

EVOLUTION OF TREATMENT METHODS FOR CERVICAL CANCER IN CHINA

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THE HISTORY OF CERVICAL CANCER TREATMENT IN CHINA.

Two treatment methods (radiation therapy
and surgical treatment) for cervical cancer
in China for almost 100 years.



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RADIATION THERAPY

From 1920s radiation therapy was the majority treatment for cervical cancer for all stages and have good resolved in China

Mainly using Radium therapy which bought from UK or US by the first generation of gynecological oncologists of China

Some Tumor hospital and Cancer center using external radiotherapy and after loading in 1970s



RADICAL HYSTERECTOMY

From 1950s few medical center such as Beijing, Shanghai, Tianjin, Chengdu, Guangzhou start the Abdominal Radical Hysterectomy (Wertheim operation) only for stage I and IIa



THE TREATMENT METHODS FOR CERVICAL CANCER IN CHINA TODAY



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RADICAL HYSTERECTOMY TODAY

Most radical hysterectomy are abdominally 80%, laparoscopic radical hysterectomy increased about 20%.

Only very few hospital did vaginal radical hysterectomy .this depend on the doctor's experience and medical instrument



INCIDENCE GETTING YOUNGER

2001 FIGO report 1950s were 60 years old.
1990s 51.7 years old.

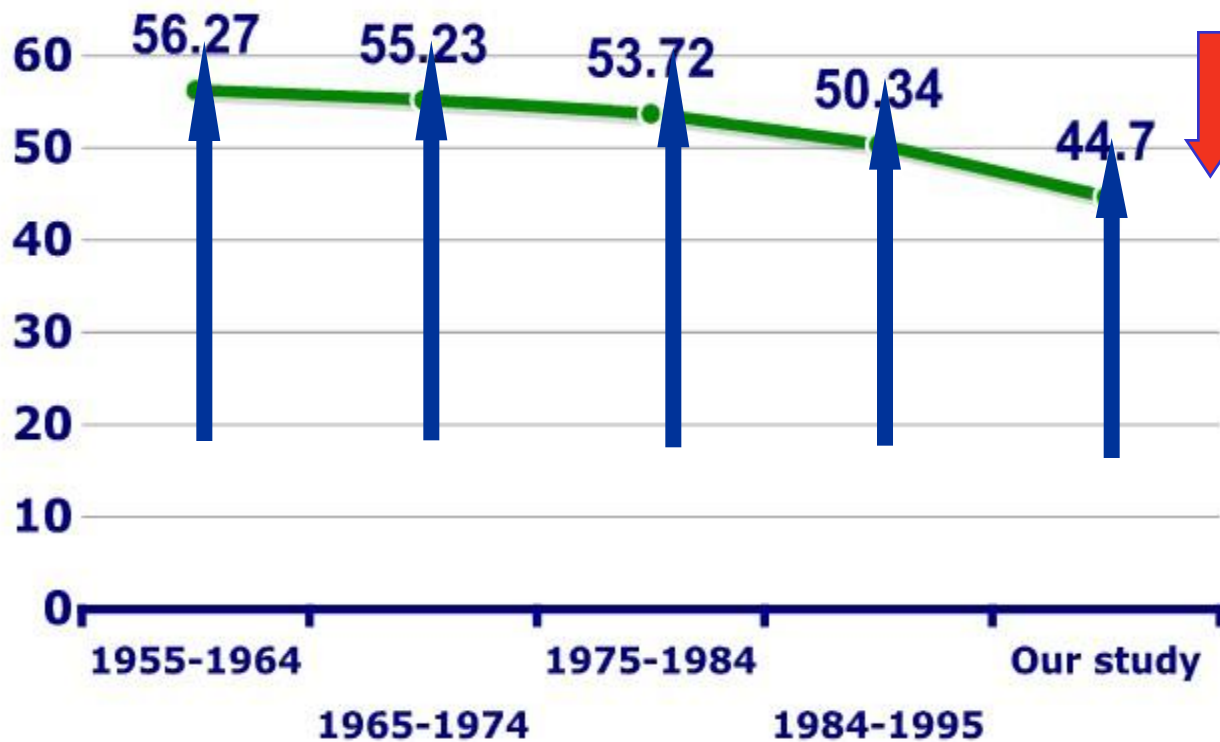


In China 2000-2009: 44.7 ± 9.5 years old



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The change in prevalence age of cervical cancer in China: a report of 10,039 cases from a nationwide working group



Compete with
before 2000
decrease
10 years



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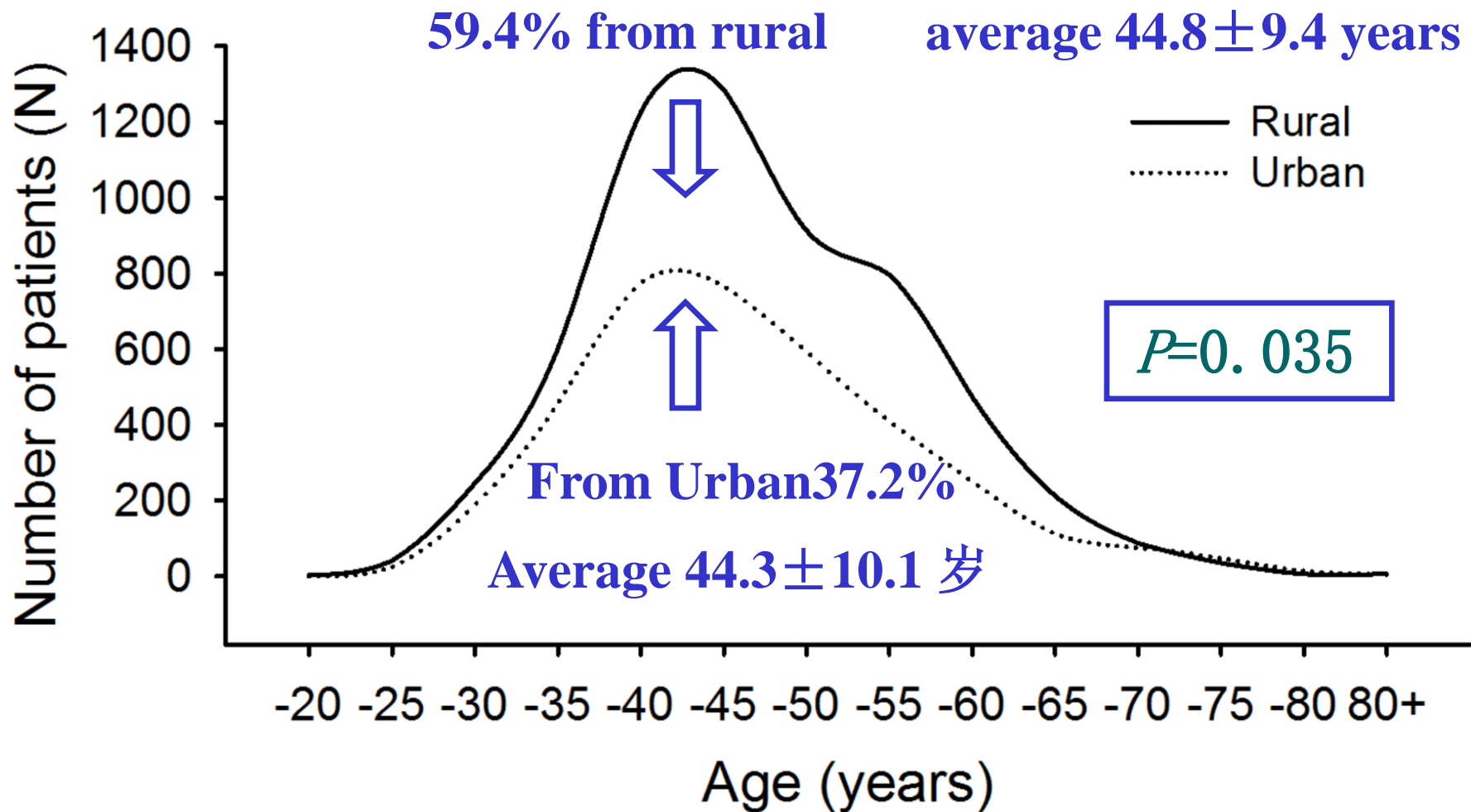
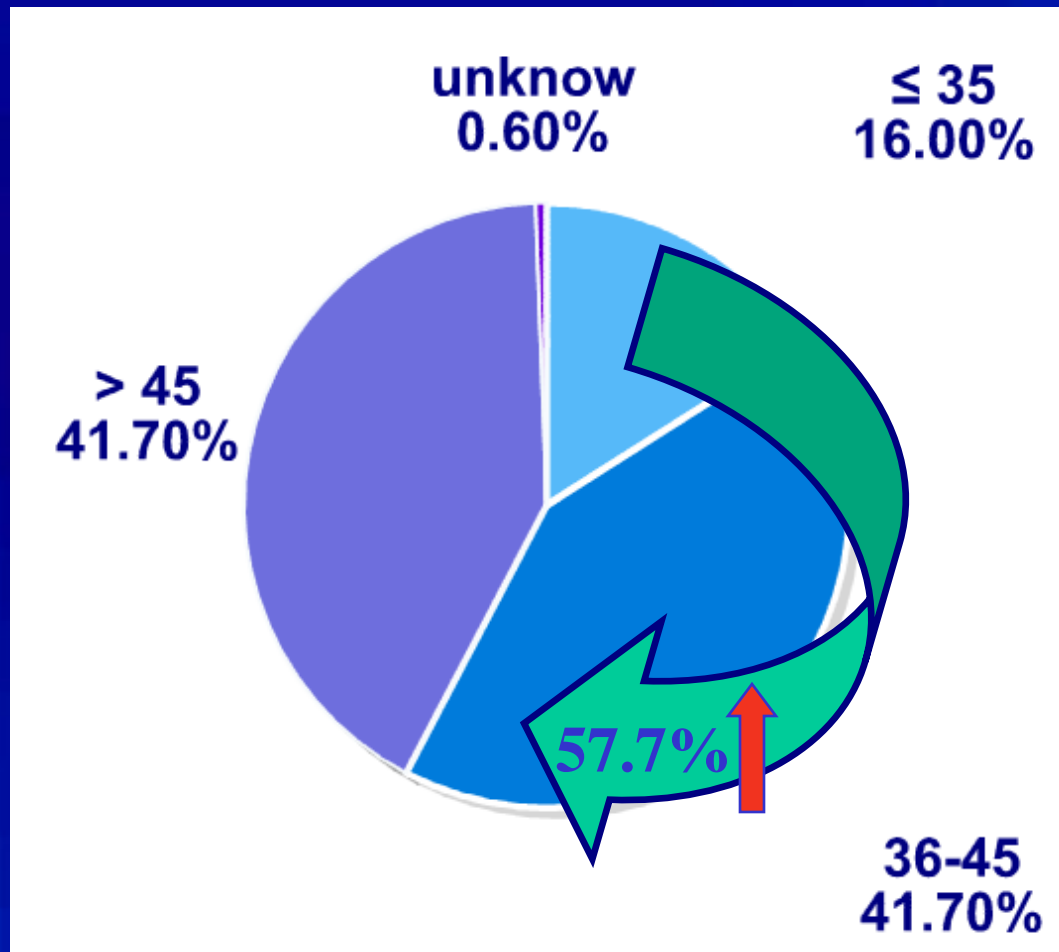


