Complete Summary

GUIDELINE TITLE

Cervical cancer.

BIBLIOGRAPHIC SOURCE(S)

Singapore Ministry of Health. Cervical cancer. Singapore: Singapore Ministry of Health; 2003 Feb. 45 p. [112 references]

COMPLETE SUMMARY CONTENT

SCOPE
METHODOLOGY - including Rating Scheme and Cost Analysis
RECOMMENDATIONS
EVIDENCE SUPPORTING THE RECOMMENDATIONS
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS
CONTRAINDICATIONS
QUALIFYING STATEMENTS
IMPLEMENTATION OF THE GUIDELINE
INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES
IDENTIFYING INFORMATION AND AVAILABILITY

SCOPE

DISEASE/CONDITION(S)

Cervical cancer

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Prevention
Risk Assessment
Screening
Treatment

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Obstetrics and Gynecology

Oncology
Radiation Oncology

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

To provide recommendations for the screening, diagnosis, classification, staging, management, and treatment of patients with cervical cancer

TARGET POPULATION

- Women in the general population in Singapore (Prevention; Screening)
- Women with cervical cancer in Singapore (Diagnosis; Evaluation; Risk Assessment/Prognosis; Management; Treatment)

INTERVENTIONS AND PRACTICES CONSIDERED

Screening/Evaluation/Diagnosis

1. Population screening
2. Diagnosis based on histopathology (e.g. Pap smear, cone biopsy)
3. Classification and staging of cervical cancer using Gynecology Oncology Committee of the International Federation of Gynecology and Obstetrics (FIGO) or other staging procedures

Management/Treatment

1. Cone biopsy
2. Total hysterectomy
3. Fertility-sparing surgery
4. Pelvic radiotherapy
5. Post-operative treatment using a combination of platinum-based chemotherapy and radiotherapy
6. Palliative medical care

MAJOR OUTCOMES CONSIDERED

- Incidence of and mortality related to cervical cancer
- Overall and progression-free survival rates
- Cure rates

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

Level Ia: Evidence obtained from meta-analysis of randomised controlled trials.

Level Ib: Evidence obtained from at least one randomised controlled trial.

Level IIa: Evidence obtained from at least one well-designed controlled study without randomisation.

Level IIb: Evidence obtained from at least one other type of well-designed quasi-experimental study.

Level III: Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies, and case studies.

Level IV: Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities.

METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Grades of Recommendations

Grade A (evidence levels Ia, Ib): Requires at least one randomised controlled trial as part of the body of literature of overall good quality and consistency addressing the specific recommendation.

Grade B (evidence levels IIa, IIb, III): Requires availability of well conducted clinical studies but no randomised clinical trials on the topic of recommendation.

Grade C (evidence level IV): Requires evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities. Indicates absence of directly applicable clinical studies of good quality.

Good Practice Points: Recommended best practice based on the clinical experience of the guideline development group.

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Not stated

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not applicable

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The recommendations that follow are those from the guideline's executive summary; detailed recommendations can be found in the original guideline document. Each recommendation is rated based on the level of the evidence and the grades of recommendation. Definitions of the grades of the recommendations (A, B, C, Good Practice Points) and level of the evidence (Level I-Level IV) are presented at the end of the Major Recommendations field.

Screening

B - To reduce the incidence and mortality rate of cervix cancer, effective screening and preventive strategy must be actively pursued, in addition to early detection of disease and effective therapy (Anderson et al., 1995; Laara, Day, & Hakama, 1987). (Grade B, Level IIa)

Stage IA

B - Total hysterectomy is the treatment of choice for microinvasive cervical cancer in patients who have completed their family. In selected patients, fertility-sparing surgery may be considered. (Grade B, Level III)

Stage IB – IIA

A - Current evidence indicates that both radical surgery and pelvic radiotherapy result in equivalent cure rates for early localized cervical cancer (Landoni et al., 1997). (Grade A, Level Ib)

A - The addition of post-operative treatment using a combination of chemotherapy and radiotherapy has been shown to improve survival outcome for patients with tumour involvement of pelvic lymph nodes, resection margins, and/or parametrial tissue (Sedlis et al., 1999; Peters et al., 2000). (Grade A, Level Ib)

The optimal treatment for bulky (>4cm) cervical cancer remains controversial.

