- A gynecologist: a doctor who treats diseases of the female reproductive system
- A gynecologic oncologist: a doctor who specializes in cancers of the female reproductive system who can perform surgery and prescribe chemotherapy and other medicines
- A radiation oncologist: a doctor who uses radiation to treat cancer
- A medical oncologist: a doctor who uses chemotherapy and other medicines to treat cancer

Many other specialists may be involved in your care as well, including nurse practitioners, nurses, psychologists, social workers, rehabilitation specialists, and other health professionals.

- Health Professionals Who Are Part of a Cancer Care Team

Making treatment decisions

It's important to discuss all of your treatment options, including their goals and possible side effects, with your doctors to help make the decisions that best fit your needs. It’s also very important to ask questions if there’s anything you’re not sure about. Although the choice of treatment depends largely on the stage of the disease at the time of diagnosis, other factors that may influence your options are your age, your general health, your individual circumstances, and your preferences. Cervical cancer can affect your sex life and your ability to have children. These concerns should also be considered as you make treatment decisions. Be sure that you understand all the risks and side effects of the various treatments before making a decision.

If time permits, it is often a good idea to seek a second opinion. A second opinion can give you more information and help you feel more confident about the treatment plan you choose.

- Questions to Ask About Cervical Cancer
- Fertility and Sexual Side Effects
- Seeking a Second Opinion

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treat cancer.

If you would like to learn more about clinical trials that might be right for you, start by asking your doctor if your clinic or hospital conducts clinical trials.

- Clinical Trials

Considering complementary and alternative methods

You may hear about alternative or complementary methods to relieve symptoms or treat your cancer that your doctors haven't mentioned. These methods can include vitamins, herbs, and special diets, or other methods such as acupuncture or massage, to name a few.

Complementary methods are treatments that are used **along with** your regular medical care. **Alternative** treatments are used **instead of** standard medical treatment. Although some of these methods might be helpful in relieving symptoms or helping you feel better, many have not been proven to work. Some might even be harmful.

Be sure to talk to your cancer care team about any method you are thinking about using. They can help you learn what is known (or not known) about the method, which can help you make an informed decision.

- Complementary and Integrative Medicine

Help getting through cancer treatment

People with cancer need support and information, no matter what stage of illness they may be in. Knowing all of your options and finding the resources you need will help you make informed decisions about your care.

Whether you are thinking about treatment, getting treatment, or not being treated at all, you can still get supportive care to help with pain or other symptoms. Communicating with your cancer care team is important so you understand your diagnosis, what treatment is recommended, and ways to maintain or improve your quality of life.

Different types of programs and support services may be helpful, and they can be an important part of your care. These might include nursing or social work services, financial aid, nutritional advice, rehab, or spiritual help.

The American Cancer Society also has programs and services - including rides to

treatment, lodging, and more - to help you get through treatment. Call our Cancer Knowledge Hub at 1-800-227-2345 and speak with one of our caring, trained cancer helpline specialists. Or, if you prefer, you can use our chat feature on cancer.org to

Surgery for Cervical Cancer

- Help determine how far the cancer has spread
- Help treat the cancer (especially for early-stage cancers)

- Surgery for cervical pre-cancers
- Surgery for invasive cervical cancer
- Surgery to remove nearby lymph nodes
- More information about Surgery

Surgery for cervical pre-cancers

Two types of procedures can be used to treat pre-cancers of the cervix:

- Ablation destroys cervical tissue with cold temperatures (cryosurgery) or with a laser[1] (laser ablation) rather than removing it.
- Excisional surgery (conization) cuts out and removes the pre-cancer.

Cryosurgery

Cryosurgery is a type of ablation where a very cold metal probe is placed directly on the cervix. This kills the abnormal cells by freezing them. It is used to treat cervical intraepithelial neoplasia (CIN). This can be done in a doctor's office or clinic. After cryosurgery, you may have a watery brown discharge for a few weeks.