图2. 不同地域宫颈癌患者的年龄分布

● ≤ 45 years: 57.7%

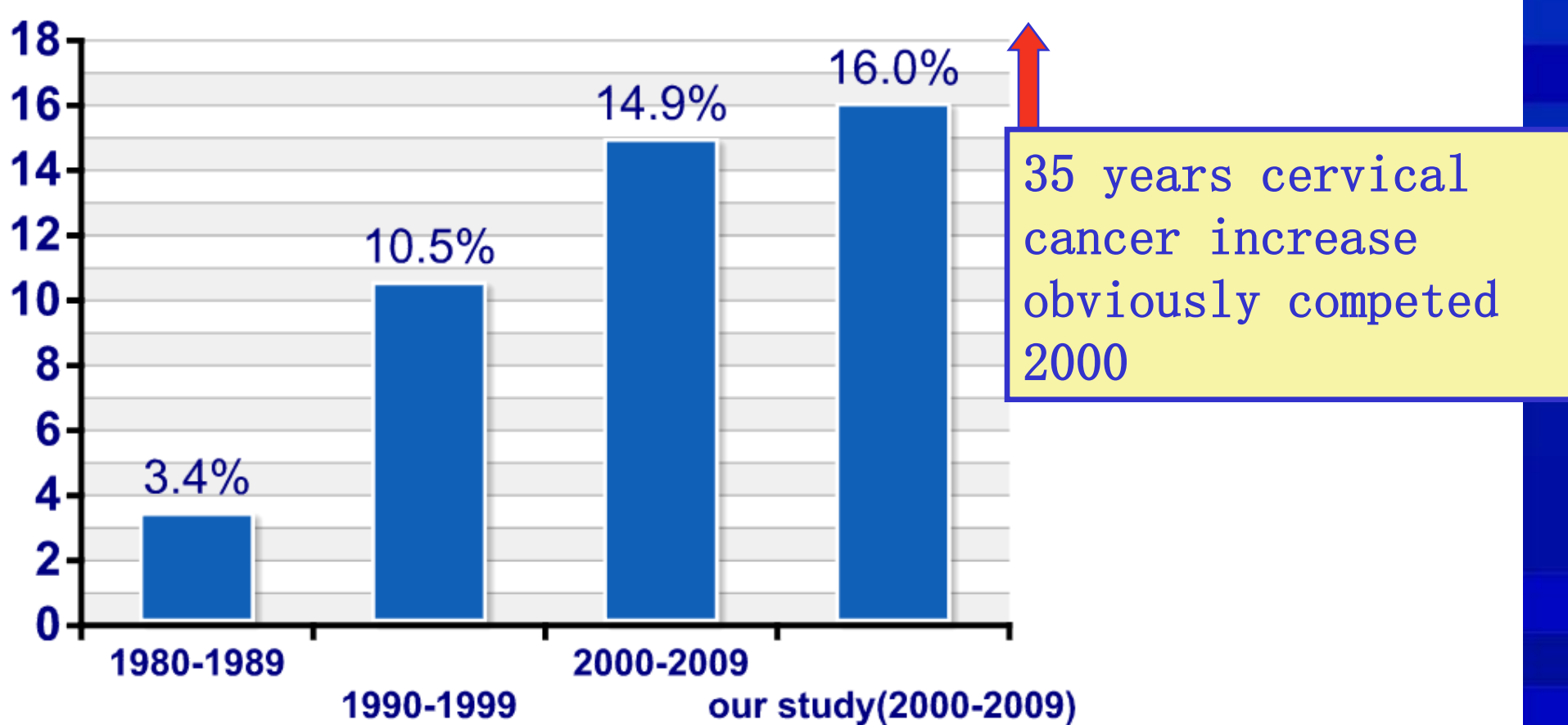


cervical cancer patients age structure



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● ≤ 35 years : 16.0%

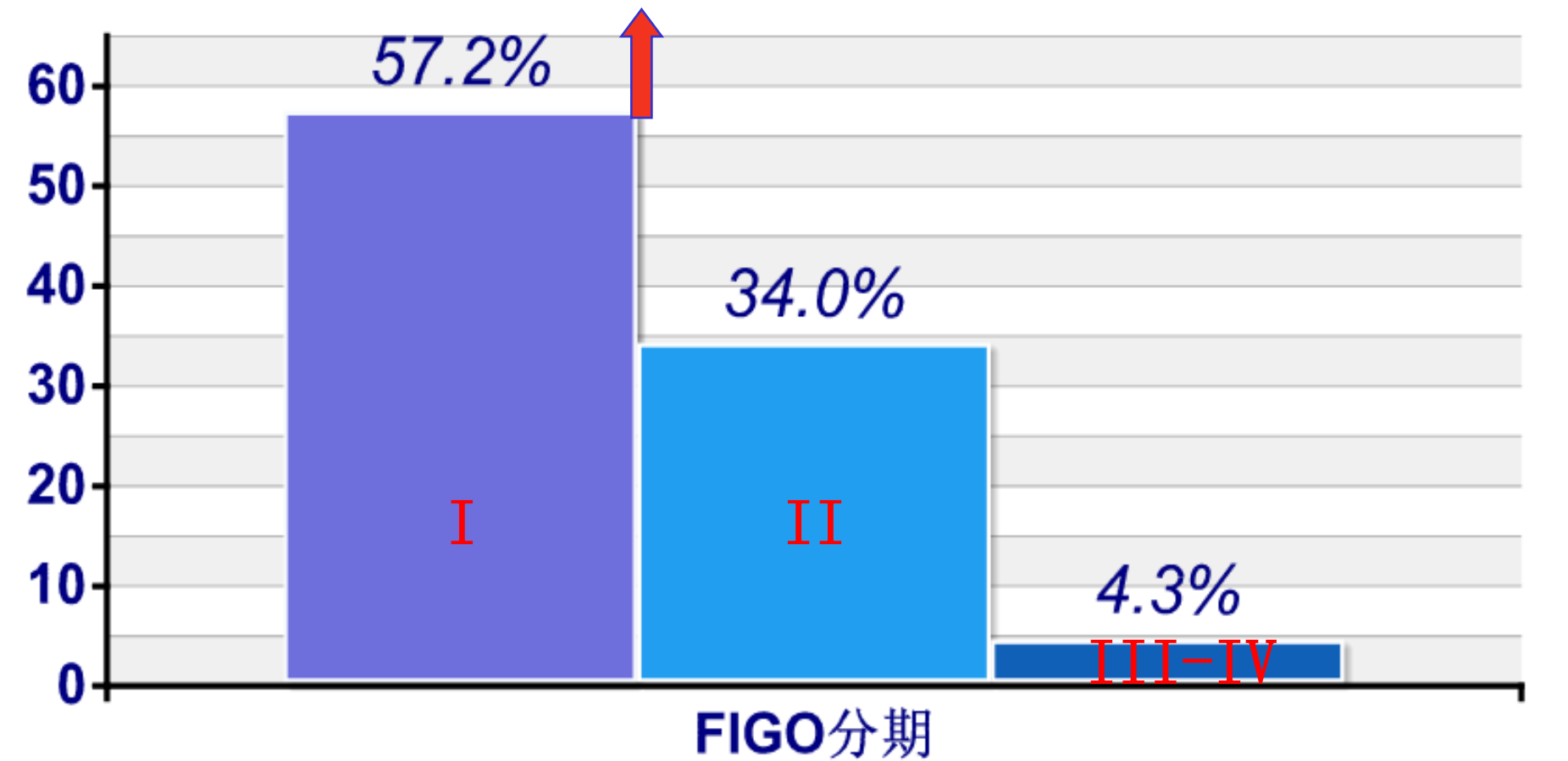


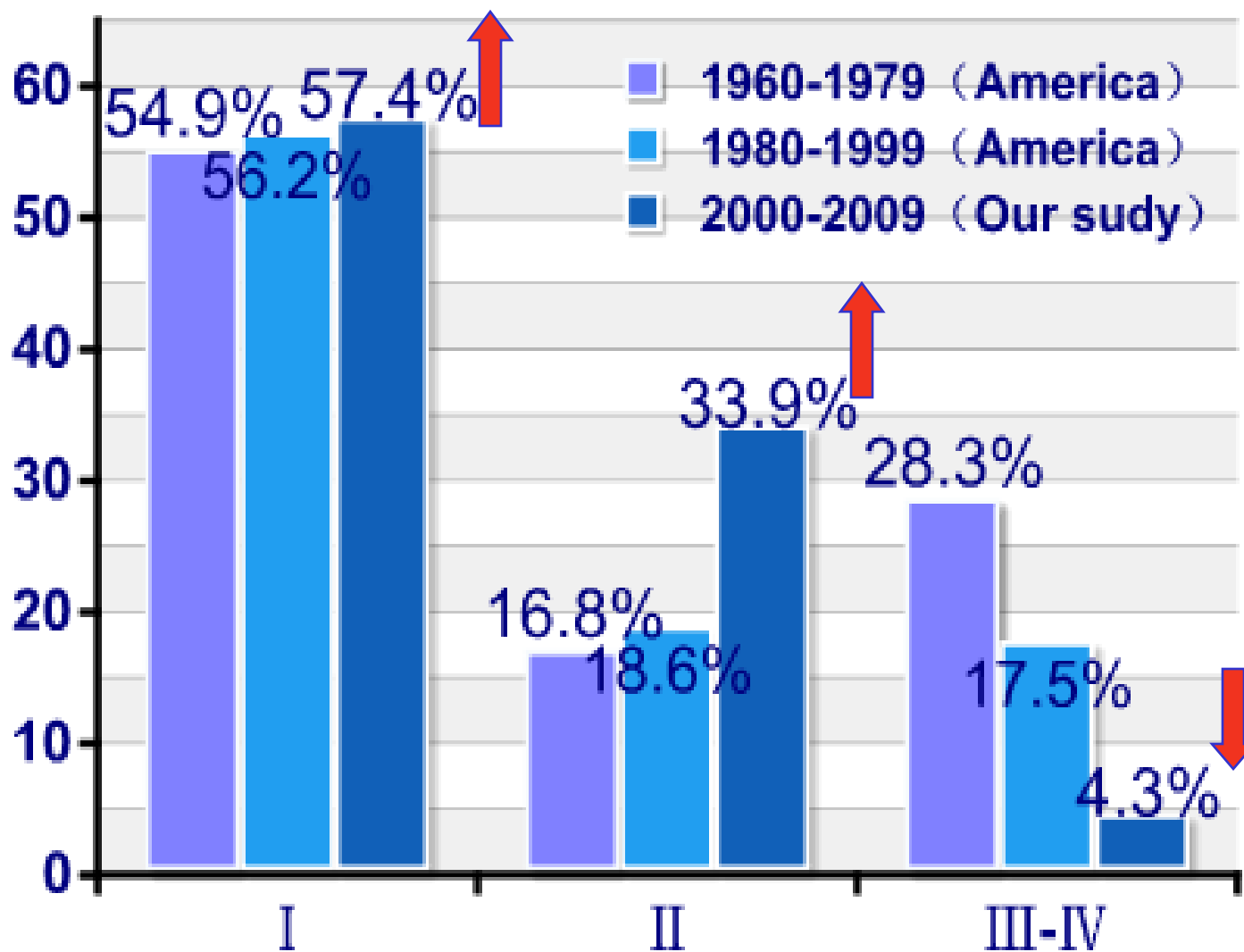
Different years ≤ 35 cervical cancers in China



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EARLY CASES INCREASED OBVIOUSLY





different years cervical cancer FIGO Staing

Howen E, Chen H, Moradi M, Concaio J. Cervical cancer practice patterns and appropriateness of therapy. *Am J Obstet Gynecol*. 2000;183:40-45.

Movva S, Noone AM, Banerjee M, et al. Racial differences in cervical cancer survival in the Detroit metropolitan area. *Cancer*. 2008;112:1264-71.



