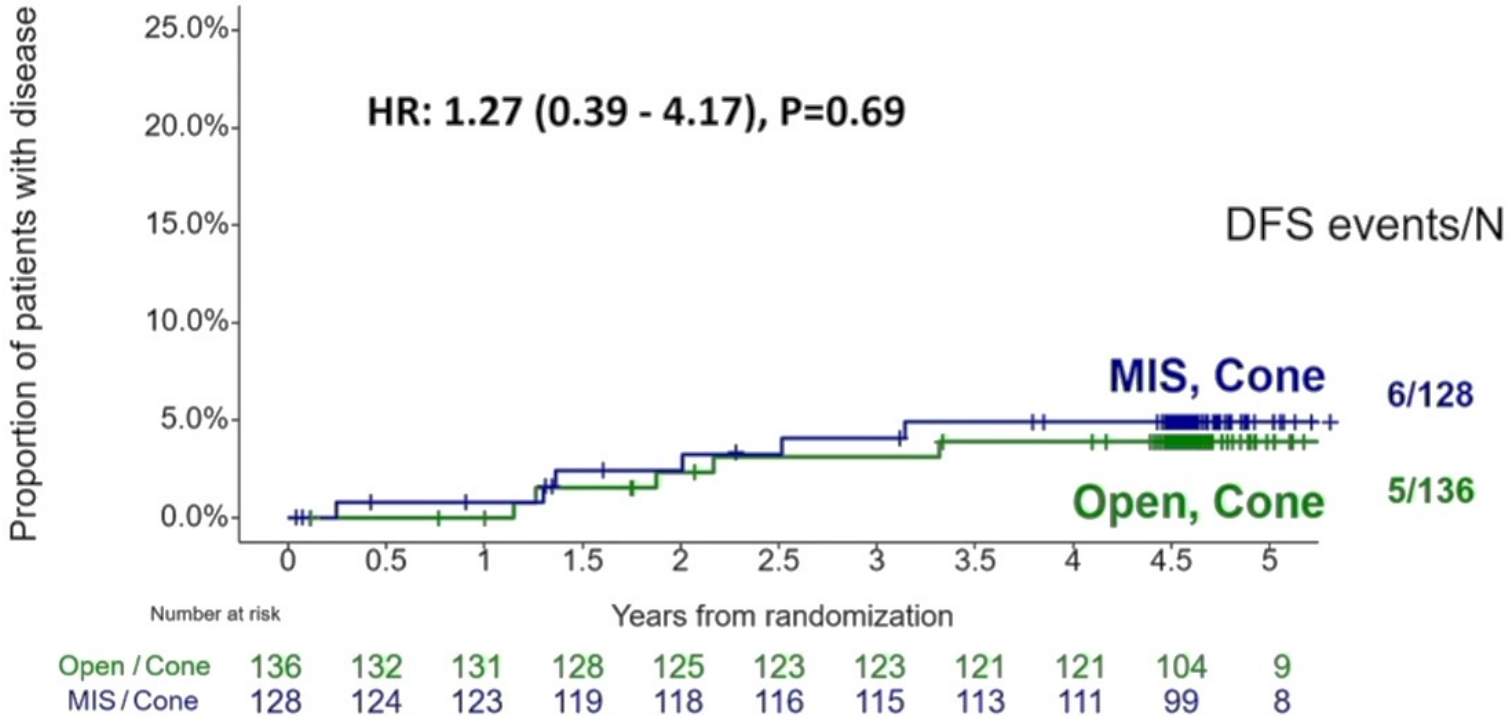
Lacc Trial, mise à jour ESGO 2022, Berlin

CONIZATION OUTCOMES: NO PREVIOUS CONE



Lacc Trial, mise à jour ESGO 2022, Berlin

Conization Outcomes: Previous Cone



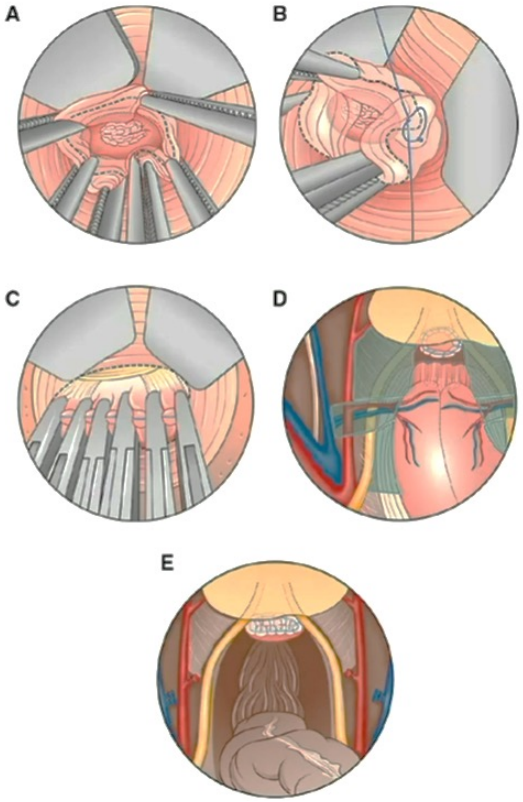
Lacc Trial, mise à jour ESGO 2022, Berlin

