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FERTILITY SPARING SURGERY IN EARLY STAGES OF CERVICAL CANCER: THE NEW STANDARD OF CARE

Aleksandar Stefanović

Clinic for Obstetrics and Gynecology-Clinical Center of Serbia, Serbia



Biography

Aleksandar Stefanović has finished Medical School University of Belgrade (1977), MD (1995), PhD (1996) and academic special studies of Gynecology and Obstetrics (1994). He has 25 years of clinical experiences, working at Clinic for Gynecology and Obstetrics Clinical Centre of Serbia, which is the biggest one in whole region, as Gynecologist for 18 years. He currently serves as Director (chairman) of Clinic for Obstetrics and Gynecology, Clinical Center of Serbia. He was President of Association of gynecologists and obstetricians of Serbia, Montenegro and Republic Srpska, official FIGO Member; Dean of Medical Faculty, University of Belgrade, Serbia; President of Expert Committee for Cervical Carcinoma Prevention and Control; also Member of Advisory Board for the implementation of Screening and Early Detection of Breast, Cervical and Colorectal Carcinoma Programme, Author of National Good Practice Guidelines for Diagnosis and Treatment of Cervical Carcinoma, Member of Multidisciplinary Team for *Gynecologic Oncology*, Clinic for Obstetrics and Gynecology, Clinical Center of Serbia. His representative publications are about 50 in CC/SCI expanded and JCR indexed, and active participant on more than 50 international congresses with total number of publication about 150.

stefanovic.udruzenje@gmail.com

The concept of fertility preserving surgery in early cervical, radical trachelectomy with stage IA2 or IB disease. Trachelectomy is a conservative oncologic operation with the aim to preserve fertility in early stages of cervical cancer female patients that have realized reproduction. Excised structures in trachelectomy are: cervix, upper 1/3 of vagina, parametria and paracolpia, with preservation of uterine corpus. After removing the vaginal fornix and cervix, uterovaginal anastomosis with non resorptive suture is performed. Indications for trachelectomy are patients up to 45 years of age who wish to conserve fertility with negative lymph nodes, no distant metastatic disease, FIGO stage cervical cancer staged IA1, IA2, IB1 (tumour size ≤ 2 cm with negative lymph nodes), with adequate cervical length, no evidence of expansion of malignant process on the upper part of the cervical canal, squamocellular carcinoma, rarely cervical adenocarcinoma, negative lymph nodes intraoperatively, no metastatic disease, clear resected margins. There is an ongoing debate regarding the need for uterine vessels preservation. Some authors have proved that the preservation of the uterine artery is associated with more favorable restoration of the reproductive function. Others claim that preservation of the uterine vasculature is not necessary for fertility as obstetrical outcomes are similar to those of the historical vaginal radical trachelectomy cohorts. Simple trachelectomy as alternative to radical trachelectomy in selected cases (parametrial involvement rate $< 1\%$ in patients with IB1 ≤ 2 cm, negative lymph nodes and stromal invasion ≤ 10 mm).