

Early Stage Cervical Cancer: Surgical and Post-Surgical Management

Cervical cancer is an important global health issue, as it is the fourth most frequent cancer among women in terms of both incidence (13.1 per 100,000) and mortality (6.9 per 100,000). The burden of cervical cancer varies considerably worldwide, with almost 70% of the global burden occurring in less developed countries. Due to effective and widespread screening programs and human papillomavirus vaccine, many cervical cancers are diagnosed at the earliest stage. Radical hysterectomy with pelvic lymphadenectomy is the mainstay of surgical treatment for early stage cervical cancer with good oncological outcomes. The traditional surgical approach to this procedure involves a large abdominal incision, slow recovery, long hospital stay, and significant postoperative morbidity including infertility, bladder dysfunction, and bowel dysfunction.

There is now a tremendous body of knowledge about cervical cancer, their natural history and clinical consequences. This knowledge has led to emerging technologies and more available options of treatment, including innovative minimally invasive surgical procedures, less radical surgery, and fertility-sparing surgical options for early stage cervical cancer.

Cervical cancer survivors also face an increased risk of many health problems related to their cancer, including cancer recurrence, psychosocial problems, and, short- and long-term treatment-related side effects. Long-term surveillance after surgical treatment for cervical cancer is recommended. However, until now, no optimal post-treatment follow-up strategy has been defined and clinical practice is variable.

The goal of this EJGO Special Issue is to focus on all areas related to both surgical and post-surgical management of early stage cervical cancer. The special issue will serve as an international forum for researchers to summarize their most up-to-date research, experiences, and opinions in the field.

Potential topics include but are not limited to the following:

- Radical hysterectomy with pelvic node dissection
- Minimal invasive surgery such as laparoscopic surgery and robotic surgery
- Less radical surgical procedure including simple hysterectomy, nerve-sparing radical hysterectomy, and sentinel lymph node assessment
- Fertility-sparing surgery including oncological outcomes, and fertility outcomes
- Complications of surgical treatment of cervical carcinoma
- Adjuvant treatment after surgical treatment
- Quality of life after different surgical procedures for the treatment of early stage cervical cancer
- Prognostic factors for clinical outcomes of cervical cancer after surgical treatment
- Follow-up protocol/surveillance for cervical cancer after surgical treatment
- Recurrent cervical cancer after surgical treatment
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- Follow-up protocol/surveillance for cervical cancer after surgical treatment
- Recurrent cervical cancer after surgical treatment

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