CHARACTERISTICS OF RECURRENCE: CARCINOMATOSIS

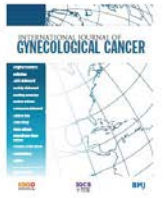
	Open	MIS
Total recurrences	11	37
Carcinomatosis (randomized)	1 (9%)	8 (22%)
Carcinomatosis (received)	0	9 (24%)
Site of recurrence		
Vault	3 (27%)	6 (16%)
Pelvis	0 (0%)	10 (27%)
Abdomen	0 (0%)	2 (5%)
Distant	3 (27%)	2 (5%)
Multiple	3 (27%)	14 (38%)
Other	2 (18%)	3 (8%)

Lacc Trial, mise à jour ESGO 2022, Berlin

Techniques de protection

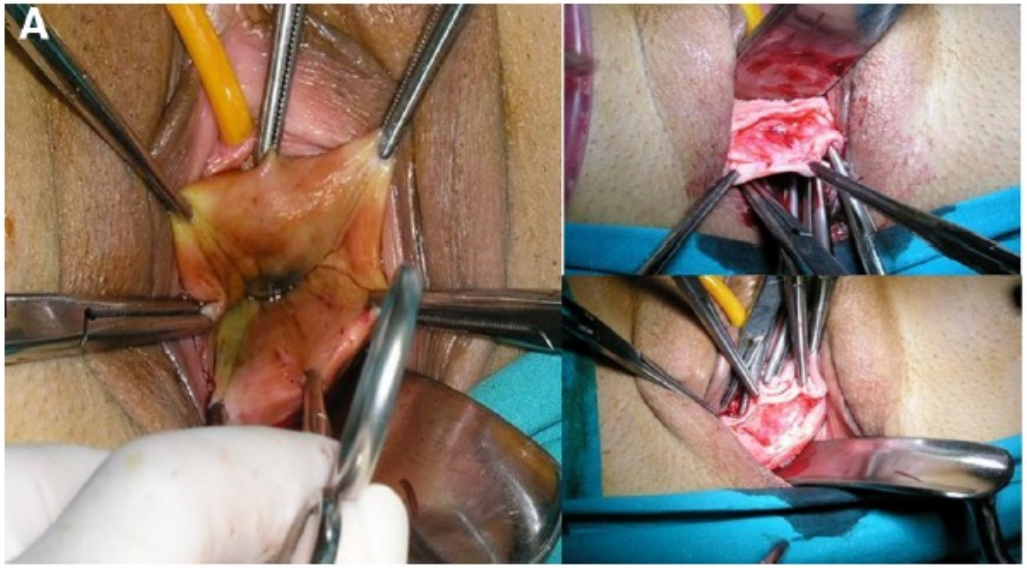


Original research

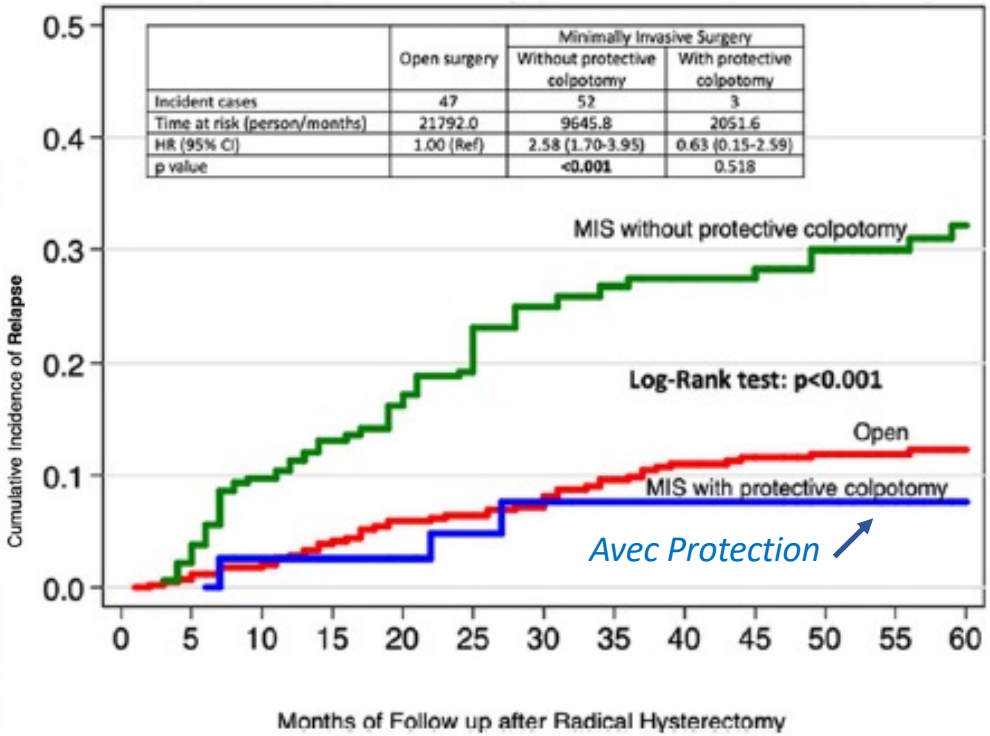


