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Original article

The European Society of Gynaecological Oncology/European Society for Radiotherapy and Oncology/European Society of Pathology guidelines for the management of patients with cervical cancer

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ABSTRACT

Background: Despite significant advances in the screening, detection, and treatment of preinvasive cervical lesions, invasive cervical cancer is the fifth most common cancer in European women. There are large disparities in Europe and worldwide in the incidence, management, and mortality of cervical cancer.

Objective: The European Society of Gynaecological Oncology (ESGO), the European Society for Radiotherapy and Oncology (ESTRO), and the European Society of Pathology (ESP) jointly develop clinically relevant and evidence-based guidelines in order to improve the quality of care for women with cervical cancer across Europe and worldwide.

Methods: The ESGO/ESTRO/ESP nominated an international multidisciplinary development group consisting of practicing clinicians and researchers who have demonstrated leadership and expertise in the care and research of cervical cancer (23 experts across Europe). To ensure that the guidelines are evidence based, the current literature identified from a systematic search was reviewed and critically appraised. In the absence of any clear scientific evidence, judgment was based on the professional experience and consensus of the development group. The guidelines are thus based on the best available evidence and expert agreement. Prior to publication, the guidelines were reviewed by 159 international reviewers, selected through ESGO/ESTRO/ESP and including patient representatives.

* These guidelines statements were developed by ESGO, ESTRO and ESP and are published in the International Journal of Gynecological Cancer, Radiotherapy & Oncology and Virchows Archiv.

** Initiated through the European Society of Gynaecological Oncology (ESGO), the decision to develop multidisciplinary guidelines has been made jointly by ESGO, the European Society for Radiotherapy and Oncology (ESTRO), and the European Society of Pathology (ESP). ESGO has provided administrative support. The only external funding source was a grant from the Institut National du Cancer (France). ESGO, ESTRO, and ESP are nonprofit knowledgeable societies. The Institut National du Cancer is a French government agency.

★ The development group (including all authors) is collectively responsible for the decision to submit for publication. D.C. (chair), R.P. (cochair), M.R.R. (cochair), and F.P. (methodologist) have written the first draft of the manuscript. All other contributors have actively participated to the development group, given personal input, reviewed the manuscript, and given final approval before submission.

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Results: The guidelines cover comprehensively staging, management, and follow-up for patients with cervical cancer. Management includes fertility sparing treatment; stage T1a, T1b1/T2a1, clinically occult cervical cancer diagnosed after simple hysterectomy; early and locally advanced cervical cancer; primary distant metastatic disease; cervical cancer in pregnancy; and recurrent disease. Principles of radiotherapy and pathological evaluation are defined.

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The objectives of the guidelines are to improve and to homogenize the management of patients with cervical cancer within a multidisciplinary setting. These guidelines are intended for use by gynecologic oncologists, general gynecologists, surgeons, radiation oncologists, pathologists, medical and clinical oncologists, radiologists, general practitioners, palliative care teams, and allied health professionals. The guidelines aim at covering comprehensively staging, management, and follow-up for patients with cervical cancer. Management includes fertility-sparing treatment (FST); stage T1a, T1b1/T2a1, clinically occult cervical cancer diagnosed after simple hysterectomy; early and locally advanced cervical cancer; primary distant metastatic disease; cervical cancer in pregnancy (CCIP); and recurrent disease. The characteristics of the pathology report that represents a key component in the management of cervical cancer patients are outlined. Principles of current cervical cancer radiotherapy are defined. These guidelines exclude the management of neuroendocrine carcinomas, sarcomas, and other rare histologic subtypes. They also do not include any economic analysis of the strategies.

Responsibilities

These guidelines are a statement of evidence and consensus of the authors regarding their views of currently accepted approaches to treatment. Any clinician applying or consulting these guidelines is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. These guidelines make no representations or warranties of any kind whatsoever regarding their content, use, or application and disclaim any responsibility for their application or use in any way.

Methods

The guidelines were developed using a 5-step process as defined by the European Society of Gynaecological Oncology (ESGO) Guideline Committee (Fig. 1). The strengths of the process include creation of a multidisciplinary international development

group, use of scientific evidence and/or international expert consensus to support the guidelines, and use of an international external review process (physicians and patients). This development process involved 3 meetings of the international development group, chaired by Prof David Cibula (Charles University, Prague, Czech Republic), Prof Richard Pötter (Medical University of Vienna, Vienna, Austria), and Prof Maria Rosaria Raspollini (University Hospital, Careggi, Florence, Italy).

Step 1: Nomination of multidisciplinary international development group

The European Society of Gynaecological Oncology/European Society for Radiotherapy and Oncology (ESTRO)/European Society of Pathology (ESP) nominated practicing clinicians who are involved in the management of cervical cancer patients and have demonstrated leadership in clinical management of patients through research, administrative responsibilities, and/or committee membership to serve on the expert panel. The objective was to assemble a multidisciplinary panel. It was therefore essential to include professionals from relevant disciplines (surgery, medical oncology, pathology, radiology, gynecology, radiation oncology) to contribute to the validity and acceptability of the guidelines. The experts of the multidisciplinary international development group were required to complete a declaration of interest form and to promptly inform the ESGO council if any change in the disclosed information occurred during the course of the work.

Step 2: Identification of scientific evidence

To ensure that the statements were evidence based, the current literature was reviewed and critically appraised. A systematic literature review of relevant studies published between January 1997 and January 2017 was carried out using the MEDLINE database (Supplementary Appendix 1). The literature search was limited to publications in English. Priority was given to high-quality systematic reviews, meta-analyses, and randomized controlled trials, but studies of lower levels of evidence were also evaluated. The search strategy excluded editorials, letters, and in vitro studies. The reference list of each identified article was reviewed for other potentially relevant articles. The bibliography was also supplemented by additional references provided by the international development group. Another bibliographic search was carried out to identify previous initiatives using a systematic literature search in MEDLINE database (no restriction in the search period) and a bibliographic search using selected evidence-based medicine Web sites (Supplementary Appendix 2). After the selection and critical appraisal of the articles whose full list of references is available on the ESGO website, a summary of the scientific evidence was developed.

Step 3: Formulation of guidelines

The multidisciplinary expert group developed guidelines for staging, FST, management (stage T1a, T1b1/T2a1, clinically occult cervical cancer diagnosed after simple hysterectomy, locally

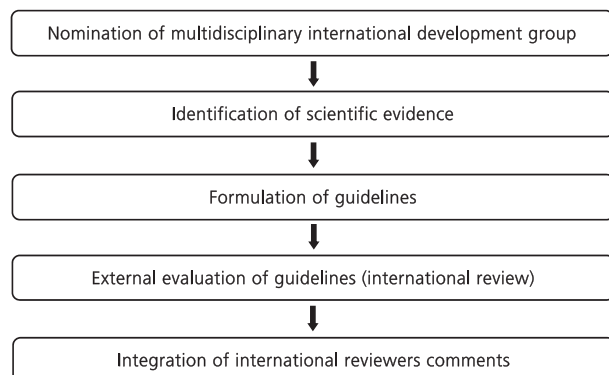


Fig. 1. Development process.

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