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LIFE QUALITY

Life quality after treatment is most important of young and middle age patients

But the radiation therapy has the side effects as destroy ovary and vaginal function



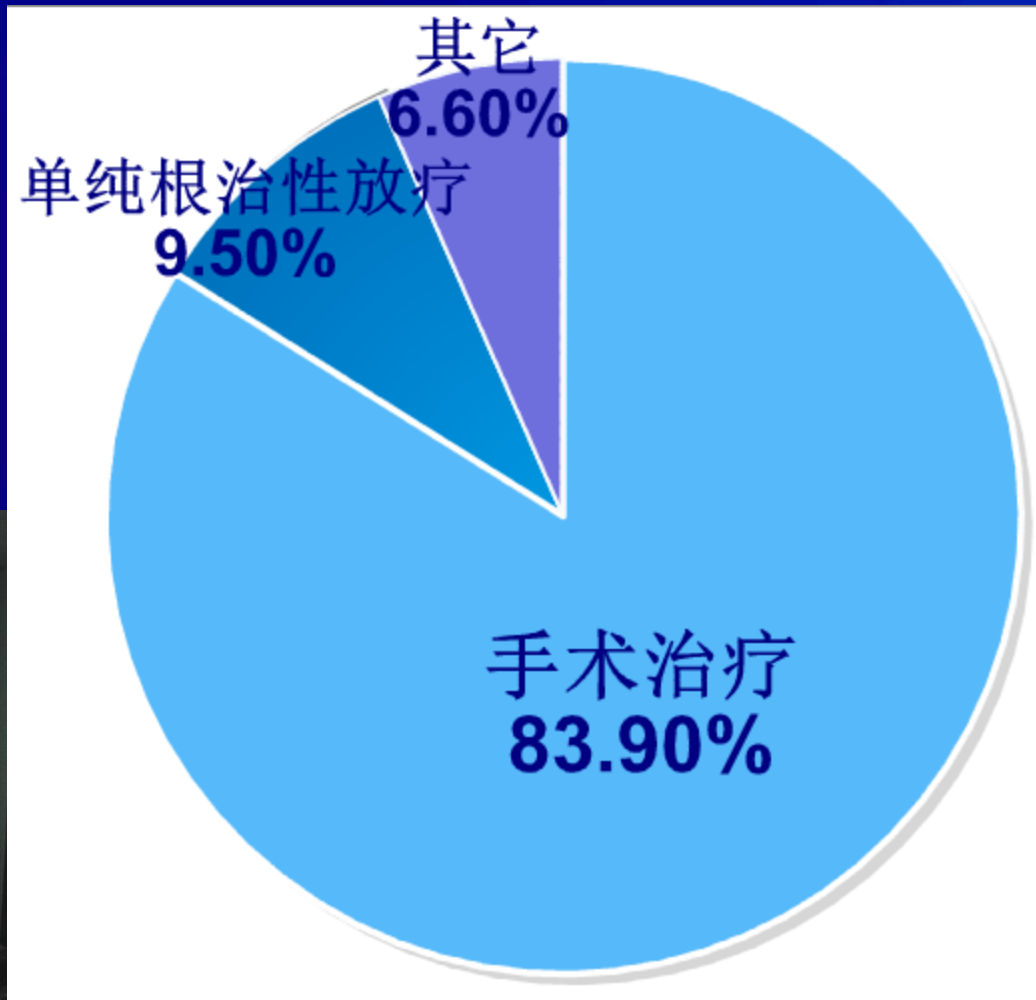
YOUNG PATIENTS OF CERVICAL CANCER

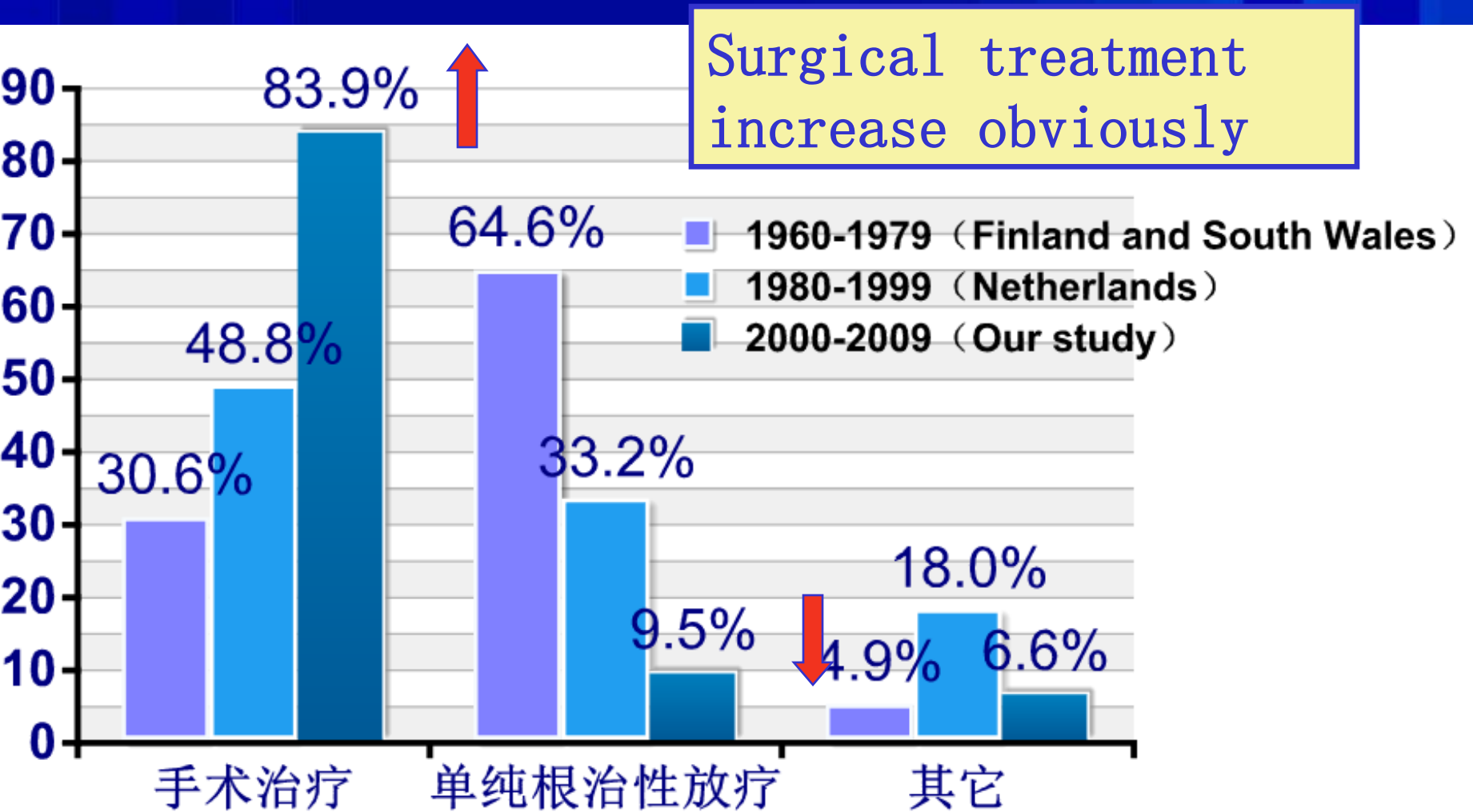
Recent 30 years the young patients of cervical cancer increased obviously From 10% to more than 40%,

The life quality after treatment become very concern by these younger patient group, so their first choices for surgery treatment is about 84%.



SURGICAL TREATMENT INCREASED FOR CERVICAL CANCER





Hakama M, West R. Cervical cancer in Finland and South Wales: implications of end results data on the natural history. *J Epidemiol Community Health* 1980;34:14-8.

de Rijke JM, van der Putten HW, Lutgens LC, et al. Age-specific differences in treatment and survival of patients with cervical cancer in the southeast of The Netherlands, 1986-1996. *Eur J Cancer* 2002;38:2041-7.