SUCCOR study: an international European cohort observational study comparing minimally invasive surgery versus open abdominal radical hysterectomy in patients with stage IB1 cervical cancer

Luis Chiva ,[1] Vanna Zanagnolo,[2] Denis Querleu,[3] Nerea Martin-Calvo,[4] Juan Arévalo-Serrano,[5]

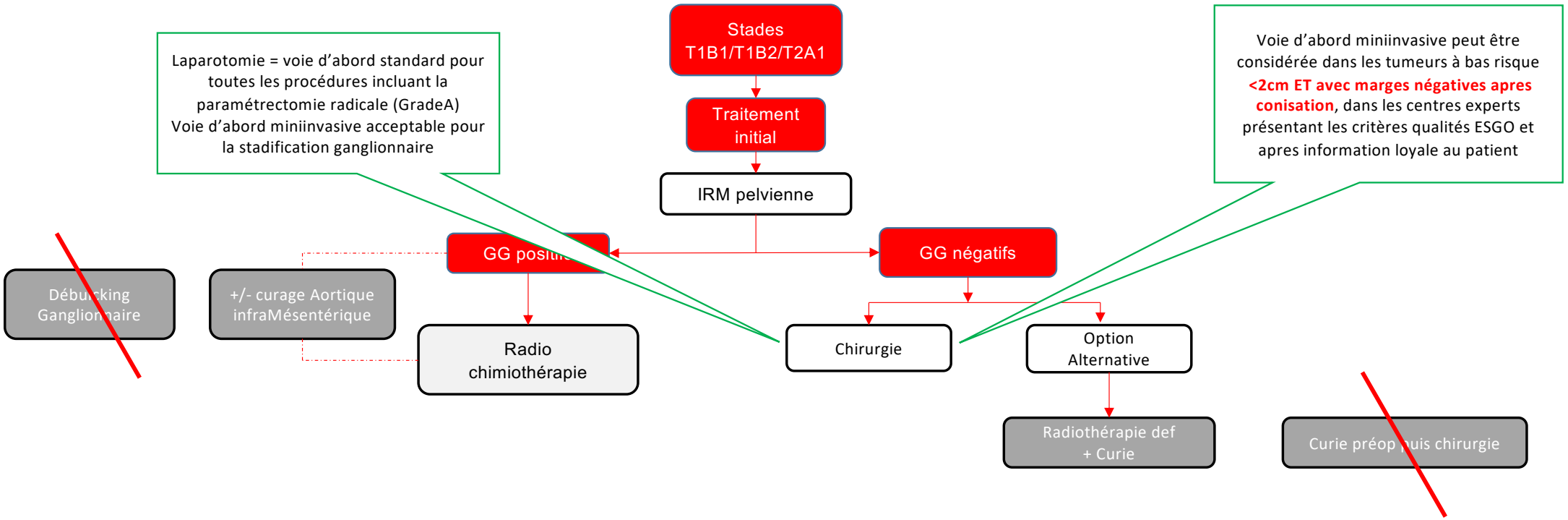


	Open surgery	Minimally Invasive Surgery	
		Without protective colpotomy	With protective colpotomy
Incident cases	47	52	3
Time at risk (person/months)	21792.0	9645.8	2051.6
HR (95% CI)	1.00 (Ref)	2.58 (1.70-3.95)	0.63 (0.15-2.59)
p value		**<0.001**	0.518