Laser ablation

Laser ablation directs a focused laser beam through the vagina to vaporize (burn off) abnormal cells. This might be done in a doctor's office under local anesthesia (numbing medicine) or in the operating room with general anesthesia since it can cause more discomfort than cryotherapy. It is also used to treat cervical intraepithelial neoplasia (CIN).

Conization

completely remove pre-cancers and some very early cancers.

The procedure can be done in different ways:

- Using a surgical blade (cold knife cone biopsy)
- Using a laser beam (laser conization)
- Using a thin wire heated by electricity (the loop electrosurgical excision procedure, LEEP or LEETZ procedure).

Surgery for invasive cervical cancer

Procedures to treat invasive cervical cancer are:

- Hysterectomy (simple or radical)
- Trachelectomy

Simple hysterectomy

A simple hysterectomy removes the uterus (both the body of the uterus and the cervix) but not the structures next to the uterus (parametria and uterosacral ligaments). The vagina and pelvic lymph nodes are not removed. The ovaries are usually left in place unless there is another reason to remove them.

Simple hysterectomy can be used to treat certain types of severe CIN or certain types of very early cervical cancer.

There are different ways to do a hysterectomy:

- **Abdominal hysterectomy:** The uterus is removed through a surgical incision in the front of the abdomen.
- **Vaginal hysterectomy:** The uterus is removed through the vagina.
  Laparoscopic hysterectomy: The uterus is removed using laparoscopy. Firs___ria an1m /F2 12

- **Robotic-assisted surgery:** In this approach, the laparoscopy is done with special tools attached to robotic arms that are controlled by the doctor to help perform precise surgery.

General anesthesia is used for all of these operations.

For a laparoscopic or vaginal hysterectomy, the hospital stay is usually 1 to 2 days, followed by a 2- to 3-week recovery period. A hospital stay of 3 to 5 days is common for an abdominal hysterectomy, and complete recovery takes about 4 to 6 weeks.

Possible side effects: Any type of hysterectomy results in infertility (inability to have children). Complications could include bleeding, infection, or damage to the urinary or intestinal systems, such as the bladder or colon.

Hysterectomy does not change the ability to feel sexual pleasure. The uterus and cervix are not needed for someone to reach an orgasm. The area around the clitoris and the lining of the vagina remain as sensitive as before a hysterectomy. More information about managing the sexual side effects of cervical cancer treatment can be found in Sex and the Adult Female with Cancer[2].

Radical hysterectomy

For this operation, the surgeon removes the uterus along with the tissues next to the uterus (the parametria and the uterosacral ligaments), the cervix, and the upper part (about 1 inch [2-3cm]) of the vagina next to the cervix. The ovaries are not removed unless there is some other medical reason to do so. More tissue is removed in a radical hysterectomy than in a **simple** hysterectomy, so the hospital stay may be longer. Often, some pelvic lymph nodes are removed as well. (This procedure, known as **lymph node dissection**, is covered later in this section.)

This surgery is usually done through a large abdominal incision (also known as open surgery).

A radical hysterectomy can also be done using laparoscopy or robot-assistance. (See the Simple hysterectomy section for a description of laparoscopy.) These techniques are also referred to as **minimally invasive surgery**. Laparoscopic (or robotic) surgery can result in less pain, less blood loss during the operation, and a shorter hospital stay compared to open surgery. However, studies have shown that patients who have minimally invasive radical hysterectomies for cervical cancer have a higher chance of the cancer recurring and a higher risk of dying from the cancer than those who have surgery through an abdominal incision (open surgery). Having a radical hysterectomy

through an abdominal cut is the preferred type of surgery in most cases. Laparoscopic surgery may still be an option for a small specific group of patients with early-stage cancer, but you should discuss your options carefully with your doctor.

A **modified radical hysterectomy** is similar to a radical hysterectomy but does not remove as much of the vagina and tissues next to the uterus (the parametria and the

in Colostomy Guide[5]). In some cases, it may be possible to remove the cancerous part of the colon (next to the cervix) and reconnect the colon ends so that no bags or external appliances are needed.

If the vagina is removed, a new vagina can be surgically made out of skin, intestinal tissue, or muscle and skin (myocutaneous) grafts.

