Oncology and Translational Medicine
DOI 10.1007/s10330-018-0295-5
October 2018, Vol. 4, No. 5, P226–P227

GUIDELINE OBSERVATION

Updates in version 1.2019 of the NCCN guidelines for cervical cancer from version 1.2018

Liu Huang (✉)

Department of Oncology, Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan 430030, China

CERV-1

Workup

Ninth bullet: Revised to "Consider examination under anesthesia (EUA) cystoscopy…". Previously this recommendation was listed as "optional."

"Consider options for fertility sparing" was added.

CERV-2

Primary treatment (Fertility Sparing)

Stage IA1 with LVSI and Stage IA2: For both treatment recommendations, "± para-aortic lymph node sampling (category 2B)" was removed. The same change was also made under Non-Fertility Sparing recommendations for Stage IA1 with LVSI and Stage IA2 on CERV-3.

Stage IB1: Revised as, "… ± para-aortic lymph node dissection." Also for CERV-4 under the non-fertility sparing options. Same changes made for all stages under Non-Fertility Sparing treatment options on CERV-4.

Footnote "g" is new: "Consultation with reproductive endocrinology fertility experts is suggested."

CERV-5

Negative nodes, negative margins, negative parametrium: Revised, "Pelvic EBRT if combination of risk factors…"

Para-aortic lymph node positive by surgical staging; Imaging workup for maetastatic disease: Revised, " Extended-field EBRT + concurrent cisplatin-containing chemotherapy ± brachytherapy."

Footnote removed: "Patients undergoing trachelectomy with high-risk pathologic features meeting Sedlis criteria and/or with positive nodes and/or positive parametrium are no longer candidates for fertility sparing uterine preservation for fertility."

CERV-7

Footnote u: New reference added, Kim JY, Kim JY, Kim JH, *et al*. Curative chemoradiotherapy in patients with stage IVB cervical cancer presenting with paraortic and left supraclavicular lymph node metastases. Int J Radiat Oncol Biol Phys 2012, 84: 741–747.

CERV-9

Negative margins; negative imaging: New pathway added for "Optional if Sedlis criteria not met on hysterectomy specimen" was added.

CERV-10

Surveillance; Last bullet: Hormone replacement therapy added as part of sexual health patient education.

CERV-B principles of evaluation and surgical staging

Revisions made throughout this section for clarity.

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Third bullet revised: "…conventional or robotic techniques. However, given recently presented findings of significantly poorer survival outcomes with the laparoscopic approach compared to the open approach in a randomized controlled trial of women with early-stage cervical cancer, women should be carefully counseled about the risks and benefits of the different surgical approaches until more data become available. The Querleu and Morrow classification system…"

New bullet added: "Para-aortic lymph node dissection for staging is typically done to the level of the inferior mesenteric artery (IMA). The cephalad extent of dissection can be modified based on clinical and radiologic findings."

✉ Correspondence to: Liu Huang. Email: huangliu017@163.com

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Two new references were added:

Ramirez PT, Frumovitz M, Pareja R, *et al*. Phase III randomized trial of laparoscopic or robotic versus abdominal hysterectomy in patients with early-stage cervical cancer: LACC Trial. Society of Gynecologic Oncology Annual Metting on Women's Cancer; New Orleans 2018.

Margul DJ, Yang J, Seagle BL, *et al*. Outcomes and costs of open, robotic, and laparoscopic radical hysterectomy for stage IB1 cervical cancer. J Clin Oncol, 2018, 36 (suppl; abstr 5502).

CERV-C principles of radiation therapy

Revisions made throughout this section for clarity.

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External Beam Radiation Therapy: New bullet added: "Parametrial boosting should be considered in select cases with bulky parametrial/pelvic side wall disease after completion of initial whole pelvic radiation."

CERV-E systemic therapy regimens

Chemoradiation (preferred regimens): "Carboplatin if patient is cisplatin intolerant" was added as an option.

First-line Combination Therapy for Recurrent or Metastatic Disease: "Cisplatin/gemcitabine (category 3)" was removed as an option.

DOI 10.1007/s10330-018-0295-5
Cite this article as: Huang L. Updates in version 1.2019 of the NCCN guidelines for cervical cancer from version 1.2018. Oncol Transl Med, 2018, 4: 226–227.