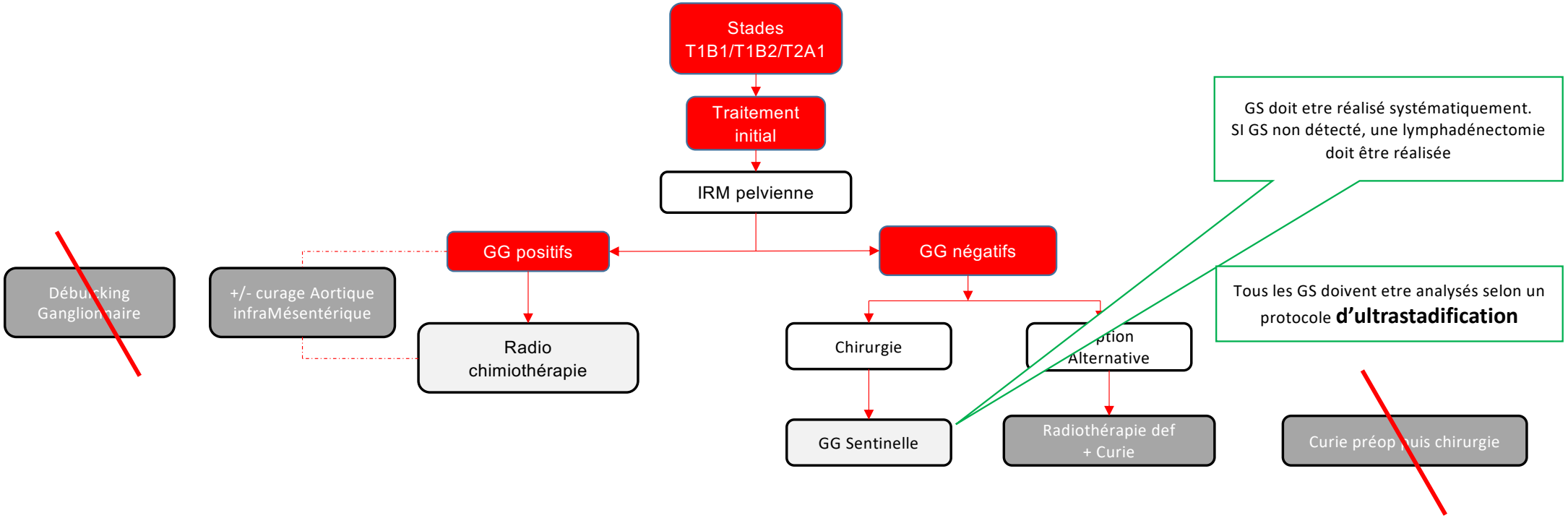
Chiva et al. Int J Gynecol Cancer, 2020

Recommandations ESGO/ESMo/ESTRO 2022-23



Cibula D et al., Int J Gynecol Cancer 2023

Recommandations ESGO/ESMo/ESTRO 2022-23



Cibula D et al., Int J Gynecol Cancer 2023

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Results

ESGO 2022; ID 908

SLN from 647 patients processed by an intensive ultrastaging protocol

Standard assessment ≈ frozen section

	FROZEN SECTION	ULTRASTAGING			TOTAL % of all patients
		1st level	2nd - 4th level		
MAC	36 (83.7%)	6 (14.0%)	1 (2.3%)	0 (0%)	43 (6.6%)
MIC	10 (25.6%)	14 (35.9%)	8 (20.5%)	6 (15.4%)	39 (6.0%)
ITC	2 (9.1%)	6 (27.3%)	10 (45.4%)	4 (18.2%)	22 (3.4%)
pN1 (MAC + MIC)	46 (56.1%)	20 (24.4%)	9 (11.0%)	6 (7.3%)	82 (12.7%)

