

# CANCER DU COL : PEUT-ON SE CONTENTER D'UNE HYSTÉRECTOMIE NON ÉLARGIE ?

**François GOLFIER, Pierre DESCARGUES**

Chirurgie Gynécologique et Oncologique – Obstétrique

CHU Lyon Sud, Hospices Civils de Lyon

Faculté de médecine Lyon Sud, Université Lyon 1

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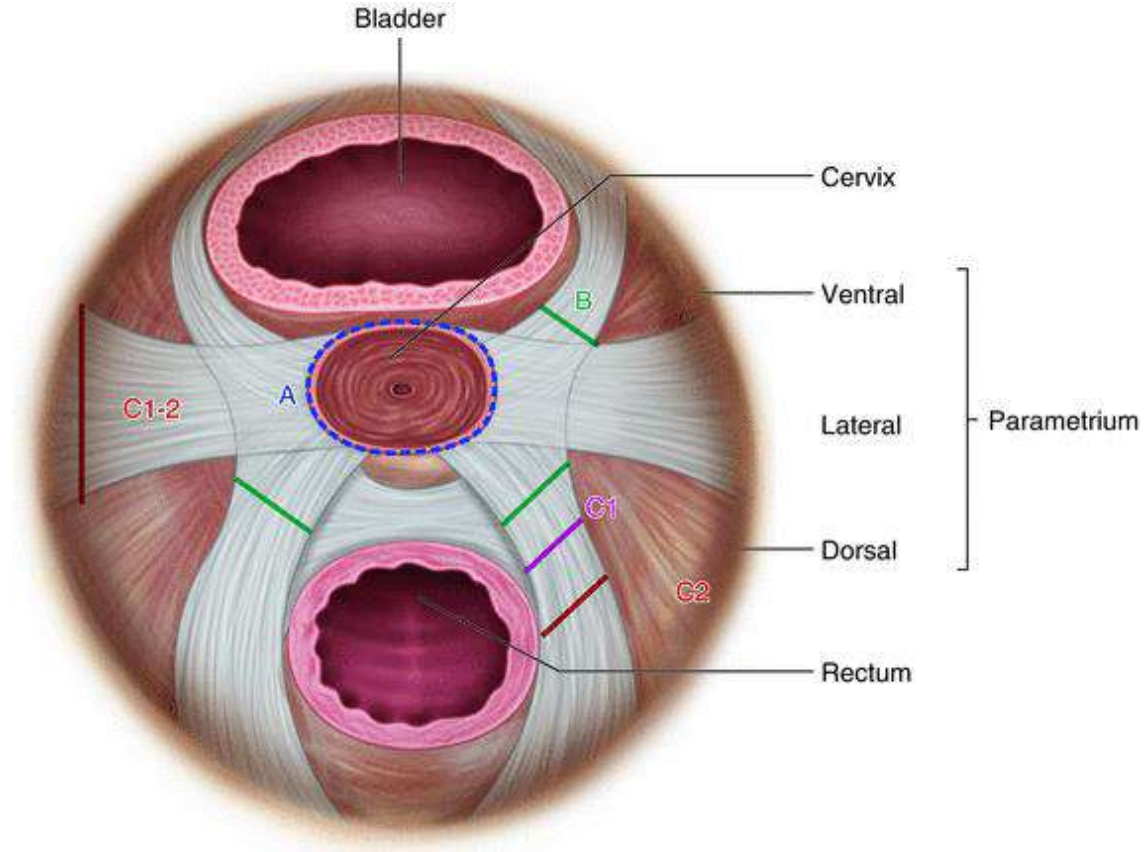
**PROBLEMATIQUE DE L'ELARGISSEMENT**

**QUEL RISQUE D'ENVAHISSEMENT PARAMÉTRIAL ?**

**PLACE DE L'HYSTÉRECTOMIE SIMPLE**

# PROBLEMATIQUE DE L'ELARGISSEMENT

# RADICALITE DE LA CHIRURGIE



# Urinary Tract Dysfunction after Radical Hysterectomy for Cervical Cancer

Gin-Den Chen, M.D.,\*<sup>1</sup> Long-Yau Lin, M.D., D.Sc.,\* Po-Hui Wang, M.D.,\* and Hong-Shen Lee, Ph.D.†