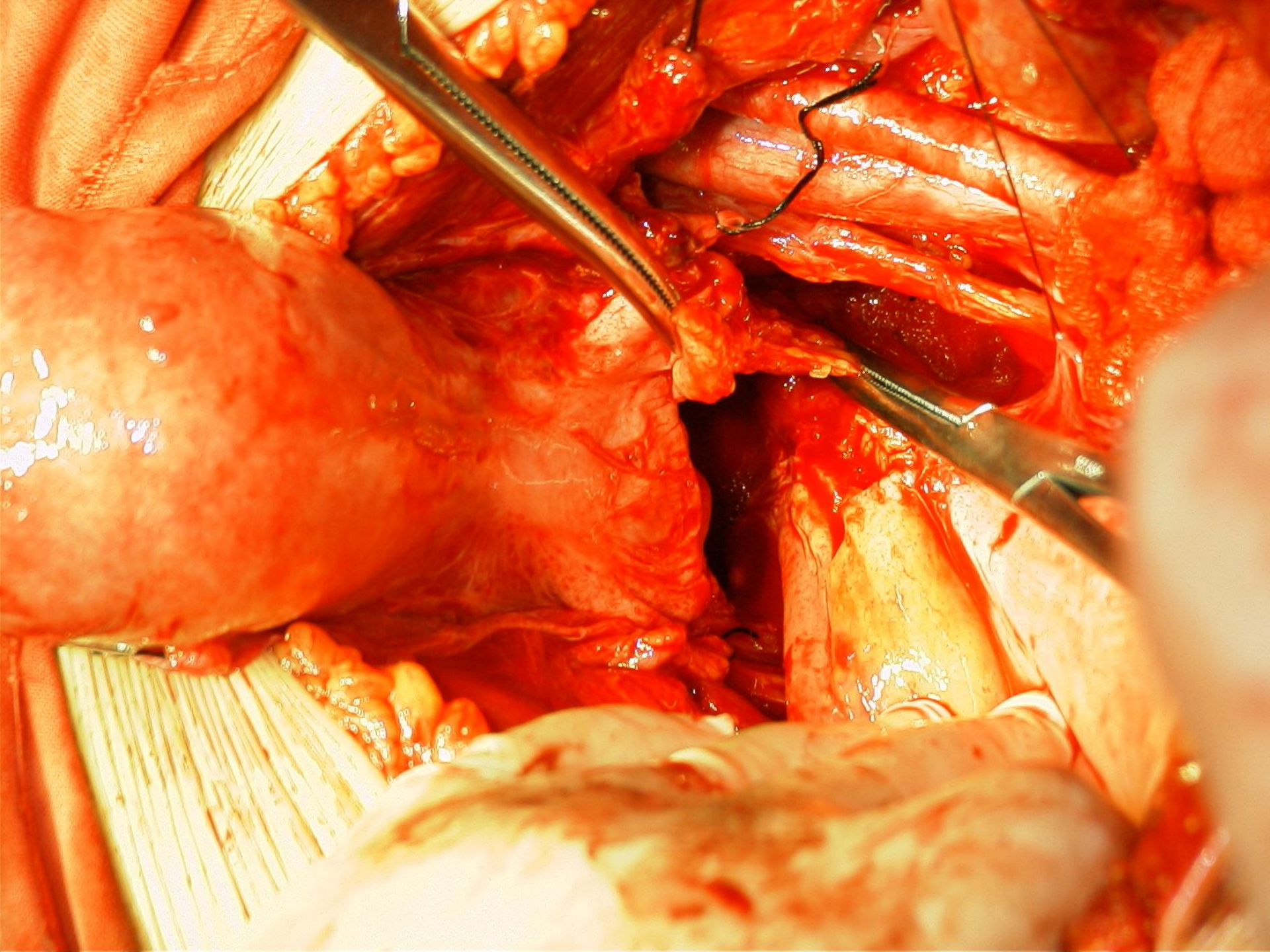


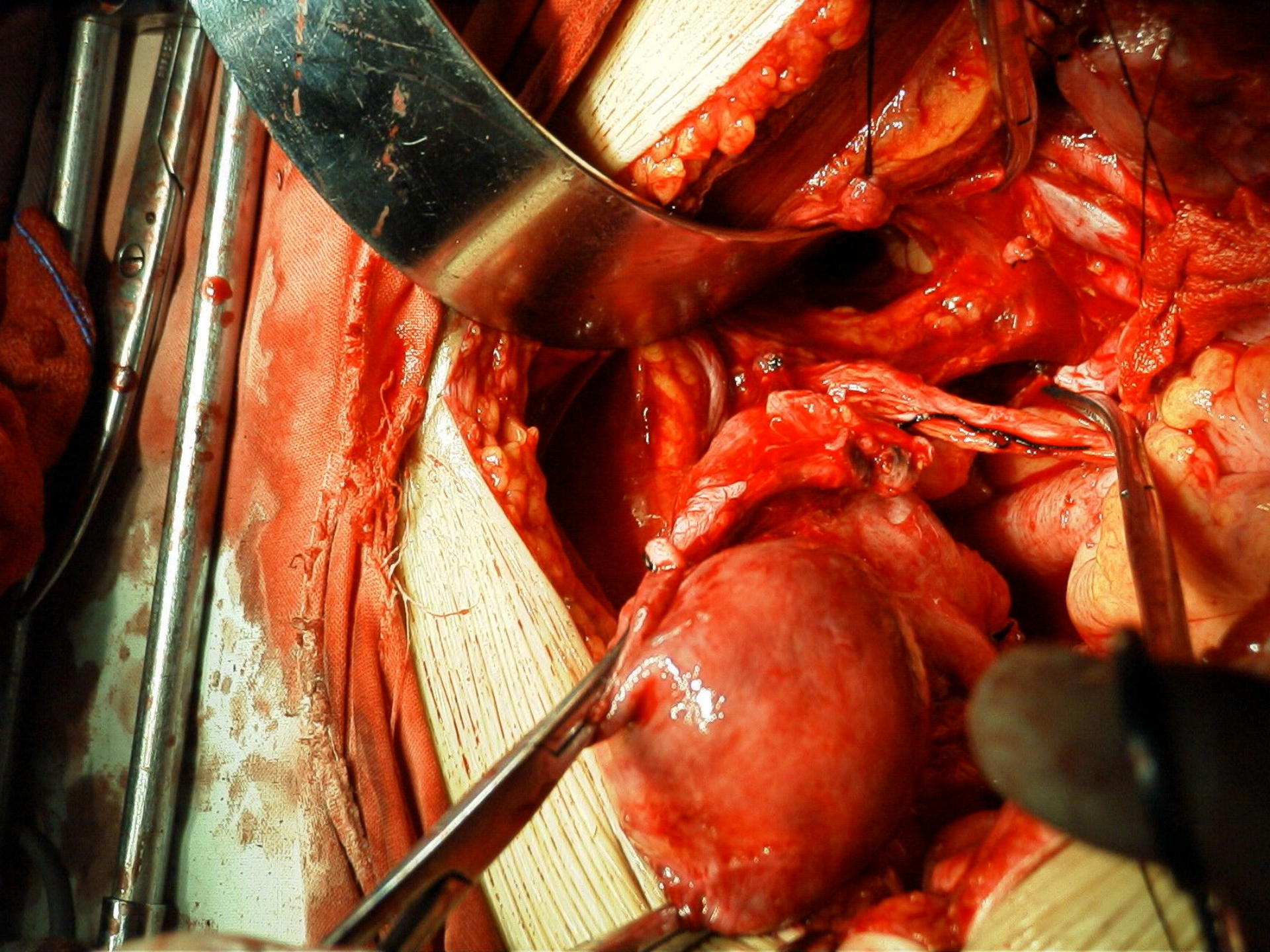
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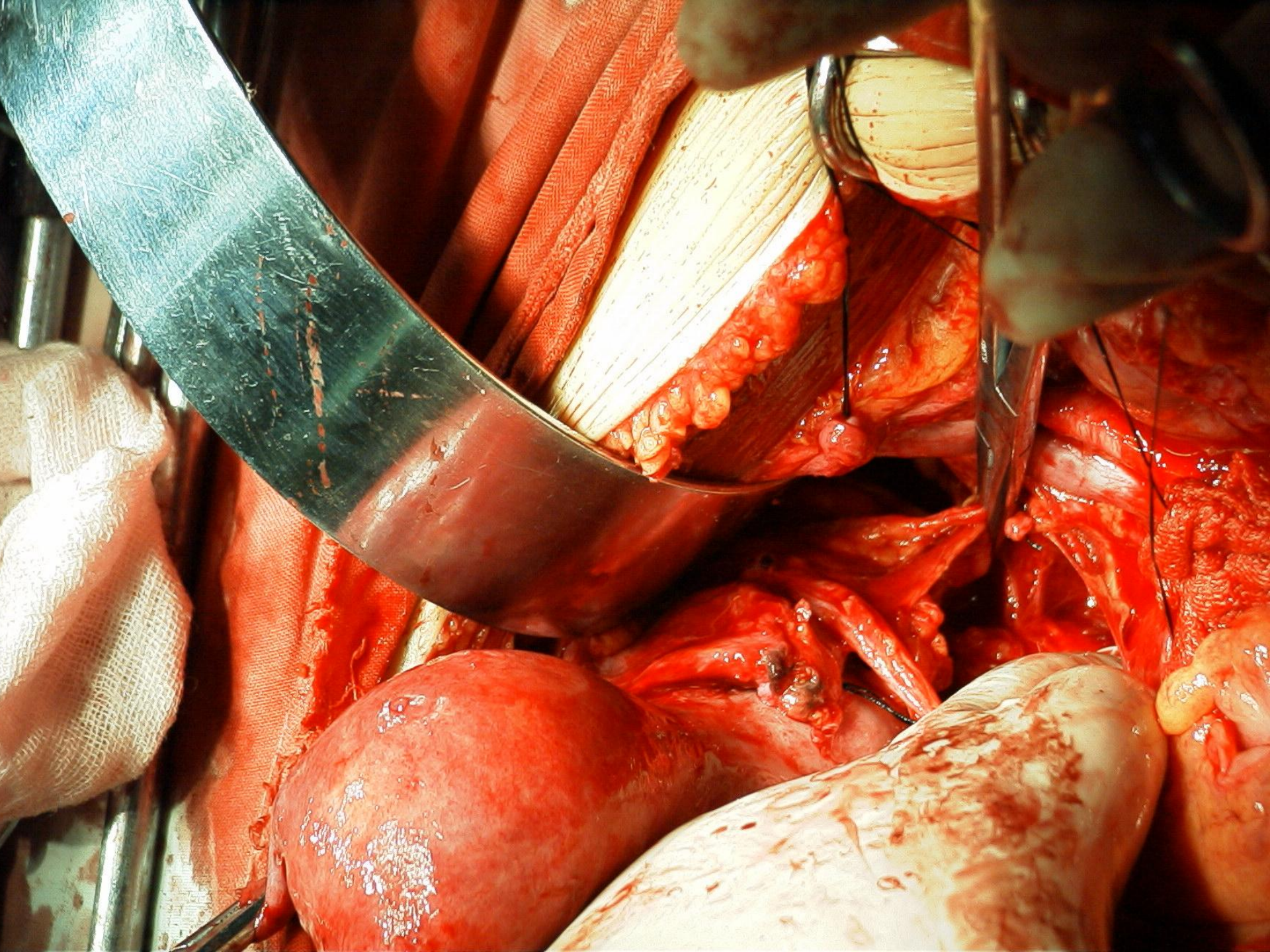
STANDARDIZATION OF RADICAL HYSTERECTOMY

No matter what type performed the radical hysterectomy the principle must be emphasized that means the cardioliament and sacroliament and vaginal must be resection 3cm or close the pelvic wall