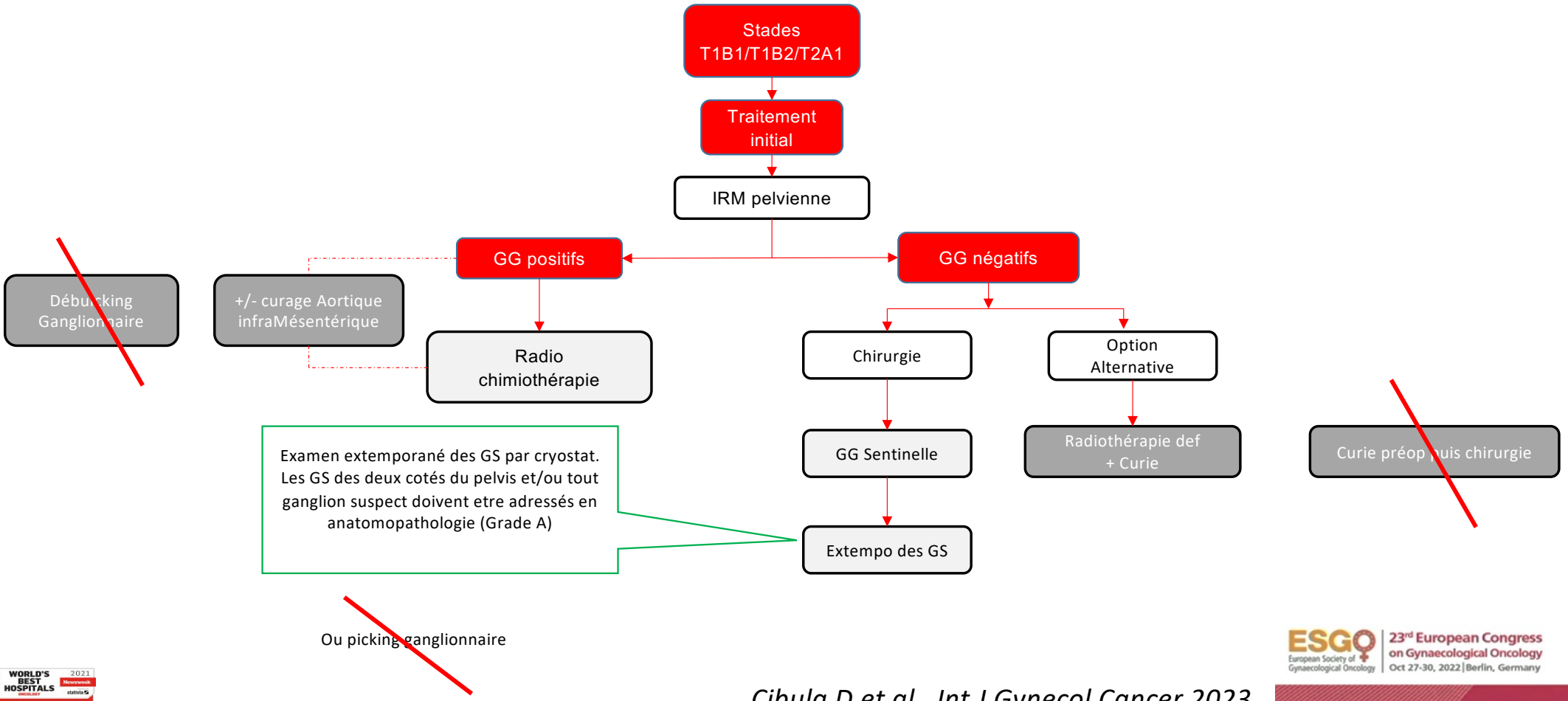
ITC: isolated tumour cells ... macrometastases; MIC: micrometastases

44% pN1 cases found by ultrastaging

ESGO European Society of Gynaecological Oncology | 23rd European Congress on Gynaecological Oncology Oct 27-30, 2022 | Berlin, Germany

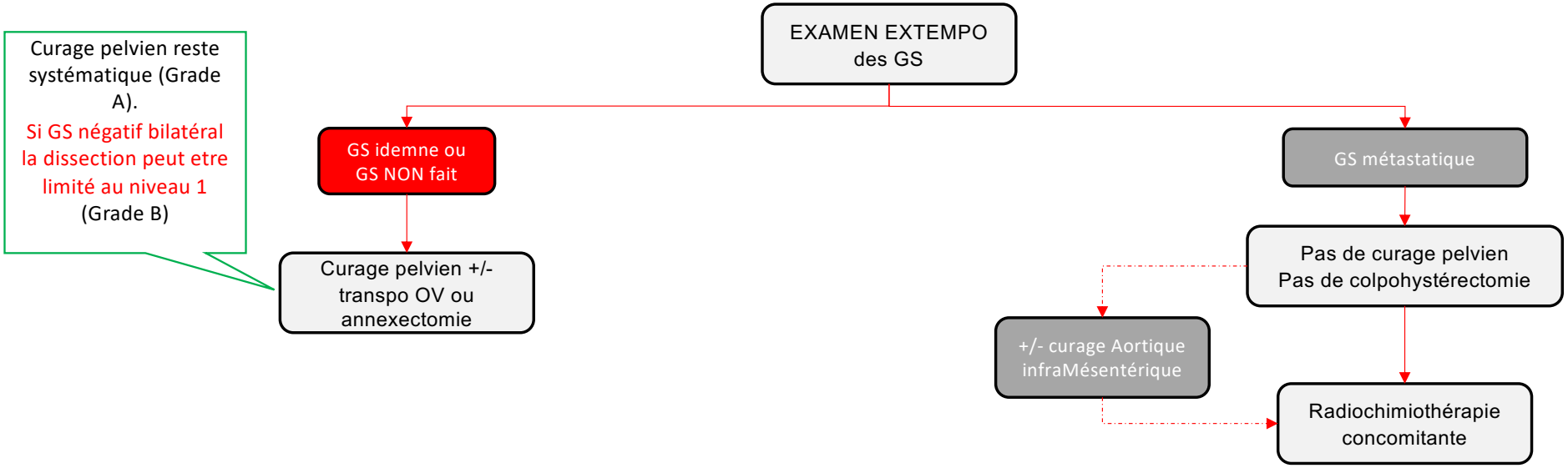
WORLD'S BEST HOSPITALS 2021 Newsweek statista CENTRE ANTOINE LACASSAGNE