Sexual impact of pelvic exenteration

Recovery from total pelvic exenteration takes a long time. Most people don't begin to feel like themselves again for about 6 months after surgery. Some say it takes a year or two to adjust completely.

Nevertheless, theystill can lead happy and productive lives. With practice, they can also have sexual desire, pleasure, and orgasms.

More information about managing the sexual side effects of cervical cancer treatment can be found in Sex and the Adult Female with Cancer[6].

Surgery to remove nearby lymph nodes

Para-aortic lymph node sampling

Usually during surgery for a radical hysterectomy, the lymph nodes next to the aorta (the large artery in the abdomen) are removed. This is called **para-aortic lymph node sampling.** The lymph nodes may be sent to the lab during the operation for quick testing. If the para-aortic lymph nodes show cancer, the surgery may be stopped, and systemic therapy, such a 0 0 0 rg ( )Tj 0 su 854 gs ( )Tj 0 f 0 0.2 0.62745 rg thoodes ne(The os ( )Tj 0

severe leg swelling, a condition called lymphedema[7].

Sentinel lymph node mapping and biopsy

Sentinel lymph node mapping and biopsy is a procedure in which the surgeon finds and removes only the lymph node(s) where the cancer would likely spread first. To do this, the surgeon injects a radioactive substance and/or a blue dye into the cervix at the beginning of the surgery. Lymphatic vessels will carry these substances along the same path that the cancer would likely take. The first lymph node(s) the dye or radioactive substance travels to will be the sentinel node(s). Removing only one or a few lymph nodes lowers the risk of side effects from the surgery, such as leg swelling that is known as lymphedema.

After the substance has been injected, the sentinel node(s) can be found either by using a special machine to detect radioactivity in the nodes, or by looking for nodes that have turned blue. To double check, both methods are often used. The surgeon then removes the node(s) containing the dye or radioactivity.

Sentinel lymph node mapping may be considered for certain cases of stage I cervical cancer. It is best used for tumors that are less than 2 cm (almost one inch) in size. If your surgeon is planning sentinel lymph node biopsies, you should discuss if this procedure is appropriate for you.

Even if sentinel lymph node mapping does not show any lymph nodes to biopsy, the surgeon will most likely still remove the lymph nodes on that side of the pelvis to make sure cancer is not missed. Also, any enlarged or suspicious lymph nodes need to be removed at the time of surgery, even if they do not take up the dye.

More information about Surgery

For more general information about surgery as a treatment for cancer, see Cancer Surgery[8].

To learn about some of the side effects listed here and how to manage them, see Managing Cancer-related Side Effects[9].

Hyperlinks

- More information about radiation therapy

The types of radiation therapy most often used to treat cervical cancer are:

- External beam radiation
- Brachytherapy

It is important to know that smoking increases the side effects from radiation and can make treatment less effective. ***If you smoke, you should stop.***

External beam radiation

External beam radiation therapy[1] (EBRT) aims x-rays at the cancer from a machine outside the body. Treatment is much like getting a regular x-ray, but the radiation dose is stronger.

Each radiation treatment lasts only a few minutes, but getting you into place for treatment usually takes longer. The procedure itself is painless.

When EBRT is used as the main treatment for cervical cancer, it is usually combined with chemotherapy (called **concurrent chemoradiation**). Often, a low dose of the chemo drug called cisplatin is used. Other chemo drugs can be used as well. The radiation treatments are given 5 days a week for about 5 weeks. The chemotherapy is given at scheduled times while radiation is being given. The schedule is determined by which drug is used. If the cancer has not spread to distant areas, brachytherapy, which is discussed below, may also be given after the concurrent chemoradiation is complete.

EBRT can also be used as the main treatment of cervical cancer in patients who can't tolerate chemoradiation, can't safely have surgery, or choose not to have surgery. It can also be used by itself to treat areas where the cancer spread.

