

## CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF EARLY-STAGE CERVICAL CANCER

- **Title:** Clinical Practice Guideline for the management of early-stage cervical cancer
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- **Abstract:**  
 This paper abstracts the Clinical Practice guideline (CPG) for the management of early-stage cervical cancer (IA1, IA2, IB1, IB2 o IIA1) in the Peruvian Social Security (EsSalud). To perform this CPG, a guideline task force (GTF) was formed with specialized physicians and methodologists, the group proposed 8 clinical questions to be answered in this Clinical practice guideline (CPG). Systematic searches of preview reviews were performed and when it was necessary, primary studies from PubMed, Embase and CENTRAL during 2017 - 2018 were reviewed, and the evidence was selected aiming to answer each proposed question. Certainty of evidence was evaluated using Grading of Recommendations Assessment, Development, and Evaluation (GRADE) methodology. In periodical work sessions, the group used GRADE methodology for reviewing the evidence and formulated 10 recommendations (2 strong recommendations and 8 conditional recommendations), 7 good clinical practice items and 4 flowcharts. The CPG was approved by Resolution N° 27-IETSI-ESSALUD-2020.
- **Key words:** Uterine Cervical Neoplasms, Practice Guideline, Evidence-Based Medicine, GRADE Approach
- **PICO questions for CPG:**

iTreatment			
Question 1: in women with early-stage cervical cancer (IA1, IA2, IB1, IB2 or IIA1), what should be the initial treatment?			
POPULATION	DIAGNOSTIC TEST FOR INTERVENTION	COMPARATOR	OUTCOME(S)
Women with early-stage cervical cancer (IA1, IA2, IB1, IB2 or IIA1)	Radiotherapy or chemotherapy/	Surgical treatment	Overall Survival Disease-free survival Relapse Quality of life

			Adverse events
<b>Question 2: in women with early-stage cervical cancer (IA1, IA2, IB1, IB2 or IIA1), which surgical treatment should be performed?</b>			
<b>POPULATION</b>	<b>INTERVENTION</b>	<b>COMPARATOR</b>	<b>OUTCOME(S)</b>
Women with early-stage cervical cancer (IA1, IA2, IB1, IB2 or IIA1)	Conization Trachelectomy	Hysterectomy	Positive margins Disease-free remission period Local or loco-regional relapse Distant relapse Survival Quality of life Adverse events
<b>Question 3: in women with early-stage cervical cancer (IA1, IA2, IB1, IB2 or IIA1) with indication for pelvic lymph node evaluation, should sentinel node biopsy or bilateral pelvic lymphadenectomy be performed as part of surgical management?</b>			
<b>POPULATION</b>	<b>INTERVENTION</b>	<b>COMPARATOR</b>	<b>OUTCOME(S)</b>
Women with early-stage cervical cancer (IA1, IA2, IB1, IB2 or IIA1)	Sentinel node	Lymphadenectomy	Survival Recurrence Adverse events
<b>Question 4: in women with early-stage cervical cancer (IA1, IA2, IB1, IB2 or IIA1), should laparoscopic surgery or open surgery be performed?</b>			
<b>POPULATION</b>	<b>INTERVENTION</b>	<b>COMPARATOR</b>	<b>OUTCOME(S)</b>
Women with early-stage cervical cancer (IA1, IA2, IB1, IB2 or IIA1)	Laparoscopic surgery	Open surgery	Survival Recurrence Quality of life Adverse events
<b>Question 5: in women with early-stage cervical cancer (IA1, IA2, IB1, IB2 or IIA1), what are the indications for fertility-sparing surgery?</b>			
<b>POPULATION</b>	<b>Exposure</b>		<b>OUTCOME (S)</b>
Women with early-stage cervical cancer	Histologic type (adenocarcinoma or squamous cell carcinoma) Tumor size > or < 2 cm Depth of stromal invasion Nodal involvement Parametrial involvement Lymphovascular space invasion		Disease-free remission period Local or loco-regional relapse Distant relapse Successful pregnancy Viability of newborn Survival Quality of life Adverse events
<b>Question 6: in women with cervical cancer stage IA1, IA2 or IB1, which fertility-spacing surgery should be performed: conization or trachelectomy?</b>			
<b>POPULATION</b>	<b>INTERVENTION</b>	<b>COMPARATOR</b>	<b>OUTCOME(S)</b>

Women with early-stage cervical cancer (IA1, IA2 or IB1) who desire to preserve fertility	Conization/	Trachelectomy	<ul style="list-style-type: none"> <li>• Critical: Successful pregnancy Survival Mortality</li> <li>• Important: Preterm delivery Abortion Relapse Quality of life Adverse events</li> </ul>
<b>Question 7: in women with early-stage cervical cancer (IA1, IA2, IB1, IB2 or IIA1), after surgical treatment and with indications for adjuvant therapy, which adjuvant therapy should be used: chemotherapy (QT), radiotherapy (RT) or chemoradiotherapy (QRT)?</b>			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
Women with early-stage cervical cancer (IA1, IA2, IB1, IB2 or IIA1) with indication for adjuvant therapy	Radical hysterectomy + adjuvant radiotherapy Radical hysterectomy + adjuvant chemotherapy Radical hysterectomy + adjuvant chemotherapy + radiotherapy	Radical hysterectomy + adjuvant radiotherapy Radical hysterectomy + adjuvant chemotherapy Radical hysterectomy + adjuvant chemotherapy + radiotherapy	Mortality Survival Disease progression Quality of life Adverse events
<b>Question 8: in women with early-stage cervical cancer (IA1, IA2, IB1, IB2 or IIA1) with indication for chemoradiotherapy, which chemotherapy regimen concomitant with radiotherapy should be administered: cisplatin, gemcitabine o paclitaxel-carboplatin?</b>			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
Women with early-stage cervical cancer (IA1, IA2, IB1, IB2 or IIA1) with indication for adjuvant therapy	Gemcitabine Paclitaxel-carboplatin	Cisplatin	Disease-free remission period Local or loco-regional relapse Distant relapse Survival Quality of life Adverse events