Recommandations ESGO/ESMo/ESTRO 2022-23



Cibula D et al., Int J Gynecol Cancer 2023

Recommandations ESGO/ESMo/ESTRO 2022-23



Cibula D et al., Int J Gynecol Cancer 2023

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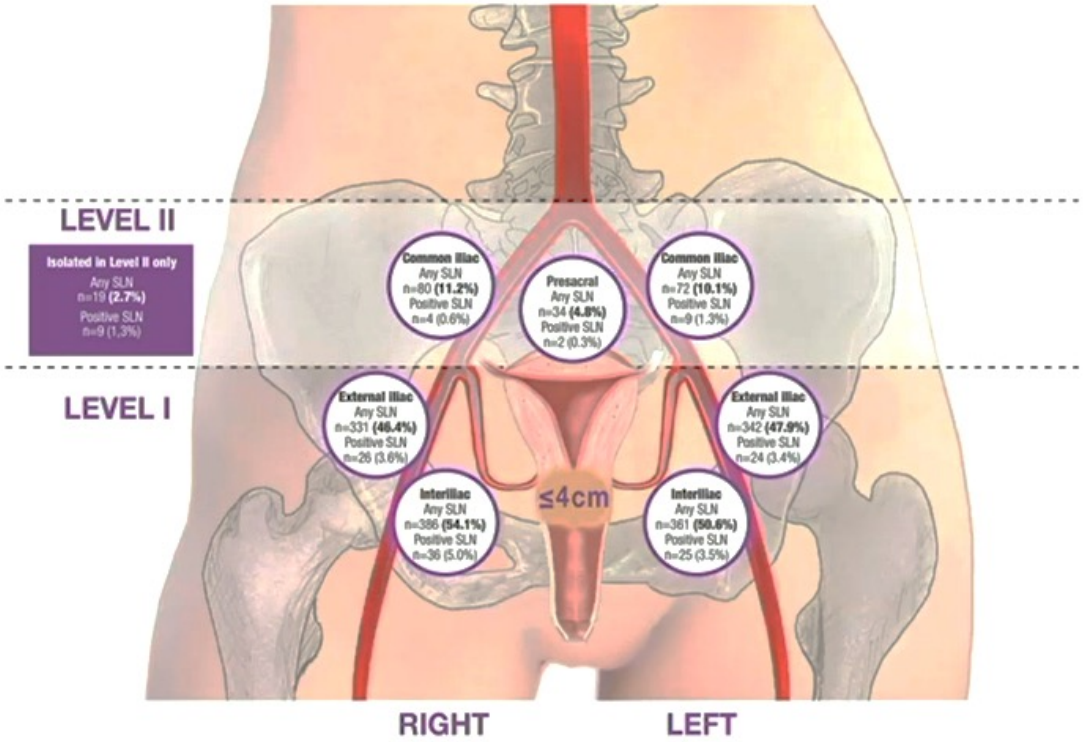
Sentinel lymph node mapping and intraoperative assessment in a prospective, international, multicentre, observational trial of patients with cervical cancer: The SENTIX trial

David Cibula [a,*,1], Roman Kocian [a,1], Andrea Plaikner [b], Jiri Jarkovsky [c],

n=714

CONCLUSIONS:

- The majority (97.3%) of SLN are located in Level I
- The risk of isolated SLN located in Level II is very low (2.7%)
- **The risk of positive SLN in Level II is even lower (1.3%)**