Possible side effects of EBRT

Short-term side effects[2] of external beam radiation therapy for cervical cancer can include:

- Fatigue (tiredness)
- Upset stomach
- Diarrhea or loose stools (if radiation is given to the pelvis or abdomen)

- Nausea and vomiting
- Skin changes (mild redness to peeling in the area where the radiation is given)
- Radiation cystitis: Radiation to the pelvis can irritate the bladder (radiation cystitis), causing discomfort, an urge to urinate often, and sometimes blood in the urine.
- Vaginal pain: Radiation can make the vulva and vagina more sensitive and sore, and sometimes causes a discharge.
- Menstrual changes: Pelvic radiation can affect the ovaries, leading to menstrual changes and even early menopause.
- Low blood cell counts: **Anemia** (low levels of red blood cells) can make you feel tired. **Neutropenia** (low levels of white blood cells) increases the risks of serious infection. **Thrombocytopenia** (low levels of platelets) increases the risk of bleeding.

When chemotherapy is given with radiation, the blood cell counts tend to be lower and fatigue and nausea tend to be worse. These side effects typically improve in the weeks after treatment is stopped.

Other, long-term side effects are also possible with EBRT. These are described below.

Brachytherapy (internal radiation therapy)

Brachytherapy[3], or internal radiation therapy, puts a source of radiation in or near the cancer. This type of radiation only travels a short distance. The type of brachytherapy used most often to treat cervical cancer is known as **intracavitary brachytherapy**. The radiation source is placed in a device in the vagina (and sometimes in the cervix). Brachytherapy is mainly used in addition to EBRT as a part of the main treatment for cervical cancer. Rarely, it might be used alone in very specific cases of early-stage cervical cancers.

There are two types of brachytherapy:

- **Low-dose rate (LDR) brachytherapy** is completed over a few days. During this time, the patient stays in bed in a private room in the hospital with instruments holding the radioactive material in place. While the radiation therapy is being given, the hospital staff will care for you, but will also take precautions to avoid being exposed to radiation themselves.
  High-dose rate (HDR) brachytherapy is done as an outpatient procedure over several treatments (often at least a week apart). For each high-dose treatment, the

of HDR treatment is that you do not have to stay in the hospital or stay still for long periods of time.

To treat cervical cancer in women who have had a hysterectomy, the radioactive material is placed in a tube in the vagina.

To treat someone who still has a uterus, the radioactive material can be placed in a small metal tube (called a **tandem**

dryness and changes to the vaginal lining, especially if radiation to the pelvis damaged the ovaries, and caused early menopause. These hormones are typically applied in the vagina and absorbed into the genital area, rather than taken by mouth. They come in gel, cream, ring, and tablet forms.

For more information on vaginal stenosis and dryness see Sex and the Adult Female with Cancer.[5]

Rectal bleeding/rectal stenosis: Radiation to the rectal wall can cause chronic inflammation of the area which can lead to bleeding and sometimes stenosis (narrowing) of the rectum which can be painful. An abnormal opening (called a fistula) also may form between the rectum and vagina, causing stool to come out of the vagina. These problems typically happen during the first 3 years after radiation treatment. Additional treatments, such as surgery, may be needed to fix these complications.

Urinary problems: Radiation to the pelvis can cause chronic radiation cystitis (as mentioned above), blood in the urine, or an abnormal opening between the bladder and vagina (called a **fistula**). These side effects can be seen many years after radiation therapy.

Weakened bones: Radiation to the pelvis can weaken the bones, leading to fractures. Hip fractures are the most common and might occur 2 to 4 years after radiation. Bone density tests are recommended to monitor the risk of fracture.

