

Cervical Cancer External Beam Radiotherapy Decision Tree : Updated March 2013

Cervical Cancer				
Stage I	IA 43%	IA1 T1a1 Stromal invasion 3.0 mm or less in depth and 5.0 mm or less in horizontal spread EST 60%	Surgery: Conisation or trachelectomy if wanting to preserve fertility. Simple hysterectomy. PLND if LVI. No Radiotherapy EST 98%	
			Chemo-Radiotherapy [CRT] if +ve PLN's 45 Gy/25# EST 2%	
		IA2 T1a2 Stromal invasion >3.0 mm and not more than 5.0 mm with a horizontal spread of 7.0 mm or less  T1a and T1 a2- Invasive carcinoma diagnosed only by microscopy EST 40%	Surgery: As above for 1A1. Simple or radical hysterectomy + PLND. EST 98%	No radiotherapy EST 98%
			Chemo-radiotherapy [if medically inoperable or +ve PLN's]. EST 2%	If +ve PLD/+ve margin then chemo-radiotherapy <sup>4</sup> 45 Gy/25# + brachytherapy EST 2%
	IB 57%	IB1 T1b1 EST 60% Clinically visible lesion 4.0 cm or less in greatest dimension.	Surgery: <sup>10</sup> EST DG 90% Radical hysterectomy, PLND +/- para-aortic LND.	No radiotherapy. EST 95%
			Concurrent CRT + BT EST DG 10%	Chemo- Radiotherapy <sup>4,8,16</sup> 45 Gy/25# + BT. If +ve PLN, +ve or close margin. RT <sup>15</sup> alone [not able to have CT] EST 95%
		IB2 T1b2 EST 40% Clinical visible lesion >4.0 cm in greatest dimension.	Concurrent chemo-radiotherapy <sup>3, 4,7,9,18,19</sup> + BT. If not able to have CT then RT only <sup>10</sup> EST 60%	CRT <sup>9,18,19</sup> 45 Gy/25# + BT RT <sup>10</sup> alone [not able to have CT]
			Surgery <sup>10</sup> EST DG 40%	No radiotherapy EST 82% CRT <sup>4,8,16</sup> 45 Gy/25# + BT RT alone <sup>15</sup> [If unable to have CT]
	Stage II 37%	IIA T2a1 EST 34% Clinically visible ≤ 4.0 cm Tumour without parametrial invasion	Surgery Radical hysterectomy <sup>10</sup> , PLND +/- para-aortic LND. EST DG 5%	Pelvic RT <sup>10,15</sup> + BT +ve nodes, positive margin[not able to have CT]s EST 50%
				No radiotherapy EST 50%
IIA2 T2a2 EST 33% Clinically Visible > 4.0 cm Tumour without parametrial invasion		Definitive chemo-radiotherapy <sup>4,9,18,19</sup> 45 Gy/25# and BT If not able to have CT then RT only <sup>10</sup> EST 95%	Concurrent CRT <sup>4,8</sup> if positive or close margins, +ve nodes. 45 Gy/25# + BT EST 50%	
		Concurrent chemo-radiotherapy <sup>4,7,9,18,19</sup> 45 Gy/25# and BT EST 95%	No radiotherapy EST 50%	
IIB T2b EST 33% Tumour with parametrial invasion		Concurrent chemo-radiotherapy <sup>1,2,3,4,7,9,18,19</sup> and BT EST 98%		
		Surgery EST 2%. Then if para- metrial invasion, +ve nodes RT. (expect 100%)	CRT 45 Gy/25# + BT	
Stage III 4%	IIIA T3a Tumour involves lower 1/3 of vagina, no extension to pelvic wall. IIIB T3b Tumour extends to cause hydronephrosis or malfunctioning kidneys	Concurrent chemo-radiotherapy <sup>1,2,3,7,9,18,19</sup> 45-50.4 Gy/25-28# and BT EST DG 95% EST 5% only suitable for short palliative RT		
Stage IV 19%	IVA T4 ECRIC 56% Tumour invades mucosa of bladder or rectum, and/or extends beyond true pelvis	Concurrent CRT <sup>1,2,3,7,9</sup> 45-50.4 Gy/25-28# and brachytherapy EST DG 90% EST 10% only suitable for short palliative RT		
	IVB ECRIC 44% Distant metastases	Palliative RT-Bleeding 6-8 Gy/1#, pain 20 Gy/5#,30 Gy/10# , Bone metastases 8 Gy/1#, 20 Gy/5#, spinal cord compression 20 Gy/5# EST 50% No RT EST 50%		

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Clinical estimates are in Red

## References

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