Cibula et al., European Journal of Cancer, 2020

Recommandations ESGO/ESMo/ESTRO 2022-23

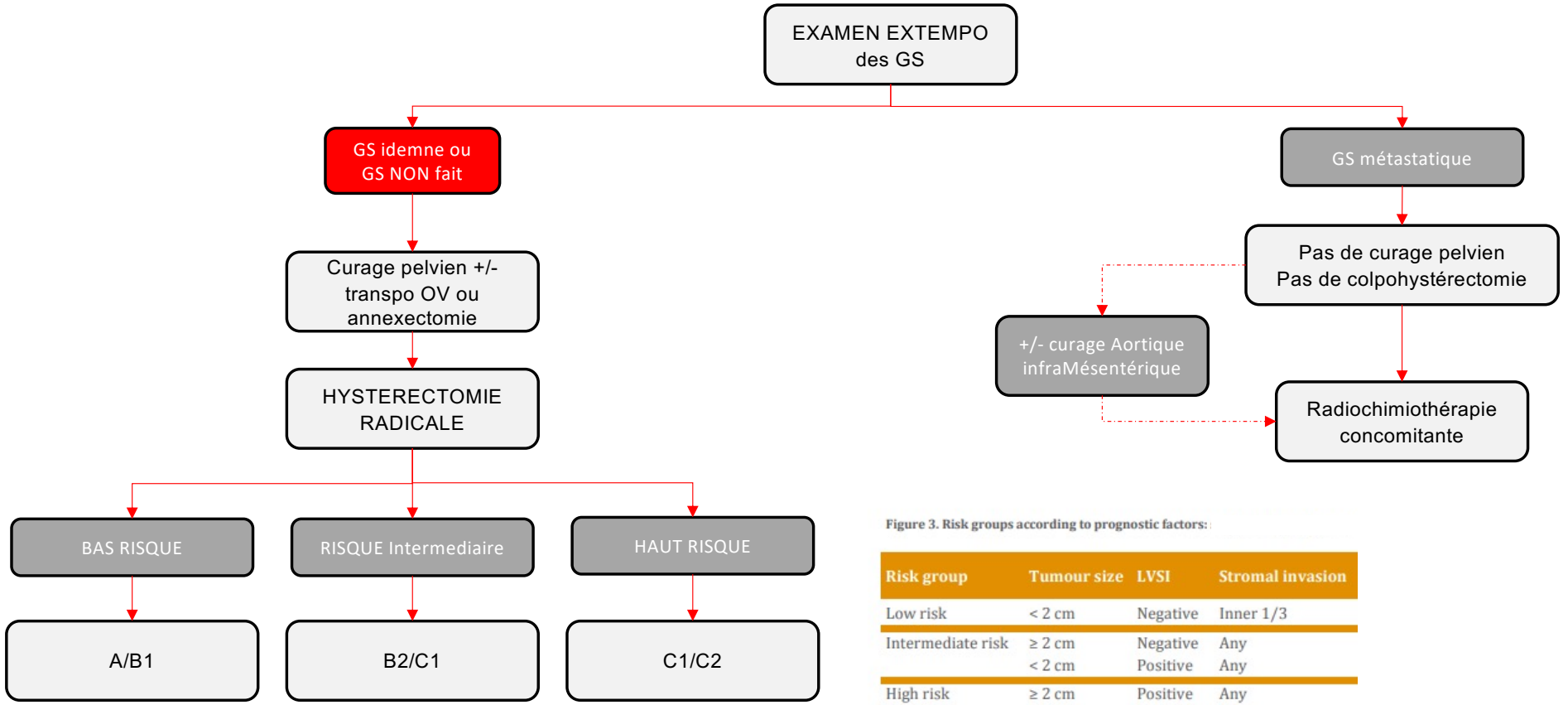


Figure 3. Risk groups according to prognostic factors:

Risk group	Tumour size	LVSI	Stromal invasion
Low risk	< 2 cm	Negative	Inner 1/3
Intermediate risk	≥ 2 cm	Negative	Any
	< 2 cm	Positive	Any
High risk	≥ 2 cm	Positive	Any

* according to the Querleu-Morrow classification (see Figure 4)