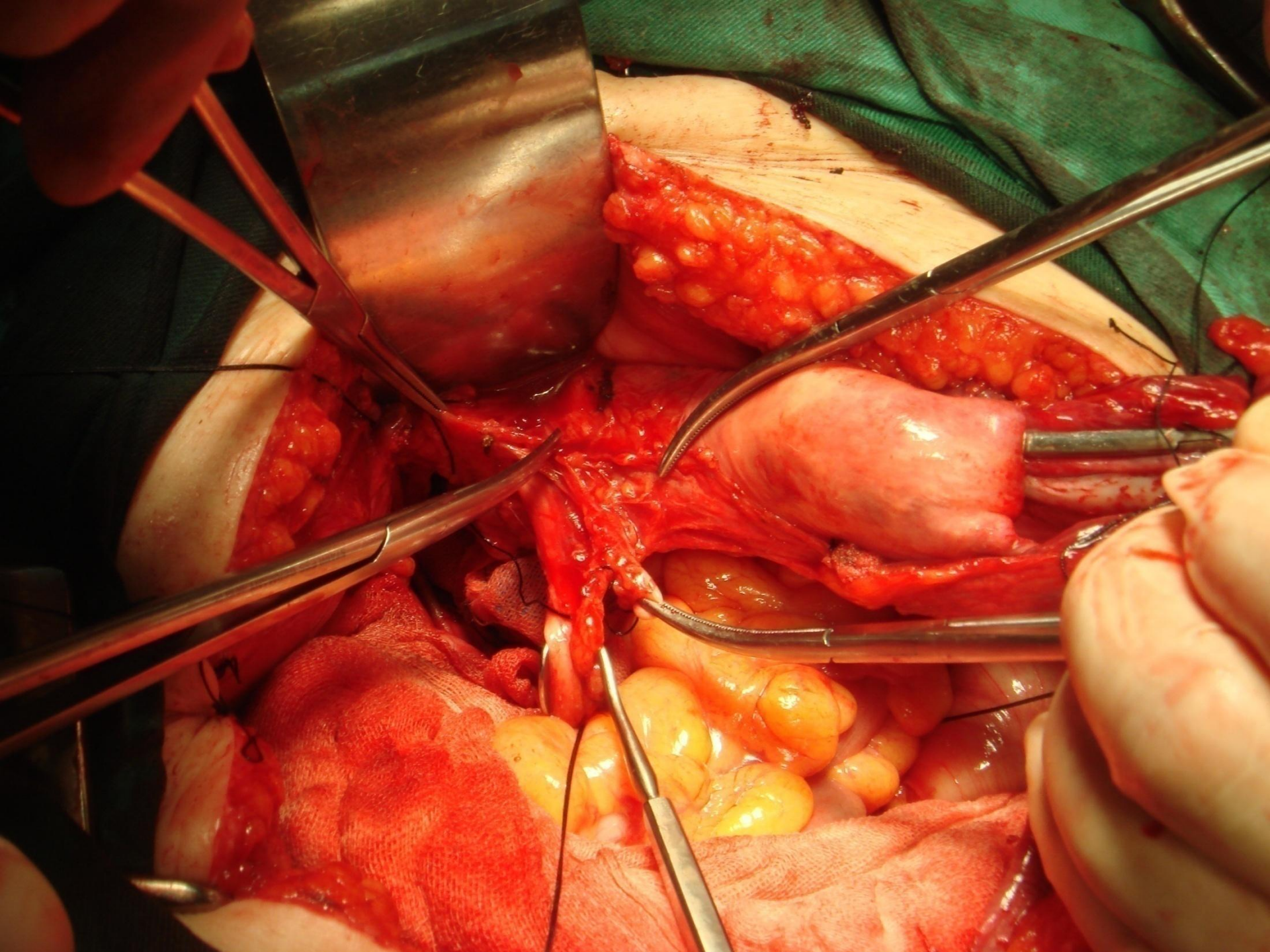


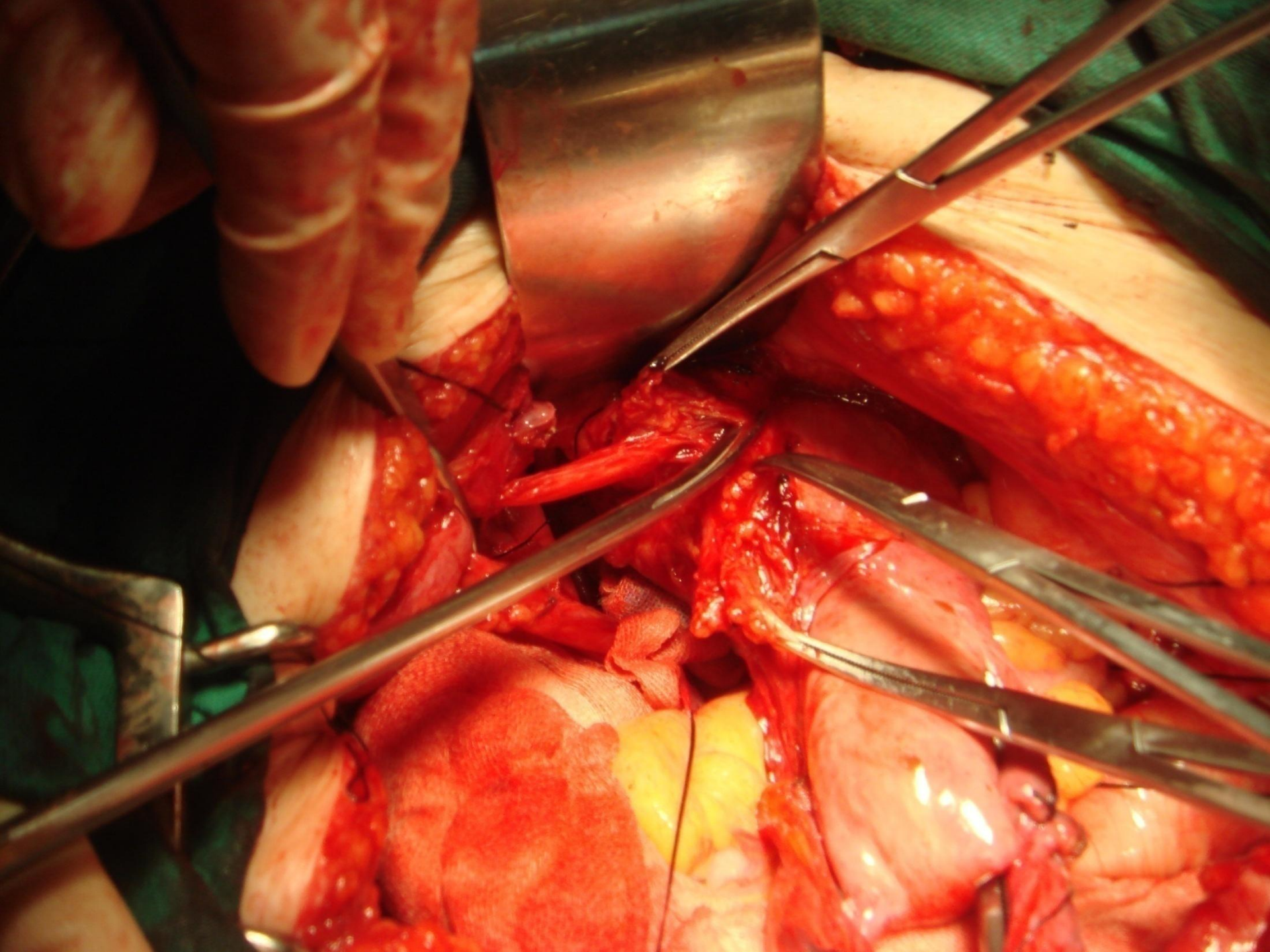


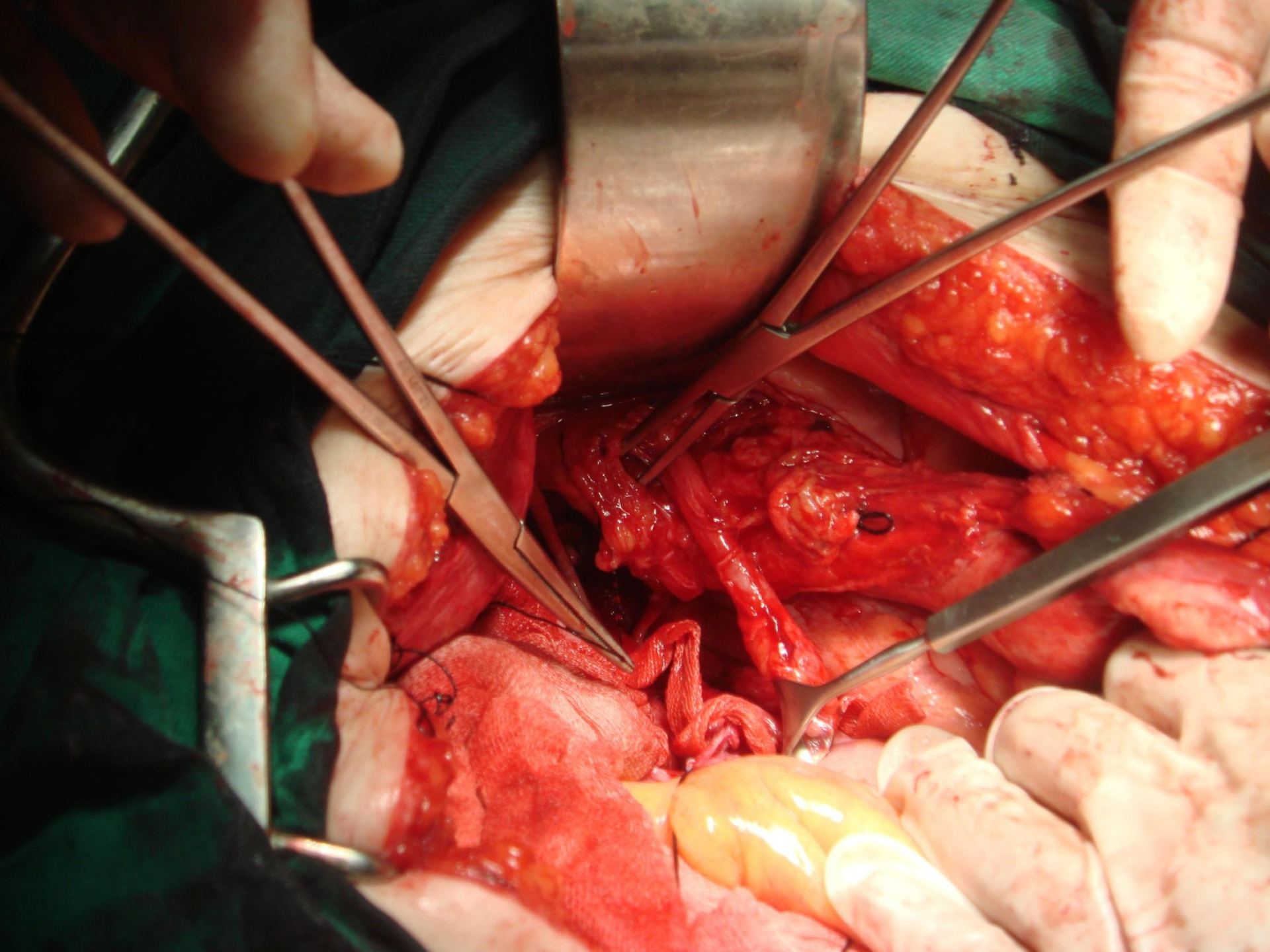
URETEROTUNNEL

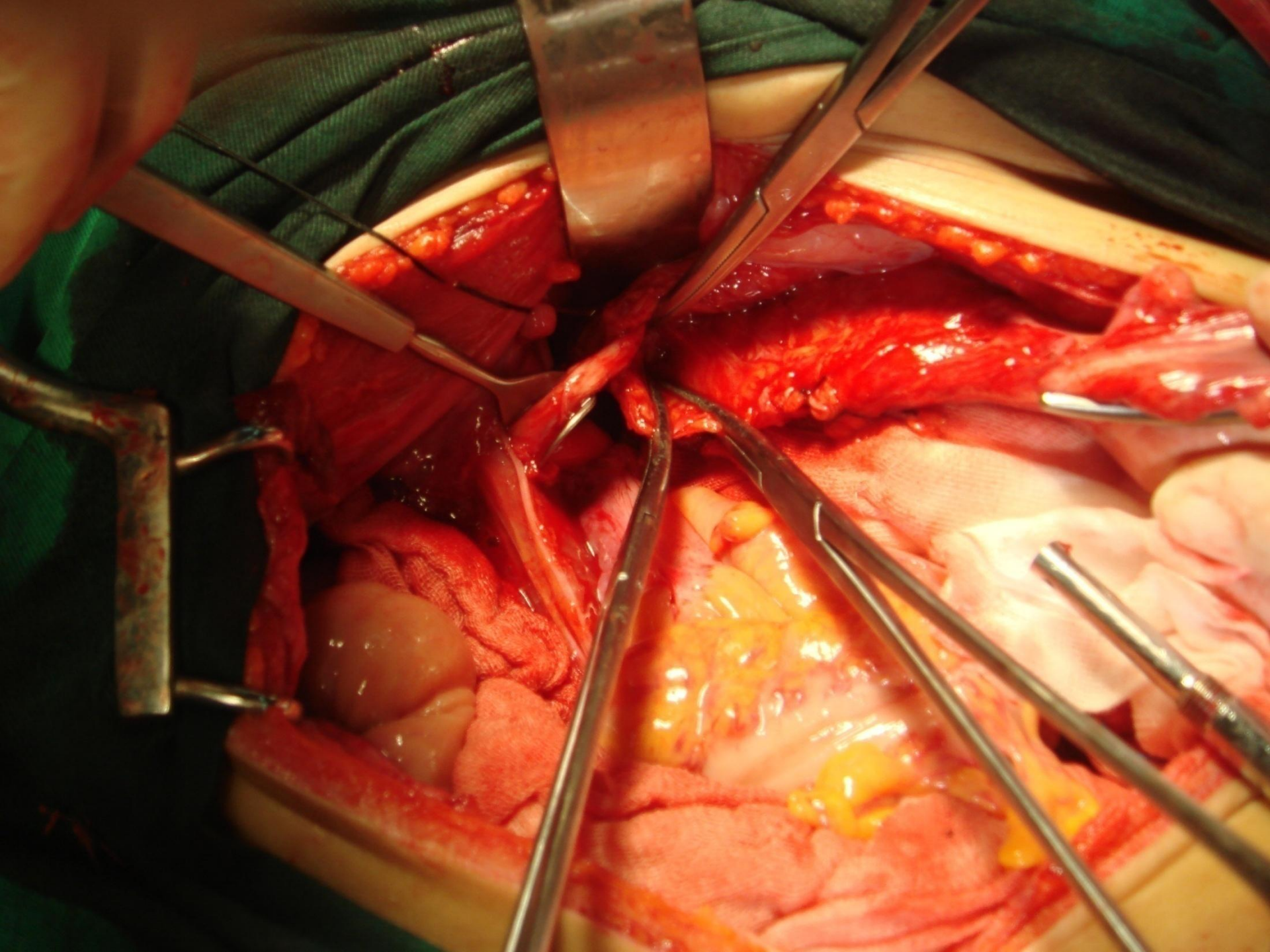
Dissection the ureterotunnel explore the
ureterocervical ligament pushdown the bladder
than cut the vaginal as length as you want.

