

CERVICAL CANCER CASES

Case #1

Case #2

Cervical Cancer Case 1

Jane Doe presented to her family doctor with a history of irregular periods for three months. She is a 36-year-old mother of two who has a busy law practice. Work had been quite stressful, so, initially she didn't worry about the spotting. Her husband had a vasectomy, so she wasn't concerned about pregnancy.

Her history reveals that she has been sexually active since age 16. She has had four partners in total, and always practiced 'safe sex' with her partners. She is a non-smoker with no significant past medical history. She takes no regular medication. She has been having regular, yearly Pap smears which have always been normal.

Her family physician does a pelvic examination and Pap smear. The Pap smear showed severe dysplasia. Her examination is otherwise normal. She has not received the HPV vaccine.

1. How should she be investigated further?

She was referred to a gynecologist and underwent colposcopy. This showed CIN III. Subsequently, cold-knife conization revealed squamous cell carcinoma of the cervix, with a depth of invasion of 2 mm. No vascular or lymphatic space invasion was noted. Margins were negative.

2. List the major risk factor for development of pre-invasive or invasive cancer of the cervix.
3. What are the other important risk factors for cervical cancer?
4. What is the most common cell type?
5. What stage of disease does this patient have?
6. What surgical option is appropriate for this case?
7. When would her surgeon recommend pelvic node dissections? When is there a role for SLN assessment?
8. Under what circumstances would radiation therapy be indicated?
9. What follow-up surveillance does she require?
10. How can cervical cancer be prevented?

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Cervical Cancer Case 2

Rose Bundy is a 46-year-old single woman referred by her gynecologist with a diagnosis of cervical cancer.

She is a librarian at the Health Sciences library. Her past medical history is negative. She has been in a monogamous relationship for 10 years. Her q2 yearly Pap smears have always been negative.

She undergoes colposcopy with positive margins.

Pathology revealed adenocarcinoma. Staging investigations show positive pelvic and para-aortic lymph nodes. There is concern, on imaging, for left pelvic wall involvement.

1. What stage of disease does this patient have?
2. What treatment recommendations would you discuss with this patient? (Discuss radiation, chemotherapy and the sequence of these modalities.)

You recommend radiation – intracavitary and external beam. She also is referred to a medical oncologist regarding concurrent platinum-based chemotherapy.

3. What toxicities would you expect with combined modality therapy?
4. Is there still a role for surgery? If so, when would it be planned?
5. How would you follow this patient post completion of treatment?

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Cervical Cancer Case 3

Julie White is a 60-year-old woman who was diagnosed with Stage 2B Ca of the cervix in 1999. She took part in a Canadian study looking at the addition of cisplatin chemotherapy to adjuvant radiotherapy (external beam and cesium). She tolerated the chemotherapy poorly, experiencing low-grade nausea and fatigue throughout her treatment. She required a blood transfusion after cycle 3 of chemotherapy when her hemoglobin fell to 73. It took her four months to recover from the radiation and chemotherapy.

She presented to her oncologist at her 3-year follow-up appointment with a 2½ week history of left sided flank pain and a non-productive cough. Her physical examination revealed decreased air entry on auscultation and percussion. Abdominal examination revealed some vague left-sided discomfort.

1. How would you investigate her complaints?

Screening bloodwork, CXR and CT scan of the chest, abdomen and pelvis were ordered. She was found to be anemic with a hemoglobin of 101. CXR showed a small left sided effusion. CT scan revealed widespread recurrence in the pelvis causing a left sided hydronephrosis, as well as the small left effusion. Urea 20 and creatinine 197.

2. What systemic treatment options are available to this patient?
3. Is there any role for further surgery?
4. What is the role of exenteration? How is patient suitability determined?
5. What is the role of radiation in the setting of recurrent disease?
6. Does she require ureteric stenting?
7. What do you estimate her prognosis to be?

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