\*Department of Obstetrics and Gynecology, Chung Shan Medical University Hospital; and †School of Public Health, Chung Shan Medical University

## Comparison of Urodynamic Parameters before and after a Radical Hysterectomy (RH) in Patients with Cervical Carcinoma

Parameters of urodynamics	Before RH (N = 32)	After RH (N = 32)	P value
<b>Uroflowmetry</b>			
Voiding volume (ml)	326.1 ± 110.5	312.8 ± 141.5	0.626
Voiding time (s)	37.0 ± 27.2	53.5 ± 30.3	<0.05
Postvoid residual urine (ml)	26.6 ± 14.1	63.3 ± 69.5	<0.05
Maximal flow rate (MFR, ml/s)	18.7 ± 8.5	14.3 ± 8.7	<0.05
<b>Filling and voiding cystometrogram</b>			
First desire to void (ml)	134.7 ± 32.1	189.8 ± 57.1	<0.05
Maximal capacity (ml)	296.6 ± 48.4	347.6 ± 58.3	<0.05
Pressure at maximal capacity (cmH <sub>2</sub> O)	7.5 ± 6.4	10.6 ± 9.7	0.066
Compliance ( $\Delta V/\Delta Pr$ )	62.6 ± 42.8	50.2 ± 41.7	0.282
MVP (intravesical) (cmH <sub>2</sub> O)	62.4 ± 27.4	72.9 ± 25.5	<0.05
Pressure at MFR (intravesical) (cmH <sub>2</sub> O)	41.9 ± 24.0	55.5 ± 22.9	<0.05
Urethral resistance (Pr/FR <sup>2</sup> )	0.232 ± 0.352	2.008 ± 4.092	<0.05
<b>Urethral pressure profile</b>			
Resting maximal urethral pressure (cmH <sub>2</sub> O)	92.1 ± 29.9	76.8 ± 32.7	<0.05
Maximal urethral closure pressure (cmH <sub>2</sub> O)	84.3 ± 31.7	71.5 ± 36.0	<0.05
Resting functional urethral length (cm)	3.5 ± 0.7	3.3 ± 0.7	0.301
Stress functional urethral length (cm)	3.6 ± 0.8	3.1 ± 0.9	<0.05
Pressure transmission ratio (highest) (%)	77.7 ± 23.0	63.2 ± 20.6	<0.05

# Urinary Tract Dysfunction after Radical Hysterectomy for Cervical Cancer

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## Comparison of Urinary Tract Functions before and after a Radical Hysterectomy in Patients with Cervical Carcinoma

Genuine stress incontinence (GSI) (%)	3 (9.4%)	6 (18.8%)	<0.05
Detrusor instability (%)	12 (37.5%)	5 (15.6%)	<0.05
No. with pressure at the maximal capacity >15 cmH <sub>2</sub> O (%)	2 (6%)	8 (25%)	<0.05
Voiding with straining (%)	1 (3.1%)	18 (56.3%)	<0.05
Sum of PT/No. of GSI (g) (No.)	15.3 (n = 3)	21.3 (n = 6)	

# Predictive factors of severe perioperative morbidity of radical hysterectomy with lymphadenectomy in early-stage cervical cancer: A French prospective multicentric cohort of 248 patients

V. Balaya <sup>a, b, c, \*</sup>, P. Mathevet <sup>d</sup>, L. Magaud <sup>e</sup>, M. Delomenie <sup>a, c</sup>, H. Bonsang-Kitzis <sup>a, c</sup>, C. Ngô <sup>a, c</sup>, C. Huchon <sup>f</sup>, A.S. Bats <sup>a, c</sup>, F. Lecuru <sup>a, c</sup>