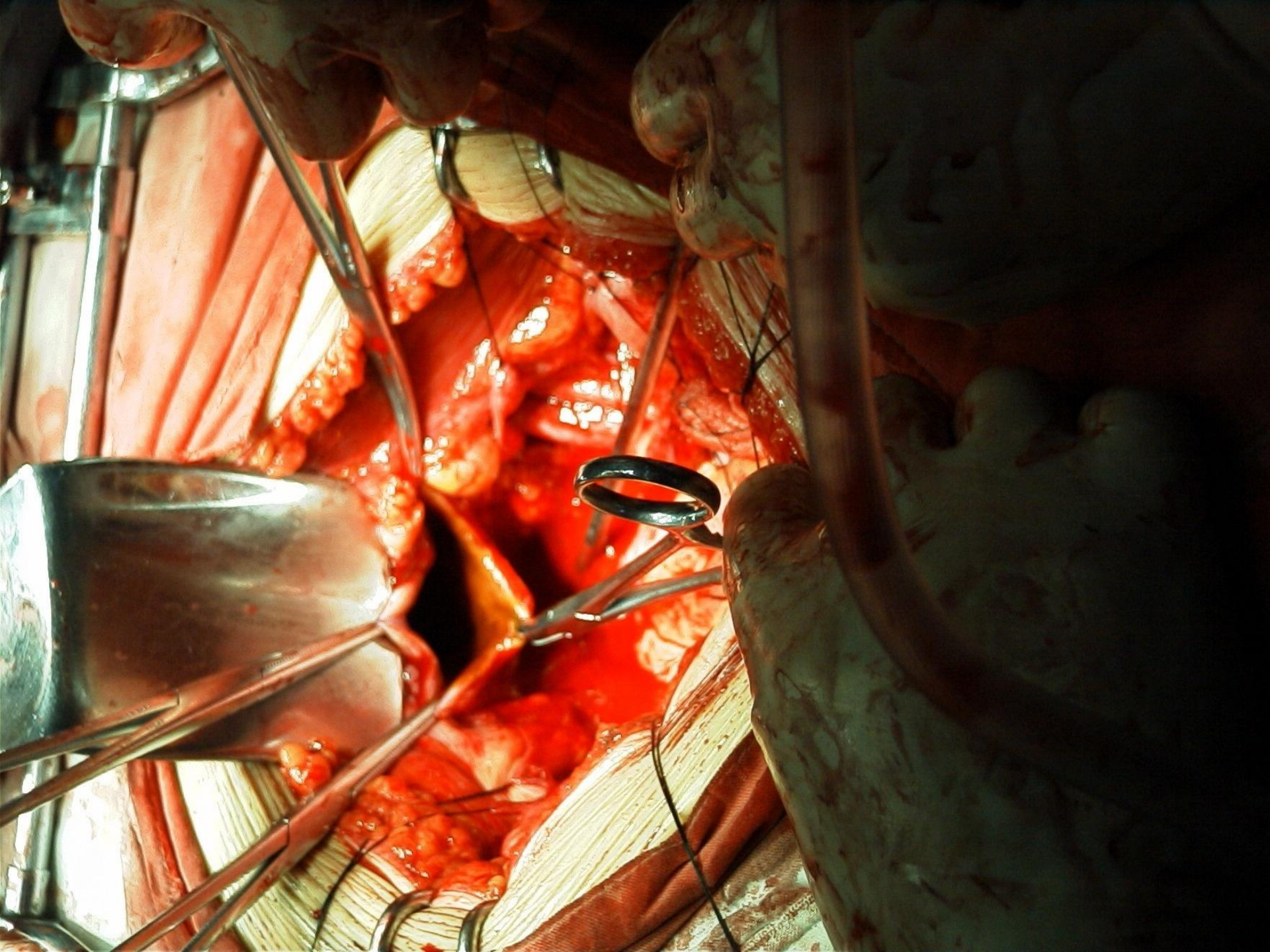










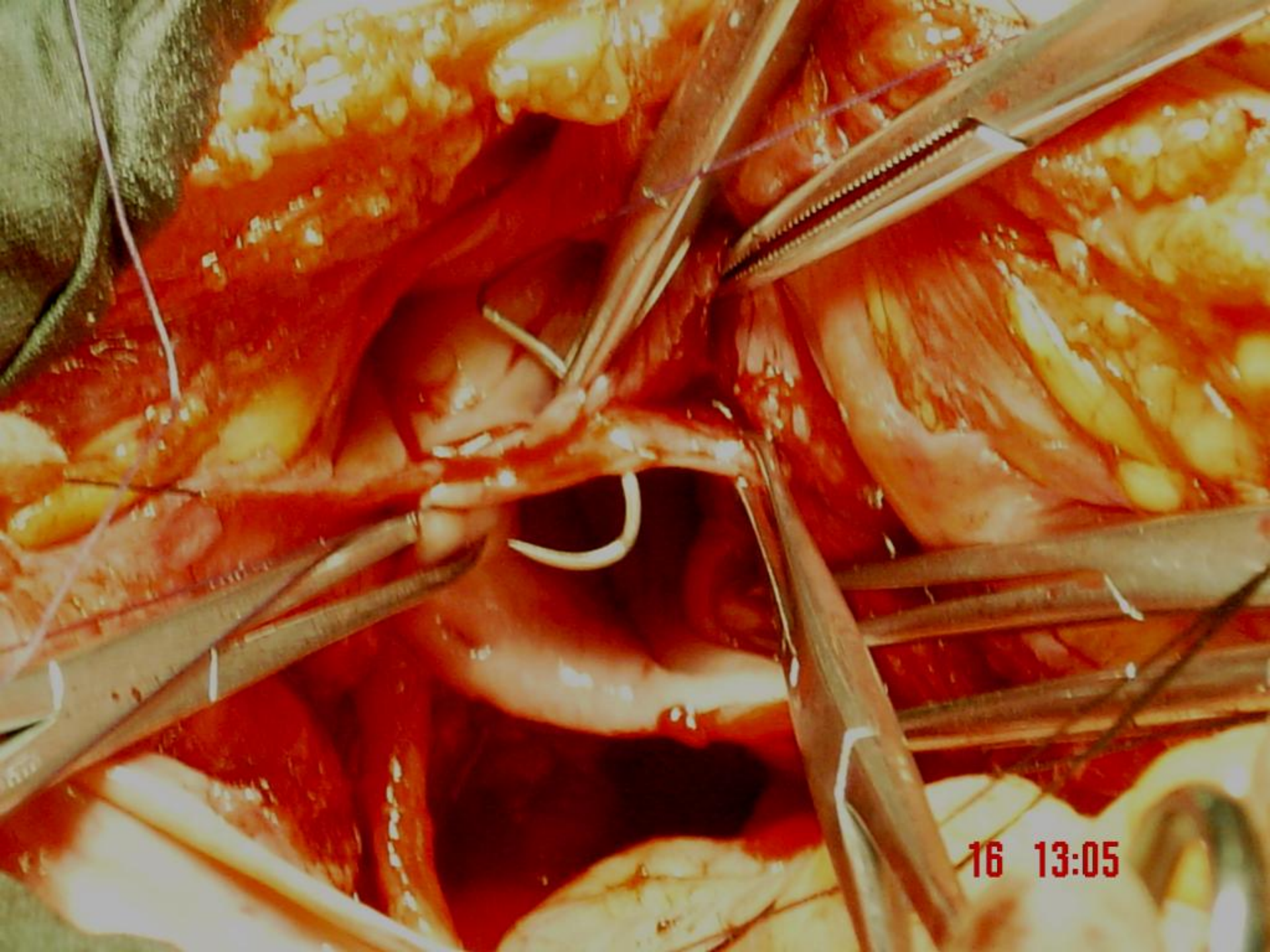


RECONSTRUCTION OF VAGINA

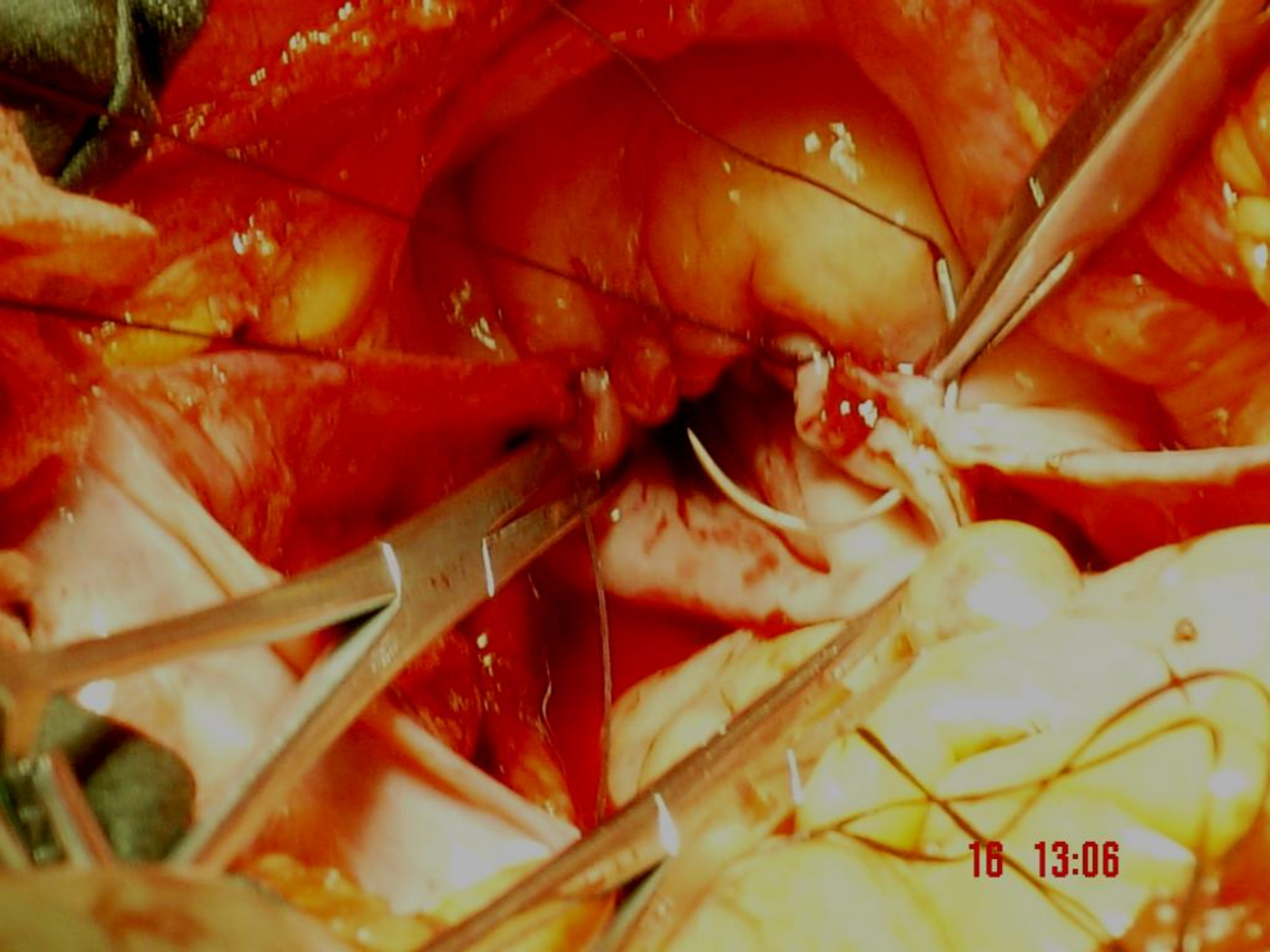
We use the peritoneal of bladder and the serous membrane reconstruct the prolong vaginal keeping sexual function after treatment