Swelling of the leg(s): If pelvic lymph nodes are treated with radiation, it can lead to fluid drainage problems in the leg. This can cause the leg to swell severely, a condition calledlymphedema[6]

1. www.cancer.org/cancer/managing-cancer/treatment-types/radiation/external-beam-radiation-therapy.html
2. www.cancer.org/cancer/managing-cancer/side-effects.html
3. www.cancer.org/cancer/managing-cancer/treatment-types/radiation/internal-radiation-therapy-brachytherapy.html
4. www.cancer.org/cancer/managing-cancer/treatment-types/radiation/effects-on-different-parts-of-body.html
5. www.cancer.org/cancer/managing-cancer/side-effects/fertility-and-sexual-side-effects/sexuality-for-women-with-cancer.html
6. www.cancer.org/cancer/managing-cancer/side-effects/swelling/lymphedema.html
7. www.cancer.org/cancer/managing-cancer/treatment-types/radiation.html
8. www.cancer.org/cancer/managing-cancer/side-effects.html

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National Comprehensive Cancer Network (NCCN). Clinical Practice Guidelines in Oncology: Cervical Cancer. Version 3.2024. Accessed at https://www.nccn.org on June 8, 2024.

Last Revised: June 28, 2024

- Hair loss
- Mouth sores
- Loss of appetite
- Diarrhea
- Nausea and vomiting
- Changes in the menstrual cycle, premature menopause, and infertility (inability to become pregnant)

Chemo can also affect the blood-forming cells of the bone marrow, lowering the blood cell counts. This can cause:

- Increased chance of infections (from low white blood cells)
- Easy bruising or bleeding (from low blood platelets)
- Fatigue (caused by low red blood cells)

Most side effects are temporary and stop when the treatment is over, but some can be long-lasting or even permanent.

Long-term side effects of chemotherapy

Menstrual changes: If you have not had your uterus removed as a part of treatment, changes in menstrual periods are a common side effect of chemo. But even if your periods stop while you are getting chemo, you might still be able to get pregnant. Getting pregnant while receiving chemo is not safe, as it might lead to birth defects and interfere with treatment. This is why it’s important to discuss birth control options with your doctor if you are pre-menopausal and sexually active before treatment. Patients who have finished treatment (like chemo) can often go on to have children, but it's important to talk to your doctor about when it is safe to do so.

Premature menopause (not having any more menstrual periods) and infertility (not being able to become pregnant) may occur and may be permanent. Some chemo drugs are more likely to cause this than others. The older a woman is when she gets chemo,

neuropathy[2]. In most cases it gets better or even goes away once treatment stops, but it might last a long time in some people.

Nephrotoxicity: Cisplatin, the main chemo drug used to treat cervical cancer, can damage the kidneys (also called **nephrotoxicity**). Many times the damage is preventable and reversible, but sometimes it may be long-lasting. Often, there are no symptoms, but the damage can be seen on bloodwork done routinely while chemo is given. If the kidneys are damaged, the cisplatin is usually stopped and carboplatin may be used instead.

Other side effects are also possible. Ask your cancer care team about the chemo you will receive and what side effects you can expect.

More information about chemotherapy

For more general information about how chemotherapy is used to treat cancer, see Chemotherapy[3].

To learn about some of the side effects listed here and how to manage them, see Managing Cancer-related Side Effects[4].

Hyperlinks

1. www.cancer.org/cancer/managing-cancer/side-effects.html
2. www.cancer.org/cancer/managing-cancer/side-effects/pain/peripheral-neuropathy.html
3. www.cancer.org/cancer/managing-cancer/treatment-types/chemotherapy.html
4. www.cancer.org/cancer/managing-cancer/side-effects.html

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Targeted Drug Therapy for Cervical

Fam-trastuzumab deruxtecan, T-DXd (Enhertu)

This ADC connects the anti-HER2 antibody to the chemo drug, deruxtecan. T-DXd can be used by itself to treat late-stage, HER2-positive cervical cancer that has recurred after the first systemic treatment . This drug is given in a vein (IV) typically once every 3 weeks.

Common side effects include: Low blood cell counts, nausea/vomiting, diarrhea, fatigue, hair loss, decreased appetite, low potassium level, changes in liver function tests, and cough. A less common, but serious side effect is decreased heart muscle strength, a condition called left ventricular dysfunction.

National Comprehensive Cancer Network, Clinical Practice Guidelines in Oncology (NCCN Guidelines®), Cervical Cancer, Version 1.2025 -- March 26, 2024. Accessed at https://www.nccn.org/on May 28, 2024.