Variable	n	%
N = 248		
Intraoperative complications		
Bladder	5	2%
Ureter	2	0.8%
Vascular	4	1.6%
Other	5	2%
Severe complications		
Vaginal cuff dehiscence	11	4%
Fistula	7	2.8%
Severe abdominal infection	4	1.6%
Hydronephrosis	3	1.2%
Lymphocele drainage	3	1.2%
<b>Urinary tract complications</b>		
<b>Urinary infections (lower and upper tract)</b>	<b>48</b>	<b>19.4%</b>
<b>Dysuria</b>	<b>17</b>	<b>6.9%</b>
<b>Stress urinary incontinence</b>	<b>14</b>	<b>5.6%</b>
<b>Urinary retention</b>	<b>12</b>	<b>4.8%</b>
Prolapsus	1	0.4%
Other	11	4.4%
Lymphovascular complications		
Lower limb lymphedema	36	14.5%
Lymphocyst	14	9.3%
Pubic lymphedema	4	1.6%
Inguinal lymphedema	2	0.8%
Neurologic complications		
Genito-femoral nerve	25	10.1%
Obturator nerve	23	9.3%
Lateral femoral cutaneous nerve	3	1.2%
Pudendal nerve	1	0.4%



# Long-term cervical cancer survivors suffer from pelvic floor symptoms: A cross-sectional matched cohort study

M.H. Hazewinkel <sup>a,\*</sup>, M.A.G. Sprangers <sup>b</sup>, J. van der Velden <sup>a</sup>, C.H. van der Vaart <sup>c</sup>, L.J.A. Stalpers <sup>d</sup>,  
M.P.M. Burger <sup>a</sup>, J.P.W.R. Roovers <sup>a</sup>



**Table 3**

Proportions (%) of CCS with distressing pelvic floor symptoms (i.e., scoring above 90th percentile of domain scores of reference group) and odds ratios (95% CI) of every treatment group compared to their matched references.

OR	(95% CI)	RH and LND (N = 146)		SART (N = 10)		DRT (N = 47)		
		%	OR (95% CI)	%	OR (95% CI)	%	OR (95% CI)	
4%	(1.7-14.0)	30	5.1	(1.6-22.0)	0	0	0	0
4%	(1.7-14.0)	4	2.1	(2.4-21.3)	0	0	0	0
4%	(1.8-10.0)	20	3.5	(1.6-21.0)	0	0	0	0
1%	(0.2-3.5)	0%	0.1	(0.1-12.0)	0	0	0	0
1%	(0.3-3.7)	21	4.0	(1.9-15.0)	0	0	0	0
1%	(1.3-14.0)	40	15.3	(4.3-70.0)	0	0	0	0
1%	(0.3-3.1)	20	3.0	(0.9-14.0)	0	0	0	0
1%	(0.3-3.1)	22	4.0	(1.9-16.0)	0	0	0	0

CCS, cervical cancer survivors; DDI, Defecatory Distress Inventory; DDI, Defecatory Distress Inventory and advanced radiotherapy; SART, primary radiotherapy.

# QUEL RISQUE D'ENVAHISSEMENT PARAMÉTRIAL ?

# Conservative management of early stage cervical cancer: Is there a role for less radical surgery?

Kathleen M. Schmeler\*, Michael Frumovitz, Pedro T. Ramirez



**Table 1**  
Parametrial involvement rates in women with early cervical cancer with favorable pathologic characteristics.

Author	Year	Low-risk criteria	N	Parametrial involvement in low-risk group (%)
Kinney [13]	1995	Squamous histology only, tumor <2 cm, no LVSI*	83	0.0%
Covens [14]	2002	All histologies, tumor <2 cm, DOI** <10 mm, negative pelvic lymph nodes	536	0.6%
Stegeman [15]	2007	Squamous, adenocarcinoma, adenosquamous or clear cell histology, tumor <2 cm, DOI** <10 mm, no LVSI*, negative pelvic lymph nodes	103	0.0%
Wright [16]	2008	All histologies, tumor <2 cm, no LVSI*, negative pelvic lymph nodes	270	0.4%
Frumovitz [19]	2009	Squamous, adenocarcinoma or adenosquamous histology, tumor <2 cm, no LVSI*	125	0.0%

**n : 1117 <1%**

Article

## Nomogram Predicting the Likelihood of Parametrial Involvement in Early-Stage Cervical Cancer: Avoiding Unjustified Radical Hysterectomies