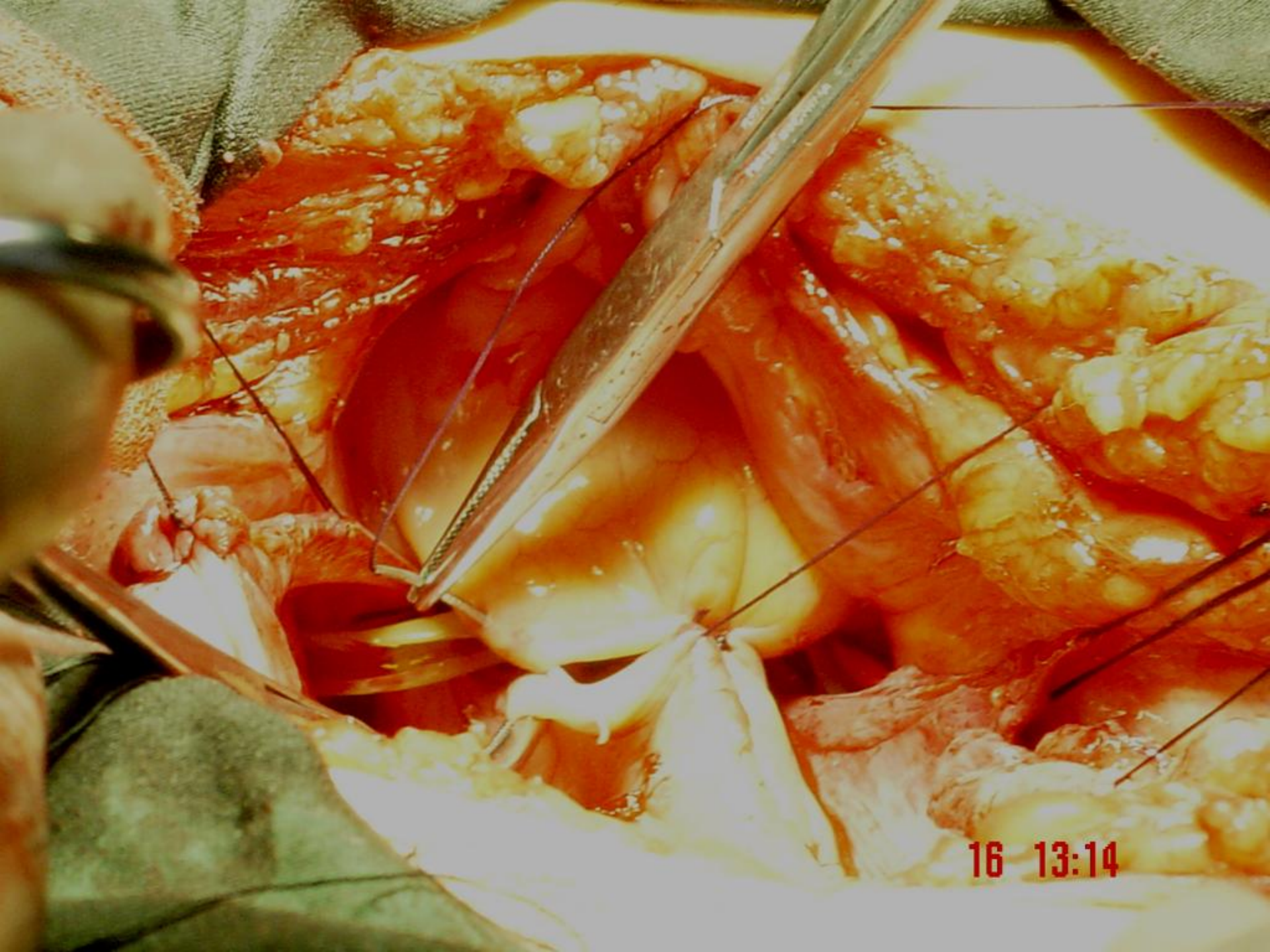
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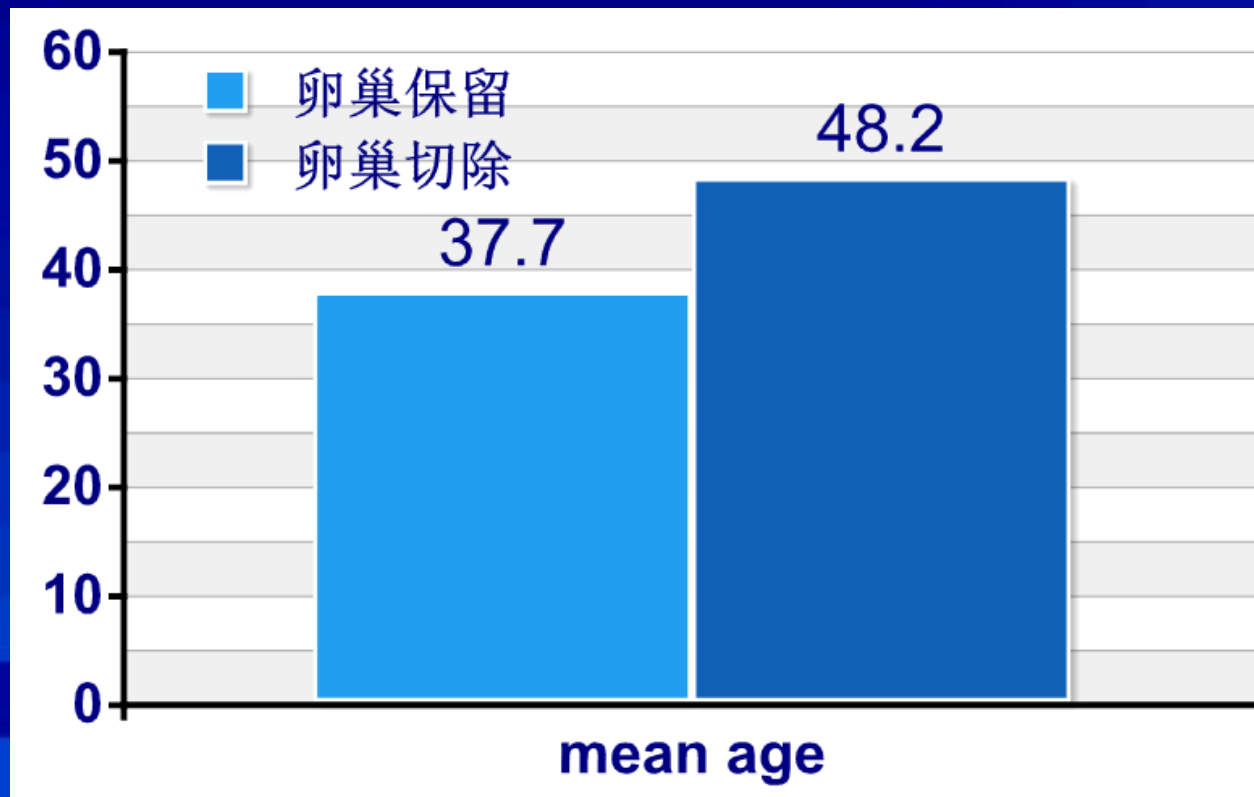


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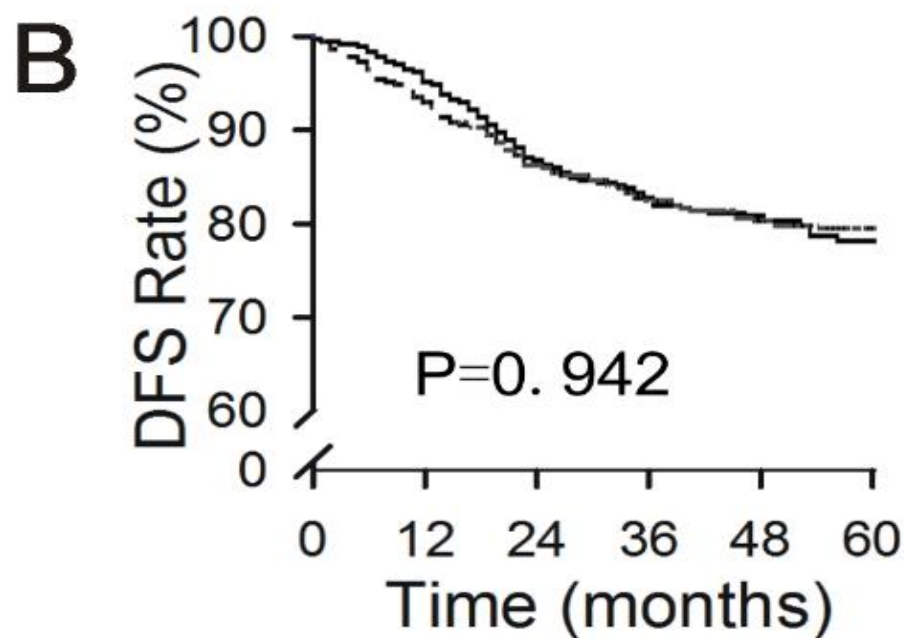
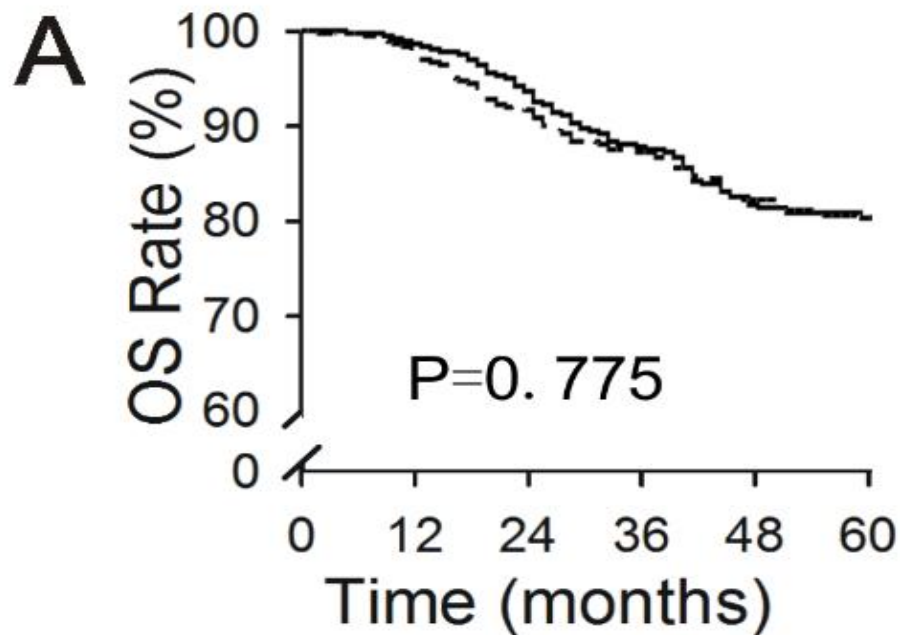
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RETAIN OVARY (42.00%)