Stage IIB – IVA

A - The treatment of choice for locally advanced cervical cancer is concurrent chemoradiation. (Grade A, Level Ia)

Metastatic Cancer

B - The main aim of treatment for patients with metastatic cancer is palliation of symptoms. (Grade B, Level IIa)

Recurrent Cancer

B - The treatment employed for patients with recurrent cervical cancer is dependent on their previous treatment modality and the exact anatomical site of relapse. (Grade B, Level IIa)

Ovarian Conservation

B - Ovarian conservation should be considered for young patients (Sutton et al., 1992). (Grade B, Level IIa)

Hormone Replacement Therapy

B - There is no clinical evidence that Hormone Replacement Therapy should be withheld from patients with a history of cervical cancer (Gadducci et al., 1997; Burger et al., 1999; Ploch, 1987; Sadan et al., 1989; Wren, 1994). (Grade B, Level IIa)

Definitions:

Grades of Recommendations

Grade A (evidence levels Ia, Ib): Requires at least one randomised controlled trial as part of the body of literature of overall good quality and consistency addressing the specific recommendation.

Grade B (evidence levels IIa, IIb, III): Requires availability of well conducted clinical studies but no randomised clinical trials on the topic of recommendation.

Grade C (evidence level IV): Requires evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities. Indicates absence of directly applicable clinical studies of good quality.

Good Practice Points: Recommended best practice based on the clinical experience of the guideline development group.

Levels of Evidence

Level Ia: Evidence obtained from meta-analysis of randomised controlled trials.

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Level IIb: Evidence obtained from at least one other type of well-designed quasi-experimental study.

Level III: Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies and case studies.

Level IV: Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

References open in a new window

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Overall Benefits

- Guideline implementation may help reduce the incidence and mortality of cervical cancer and improve cure rates and survival rates.
- Cervical cancer screening will allow doctors to detect pre-invasive disease and early-stage cervical cancer, both of which carry a good prognosis.
- Well-run population-based cervical cancer screening programmes with good coverage can reduce the incidence and mortality of cervical cancer.

Specific Benefits

- The addition of concurrent weekly intravenous platinum-based chemotherapy, up to a total of 6 cycles, has been found to improve survival outcome in three randomised studies, in particular for patients without extra-pelvic nodal involvement.
- Current evidence indicates that both radical surgery and pelvic radiotherapy result in equivalent cure rates for early localized cervical cancer.
- The addition of post-operative treatment using a combination of chemotherapy and radiotherapy has been shown to improve survival outcome for patients with tumour involvement of pelvic lymph nodes, resection margins, and/ or parametrial tissue.

POTENTIAL HARMS

- Side effects/complications of treatment
- False-negative Pap-smear results, even in women who have regular screening

CONTRAINDICATIONS

CONTRAINDICATIONS

Contraindications for Chemotherapy

- Poor patient performance status
- Advanced age
- Inadequate bone marrow and renal function

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- These guidelines are not intended to serve as a standard of medical care. Standards of medical care are determined on the basis of all clinical data available for an individual case and are subject to change as scientific knowledge advances and patterns of care evolve.
- The contents of the guideline document are guidelines to clinical practice, based on the best available evidence at the time of development. Adherence to these guidelines may not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care. Each physician is ultimately responsible for the management of his/her unique patient in the light of the clinical data presented by the patient and the diagnostic and treatment options available.

- This set of management guidelines covers the majority, and common aspects, of cervical cancer but is not meant to be exhaustive. Where situation necessitates, the treatment of a patient must be tailored to the individual.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Clinical Audit

- All patients treated for cervical cancer must have histopathological confirmation before commencement of treatment.
- The diagnosis of microinvasive disease of the cervix requires a single large cone biopsy with clear margins.
- All patients must be assigned a clinical stage based on recognized criteria and investigative procedures set out in the main guidelines.
- The reasons for deviation from these practice guidelines must be documented.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

End of Life Care
Getting Better
Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Singapore Ministry of Health. Cervical cancer. Singapore: Singapore Ministry of Health; 2003 Feb. 45 p. [112 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2003 Feb

GUIDELINE DEVELOPER(S)

Singapore Ministry of Health - National Government Agency [Non-U.S.]

SOURCE(S) OF FUNDING

Singapore Ministry of Health

GUIDELINE COMMITTEE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Singapore Ministry of Health Web site.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

The following is available:

- Patient education brochure on cancer of the cervix. Singapore: Singapore Ministry of Health; 2003. 41 p.

Electronic copies: Available in Portable Document Format (PDF) from the Singapore Ministry of Health Web site.

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC STATUS

This summary was completed by ECRI on November 28, 2003.

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Date Modified: 11/15/2004