Louise Benoit <sup>1,\*</sup>, Vincent Balaya <sup>1,2</sup>, Benedetta Guani <sup>2,3</sup>, Arnaud Bresset <sup>4</sup>, Laurent Magaud <sup>5</sup>, Helene Bonsang-Kitzis <sup>6</sup>, Charlotte Ngô <sup>6</sup>, Patrice Mathevet <sup>2,3</sup> and Fabrice Lécuru <sup>1,7</sup>

**Table 2.** Univariate and multivariate analysis of predictive factors associated with parametrial involvement.

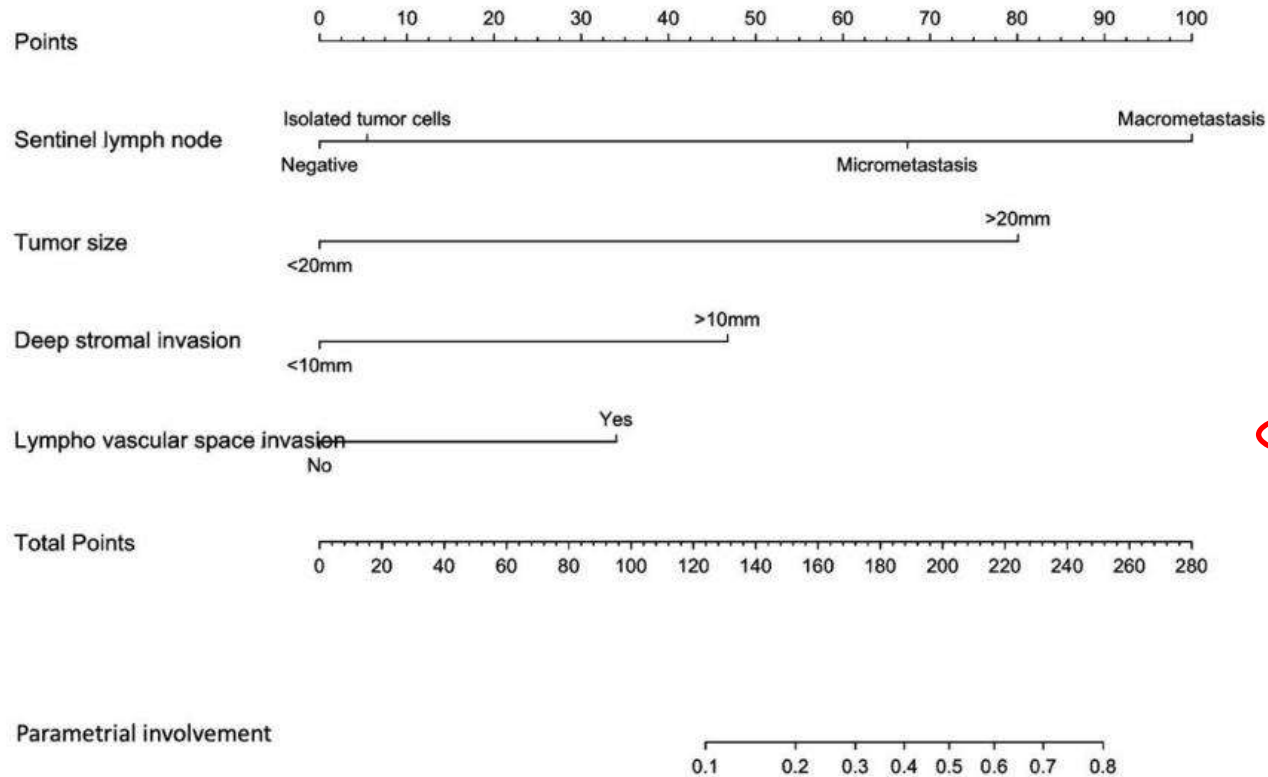
Variable	Univariate			Multivariate		
	Odds Ratio	IC 95%	<i>p</i>	ORa	IC 95%	<i>p</i>
Body mass index (kg/m <sup>2</sup> )	1.1	1.01–1.22	0.03	1.11	0.98–1.27	0.11
Sentinel lymph node status						
Negative	1			1		
ITC	3.93	0.41–37.28	0.23	1.63	0.13–19.65	0.7
Micrometastasis	7.86	1.34–46.24	0.02	9.91	0.53–183.19	0.12
Macrometastasis	21.24	3.94–114.52	<0.001	16.34	1.33–199.89	0.03
Tumor size						
<20 mm	1			1		
≥20 mm	18	3.74–86.68	<0.001	6.55	0.81–53.31	0.08
Deep stromal invasion						
<10 mm	1			1		
≥10 mm	14.49	2.95–71.16	<0.001	5.55	0.49–63.4	0.17
Presence of lympho-vascular space involvement						
No	1			1		
Yes	10.02	2.10–47.72	<0.001	2.25	0.33–15.23	0.41