Retain ovary cases 5 years survival

--- Bilateral oophorectomy — Ovarian preservation

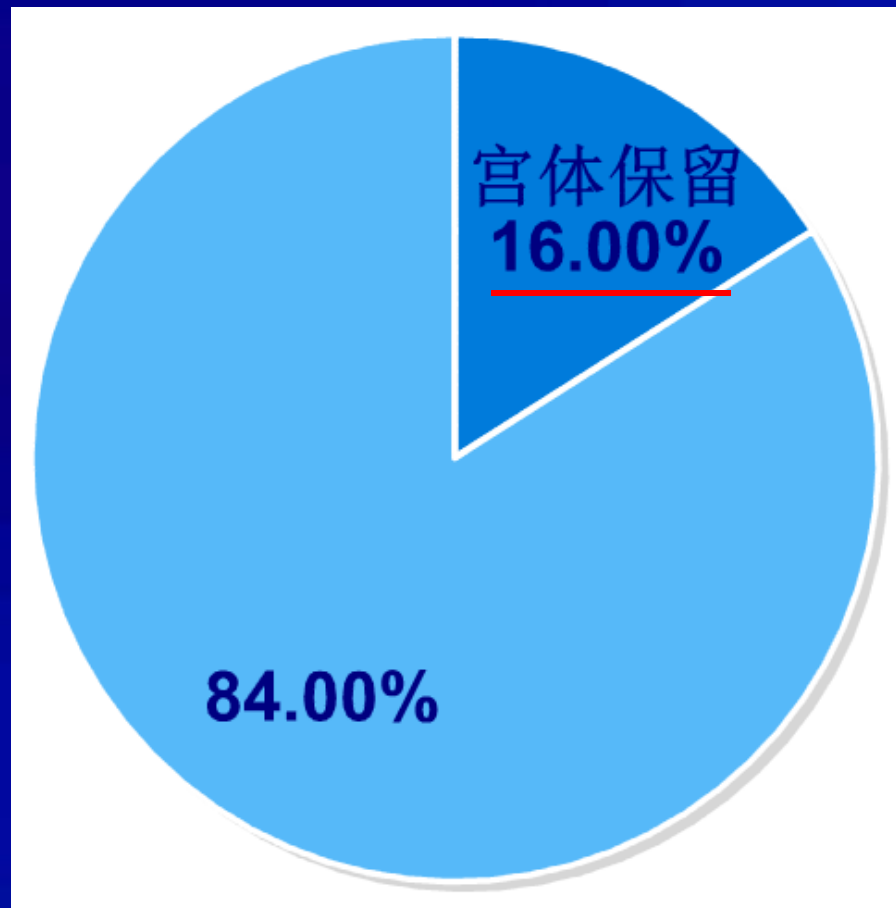


TRACHELECTOMY

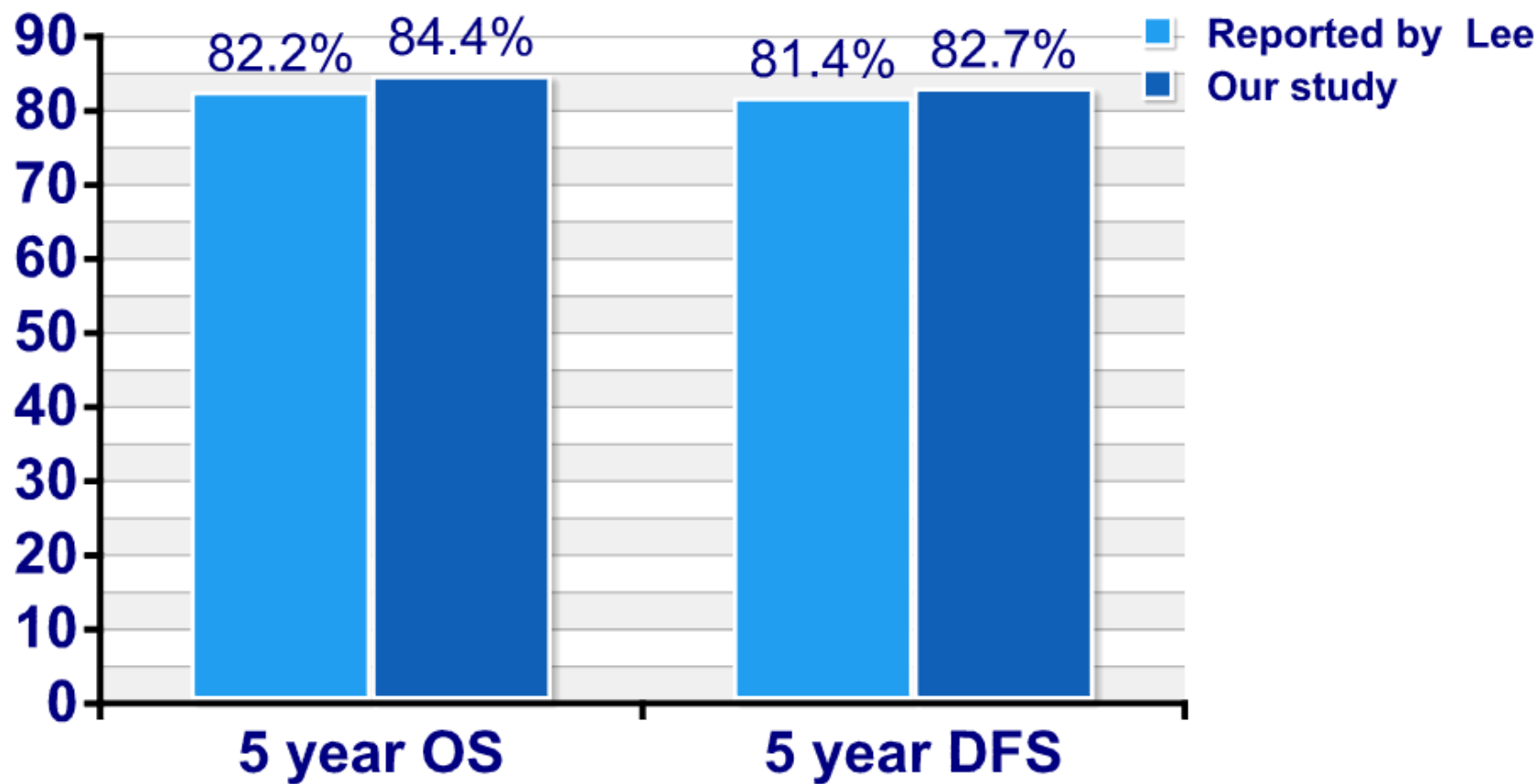
From 2000 we have done more than 100 cases of trachelectomy via vaginal or abdominal the successful pregnancies is 30%



I_A Trachlectomy (16%)



5 YEARS SURVIVAL OF CERVICAL CANCER



Lee HN, Lee KH, Lee DW, Lee YS, Park EK, Park JS. Weekly cisplatin therapy compared with triweekly combination chemotherapy as concurrent adjuvant chemoradiation therapy after radical hysterectomy for cervical cancer. *Int J Gynecol Cancer* 2011;21:128-36.



CHEMOTHERAPY TO DAY

Neoadjuvant chemotherapy getting more for the younger group before surgical treatment



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NEOADJUVANT CHEMOTHERAPY

1980s we using chemotherapy (Neoadjuvant chemotherapy)for cervical cancer before surgery treatment especially for young patients of cervical cancer stage IIb or IIIa in order to keep their (ovary、sex 、 fertility)function and good life quality after treatment.



● Neoadjucent chemotherapy increases

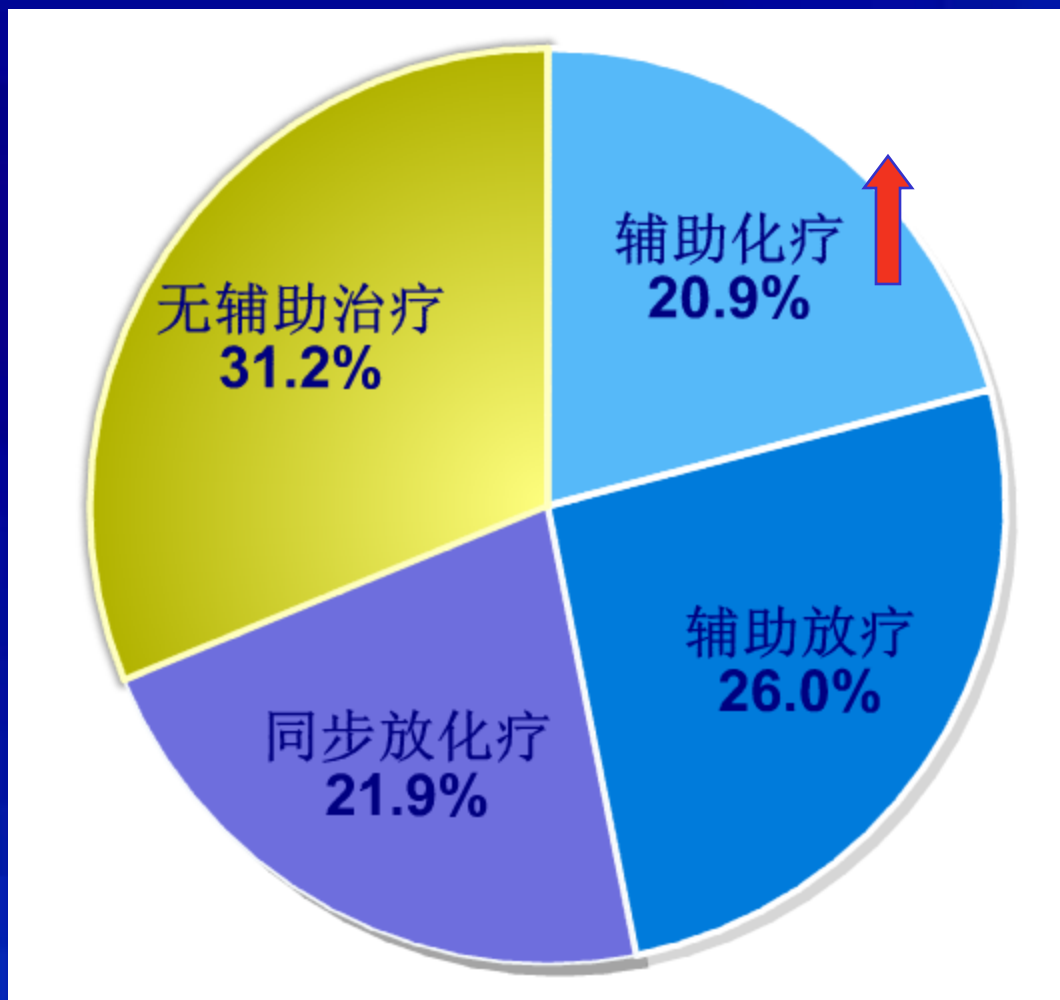


图7. 宫颈癌不同辅助治疗的构成比



RADIATION THERAPY TODAY

- Today we have IMRT (intensity modulated radiation therapy), CCRT (classical conformal radiation therapy) radiation therapy.
- The radiation therapy ratio is reduced as 10%, the surgical treatment ratio is up to nearly 90%, we don't do radiation therapy alone but with chemotherapy



RECURRENCE CASES AFTER TREATMENT

30% will recurrence after radiation therapy or surgical treatment mostly within 2 years!



EXENTERATION

We start Exenteration surgery in 1980s, LEER operation in 2008 for recurrent or VIa cervical cancers.



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FUTURE OF CERVICAL CANCER TREATMENT

More new techniques will be used to
treat cervical cancer patients in near
future



HIGH QUALITY OF LIFE

Pay more attention to keep function after
treatment personality



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MICROINVANSIVE SURGERY

Microinvasive surgical will be more wildly used in clinical and well developed no gas,
Robot laparoscopic surgery.



ROBOT LAPROSCOPIC SURGERY

Robot- surgeon with 3D micro-robot-hand ,finger-
feeling, robot-handle operation



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BIOCHEMOTHERAPY THERAPY

Biochemo-therapy with surgical treatment.



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EXENTERATION AND LEER OPERATION

Control and Reduce cervical cancer recurrence cases
Never give up, especially for young recurrence patients.

Improve effective and well select patients for
Exenteration and LEER operation



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NEW MEDICAL MATERIAL

Expect better material for fill pelvic floor & pelvic cavity and artificial bladder, urethra, anus, vaginal(stem cell technic) for reconstruction operation for good quality of life



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**LET'S HOPEFULLY
FACE to GLORIOUS
TOMORROW!**

2008 10 8



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