Last Revised: June 28, 2024

Immunotherapy for Cervical Cancer

Immunotherapy is the use of medicines to help a person's immune system better recognize and destroy cancer cells. Many types of immunotherapy are being tested in clinical trials, and some are used to treat cervical cancer.

- Immune checkpoint inhibitors
- Possible side effects of immune checkpoint inhibitors
- More information about immunotherapy

Immune checkpoint inhibitors

An important part of the immune system is its ability to keep itself from attacking the body's normal cells. To do this, it uses "checkpoint" proteins on immune cells, which act like switches that need to be turned on (or off) to start an immune response. Cancer cells sometimes use these checkpoints to avoid being attacked by the immune system. Drugs that target these checkpoints (called **immune checkpoint inhibitors**) can be used to treat some cervical cancers.

PD-1 and PD-L1 inhibitors

Pembrolizumab (Keytruda) is a drug that targets PD-1, a checkpoint protein on immune system cells called **T cells**. PD-1 normally helps keep T cells from attacking other cells in the body (including some cancer cells). By blocking PD-1, this drug boosts the immune response against cancer cells. This can shrink some tumors or slow their growth.

Pembrolizumab can be used along with the chemotherapy drugs cisplatin/carboplatin and paclitaxel with or without bevacizumab to treat cervical cancer that has spread to other parts of the body.

This drug is given as an intravenous (IV) infusion, typically once every 3 or 6 weeks.

Pembrolizumab can also be used by itself to treat some advanced cervical cancers, typically after other treatments have been tried, if there are no other good treatment options, and if the cancer cells have been tested and found to have any of the following:

- A **high level of microsatellite instability (MSI-H)** or a defect in a **mismatch repair gene (dMMR)**
- A **high tumor mutational burden (TMB-H)**, meaning the cells have many gene mutations
- A high amount of the **PD-L1 protein** on the tumor cells' surface (the cancer cells are PD-L1 positive).

Nivolumab (Optivo) targets PD-1 and can be used to treat advanced cervical cancers, after other treatments have been tried, if the tumor cells are PD-L1 positive. It is given as an IV infusion, typically once every 2 weeks.

Cemiplimab (Libtayo) also targets PD-1. It can be given to patients with advanced cervical cancer that recurred after initial systemic treatment, regardless of their PD-L1 status. This drug is given as an IV infusion, typically once every 3 weeks.

Possible side effects of immune checkpoint inhibitors

Side effects of PD-1 inhibitors can include:

- Feeling tired or weak
- Fever
- Cough
- Nausea
- Itching
- Skin rash
- Loss of appetite
- Muscle or joint pain
- Shortness of breath
- Constipation or diarrhea

Other, more serious side effects occur less often. These can include:

Infusion reactions: Some people might have an infusion reaction while getting this

drug. This is like an allergic reaction, and can include fever, chills, flushing of the face, rash, itchy skin, feeling dizzy, wheezing, and trouble breathing. It's important to tell your doctor or nurse right away if you have any of these symptoms while getting this drug.

Autoimmune reactions: This drug works by removing one of the safeguards on the body's immune system. Sometimes this causes a person's immune system to attack other parts of their body, which can cause serious or even life-threatening problems in the lungs, intestines, liver, hormone-making glands, kidneys, skin, or other organs.

It's very important to report any new side effects to your health care team right away. If you do have a serious side effect, treatment may need to be delayed or stopped, and you may be given high doses of corticosteroids to suppress your immune system.

More information about immunotherapy

To learn more about how drugs that work on the immune system are used to treat cancer, see Cancer Immunotherapy[1].

To learn about some of the side effects listed here and how to manage them, see Managing Cancer-related Side Effects[2].

Hyperlinks

1. www.cancer.org/cancer/managing-cancer/treatment-types/immunotherapy.html
2. www.cancer.org/cancer/managing-cancer/side-effects.html

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Treatment Options for Cervical Cancer, by Stage

The stage of a cervical cancer is the most important factor in choosing treatment. But other factors can also affect your treatment options, including the location of the cancer within the cervix, the type of cancer (squamous cell or adenocarcinoma), your age, your overall health, and whether you want to have children.