## Article

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Louise Benoit <sup>1,\*</sup>, Vincent Balaya <sup>1,2</sup>, Benedetta Guani <sup>2,3</sup>, Arnaud Bresset <sup>4</sup>, Laurent Magaud <sup>5</sup>, Helene Bonsang-Kitzis <sup>6</sup>, Charlotte Ngô <sup>6</sup>, Patrice Mathevet <sup>2,3</sup> and Fabrice Lécuru <sup>1,7</sup>

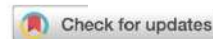


Fiabilité (AUC) : 92%

**Figure 2.** Nomogram predicting the likelihood of a parametrial involvement in patients with early stage cervical cancer. The probability of a parametrial involvement is calculated by drawing a line to the

# PLACE DE L'HYSTÉRECTOMIE SIMPLE

## Less radical surgery for early-stage cervical cancer: a systematic review



Jenny Wu, BS; Teresa Logue, BA, MPH; Samantha J. Kaplan, PhD; Alexander Melamed, MD, MPH;  
Ana I. Tergas, MD, MPH; Fady Khoury-Collado, MD; June Y. Hou, MD; Caryn M. St Clair, MD; Dawn L. Hershman, MD;  
Jason D. Wright, MD

- 21 études – 2662 patientes
- CE ou ADK, IA2-IB1 traités par hystérectomie simple
- Traitement adjuvant
  - 30% de RTE
  - 10% de chimiothérapie
  - 1% de RCC