Cibula D et al., Int J Gynecol Cancer 2023

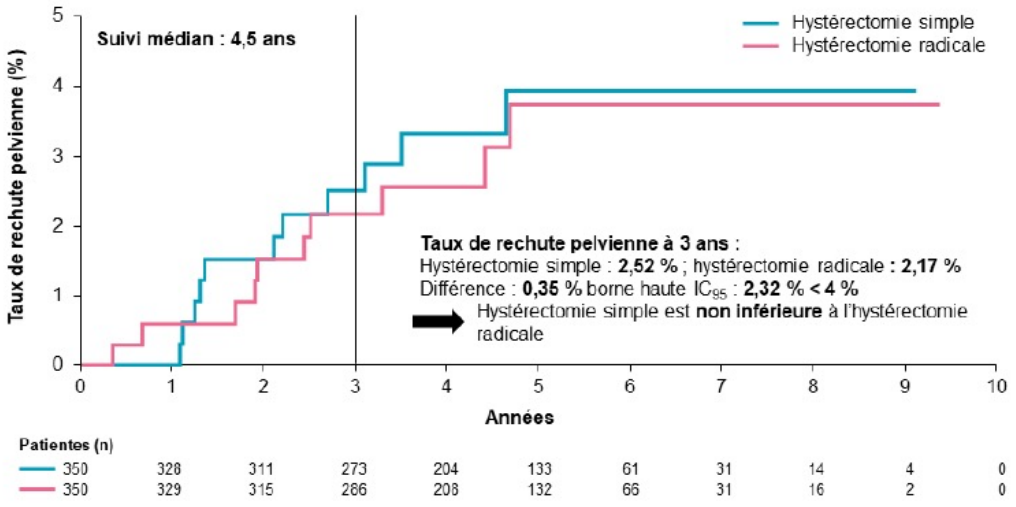
RADICALITE de l'hystérectomie : Essai SHAPE

- Essai de phase 3 randomisé comparant hystérectomie simple VS hystérectomie radicale dans les cancers du col à bas risque
- Bas risque = IA2-1B1 moins de 10 mm d'invasion stromale, dimension max ≤ 20 mm
- N= 700, 90% IB1
- 2 groupes similaires en termes d'emboles, d'atteinte gg, de positivité des marges, et de lésoins > 2cm

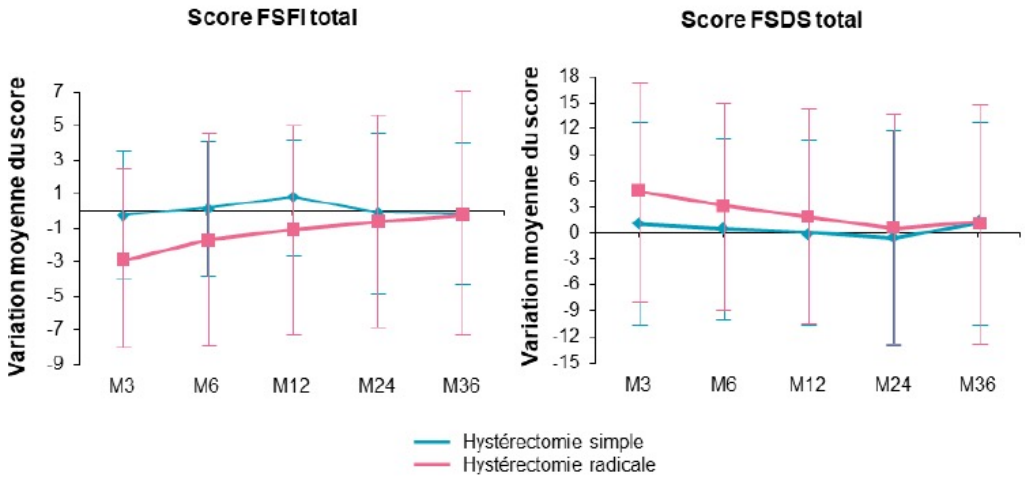
M Plante et al., abstr. LBA5511, ASCO 2023

SHAPE: Résultats positifs

Essai SHAPE : taux de rechute pelvienne



Essai SHAPE : qualité de vie sexuelle après chirurgie



→ Un score plus élevé indique un meilleur niveau de fonction sexuelle

→ Un score plus élevé indique un plus haut niveau de dysfonction sexuelle

M Plante et al., abstr. LBA5511, ASCO 2023

Take home Message

- Dans les stades 1A:
  - Importance des emboles pour le choix du geste ganglionnaire
  - GS seul validé
  - Pas d'hystérectomie élargie

- Dans les stades 1B:
  - Laparotomie systématique sauf si ECAD première *in sano*
  - GS systématique avec extempo + ultrastadif : guider le geste perop, augmenter la probabilité de détection des pN1
  - Curage pelvien reste recommandé (dans l'attente de senticol 3….)