- Stage IA1
- Stage IA2
- Stages IB and IIA
- Stages IB3 and IIA2
- Stages IIB, III, IVA
- Stage IVB
- Cervical cancer in pregnancy

Stage IA1

Treatment for this stage depends on whether or not you want to be able to have children (maintain fertility) and whether or not the cancer has grown into blood or lymph vessels (called lymphovascular invasion).

Treatment options if you want to maintain fertility

Treatment options if you want to maintain fertility

- Cone biopsy with removal of pelvic lymph nodes (pelvic lymph node dissection)
- Radical trachelectomy with pelvic lymph node dissection

Treatment options if you don’t want to maintain fertility

- External beam radiation therapy (EBRT) to the pelvis plus brachytherapy
- Radical hysterectomy with removal of pelvic lymph nodes

If none of the lymph nodes have cancer cells, radiation may still be an option if the tumor is large, if the tumor has grown into blood or lymph vessels, or if the tumor is invading the surrounding connective tissue (the stroma) that supports organs such as the uterus, bladder, and vagina.

If the cancer has spread to the tissues next to the uterus (called the **parametria**) or to any lymph nodes, or if the tissue removed has positive margins, radiation (EBRT) with chemotherapy is usually recommended. The doctor may also advise brachytherapy after the combined chemo and radiation are done.

Stages IB and IIA

Stages IB1 and IB2: Treatment options if you want to maintain fertility

- Radical trachelectomy with pelvic lymph node dissection and sometimes removal of the para-aortic lymph nodes

Stage IB1, IB2, and IIA1: Treatment options if you don’t want to maintain fertility

may also advise brachytherapy after the combined chemo and radiation are done.
- Radiation to the pelvis using both brachytherapy and external beam radiation therapy may be an option if a patient is not healthy enough for surgery or decides they do not want surgery. Chemotherapy (chemo) may be given with the radiation (concurrent chemoradiation).

Stages IB3 and IIA2

Treatment options

- Chemoradiation: The chemo may be cisplatin orcarboplatin, given concurrently with external beam radiation (EBRT). , This may be followed by brachytherapy.
- Radical hysterectomy with pelvic lymph node dissection and possibly para-aortic lymph node sampling: If cancer cells are found in the removed lymph nodes, or in the edges of the tissue removed (positive margins), surgery may be followed by radiation therapy, which is often given with chemo (concurrent chemoradiation).
- Chemoradiation and brachytherapy followed by a hysterectomy. This is not commonly done, but may be an option for certain patients.

Stages IIB, III, IVA

Treatment options

Chemoradiation: The chemo may be cisplatin or carboplatin, given concurrently (at the same time) with external beam radiation (EBRT). This may be followed by brachytherapy.

Stage IVB

At this stage, the cancer has spread outside the pelvis to other areas of the body. Stage IVB cervical cancer is not usually considered curable. Treatment options include chemo alone or with pembrolizumab if the tumor is PD-L1 positive. If chemo is given alone, it's

immunotherapyalone, ortargeted therapy may also be options.

Clinical trials[1] are testing other combinations of chemo drugs, as well as some other4mo drRecurrent g

cancer.l trials[1] g 0 0 0 rg /GS116(g 0 0 0 .2 0 1 72 676.72g 4.512 12 Tf 0 0.2 0.6/GS1171 gs202ay alA smoll numb

or a cone biopsy.

If the cancer is stage IB or higher, then you and your doctor must decide whether to continue the pregnancy. If not, treatment would be radical hysterectomy and/or radiation. Sometimes chemotherapy can be given during the pregnancy (in the second or third trimester) to shrink the tumor.

If you decide to continue the pregnancy, the baby should be delivered by cesarean section (C-section) as soon as it is able to survive outside the womb. More advanced cancers typically need be treated immediately.

Hyperlinks

1. www.cancer.org/cancer/managing-cancer/making-treatment-decisions/clinical-trials.html
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