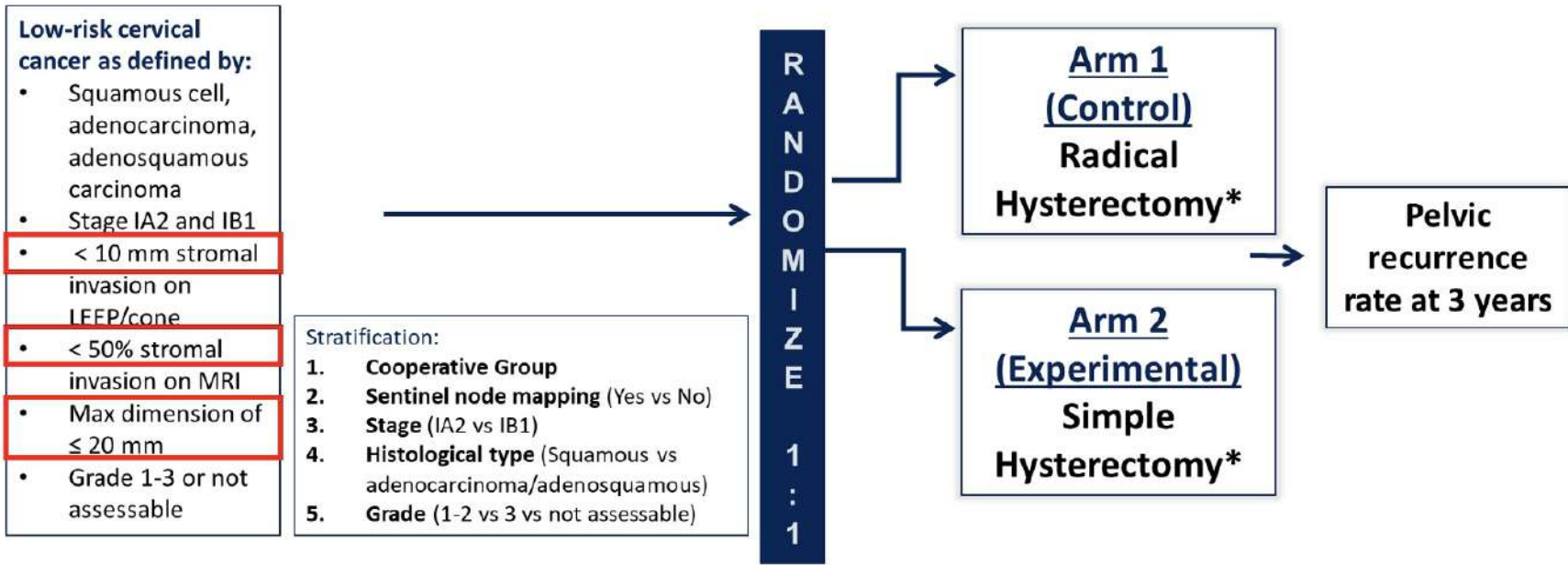
## Summary of included studies

	Number	%
Tumor characteristics		
Stage		
IA1	166	6.0
IA2	960	34.8
IB1	1623	58.8
IIA	9	0.3
Histology		
Squamous cell carcinoma	1628	59.4
Adenocarcinoma	977	35.7
Adenosquamous	134	4.9
Tumor size <2 cm	2577	96.8
LVSI positive	410	15.4
Lymphadenectomy		
Lymph node assessment	1913	71.8
Patients with positive lymph nodes	84	3.2
Oncologic outcomes		
Complications	At least 56	2.1
Recurrences	At least 168	6.3
Deaths	143	5.3

**CONCLUSION:** there is concern that simple hysterectomy in women with stage IB1 tumors may adversely impact survival.

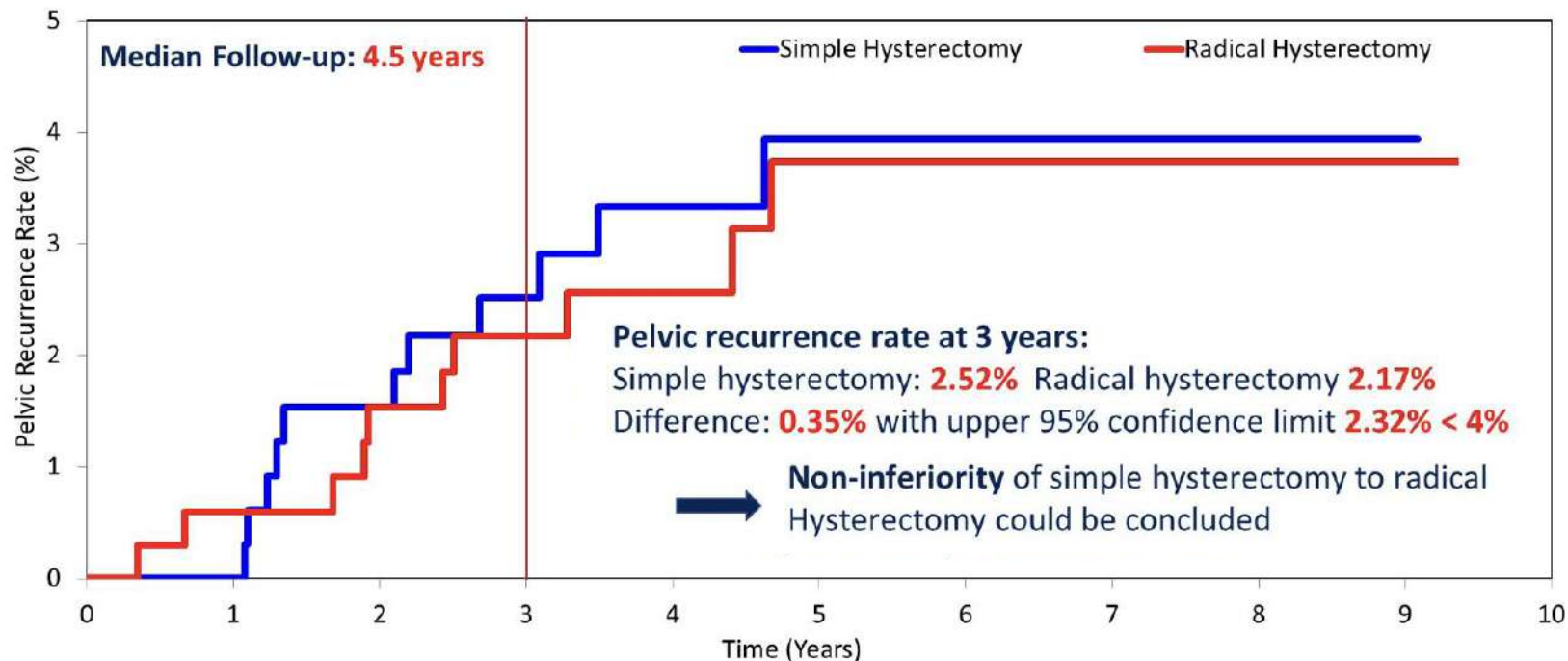


# SHAPE TRIAL (Marie PLANTE et al.)



\*Regardless of treatment assignment, surgery will include **pelvic lymph node dissection** with optional sentinel lymph node (SN) mapping. If SN mapping is to be done, the mode is optional, but the laparoscopic approach is preferred.

# SHAPE TRIAL (Marie PLANTE et al.)



Simple	350	328	311	273	204	133	61	31	14	4	0
Radical	350	329	315	286	208	132	66	31	16	2	0

## Secondary Efficacy Endpoints (ITT)

Endpoints	Simple Hysterectomy N=350	Radical Hysterectomy N=350		
	3 year outcomes		Hazard Ratio (90% confidence interval)	P-value
Pelvic Recurrence Free Survival	97.5%	97.8%	1.12 (0.54-2.32)	0.79
Extra-Pelvic Recurrence Free Survival	98.1%	99.7%	3.82 (0.79-18.4)	0.10
Relapse Free Survival	96.3%	97.8%	1.54 (0.69-3.45)	0.30
Overall Survival	99.1%	99.4%	1.09 (0.38-3.14)	0.87

## Surgery-Related Adverse Events (All Grades with incidence $\geq 5\%$ in one of the Arms)

Adverse Event	Simple Hysterectomy N=338 (%)	Radical Hysterectomy N=344 (%)	P value	Simple Hysterectomy N=338 (%)	Radical Hysterectomy N=344 (%)	P value
	Within 4 weeks of surgery (acute)			After 4 weeks of surgery (late)		
Any adverse event	144 (42.6)	174 (50.6)	<b>0.04</b>	181 (53.6)	208 (60.5)	<b>0.08</b>
• Abdominal pain	33 (9.8)	42 (12.2)	0.33	36 (10.7)	47 (13.7)	0.24
• Constipation	16 (4.7)	22 (6.4)	0.40	13 (3.8)	19 (5.5)	0.37
• Fatigue	19 (5.6)	23 (6.7)	0.63	19 (5.6)	28 (8.1)	0.23
• Paresthesia	14 (4.1)	22 (6.4)	0.23	17 (5.0)	22 (6.4)	0.51
• Peripheral sensory neuropathy	- (-)	- (-)	- (-)	21 (6.2)	13 (3.8)	0.16
• Urinary incontinence	8 (2.4)	19 (5.5)	<b>0.048</b>	16 (4.7)	38 (11.0)	<b>0.003</b>
• Urinary retention	2 (0.6)	38 (11.0)	<b>&lt;0.0001</b>	2 (0.6)	34 (9.9)	<b>&lt;0.0001</b>
• Dyspareunia	- (-)	- (-)	- (-)	21 (6.2)	19 (5.5)	0.75
• Pelvic pain	19 (5.6)	9 (2.6)	0.054	23 (6.8)	17 (4.9)	0.33
• Lymphedema	- (-)	- (-)	- (-)	35 (10.4)	36 (10.5)	1.00
• Hot flashes	- (-)	- (-)	- (-)	14 (4.1)	20 (5.8)	0.38

# CONCLUSIONS

## TAKE HOME MESSAGE

- Morbidité significative de la colpohystérectomie élargie
- Faible risque d'envahissement paramétrial :
  - T < 2cm
  - LVSI négatif
  - pN0
- Sécurité oncologique et amélioration qualité de vie/ hystérectomie simple
- SHAPE en attente de publication

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