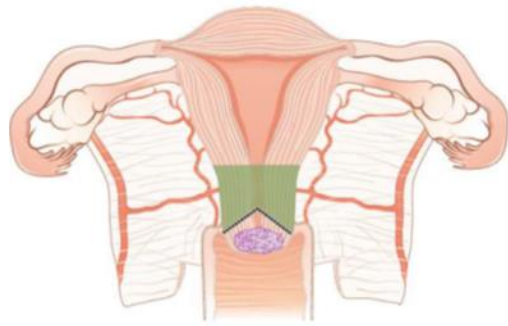


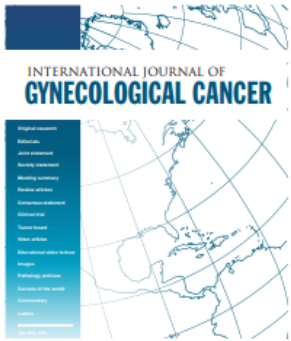
Therapiealgorithmen 2026

Zervixkarzinom

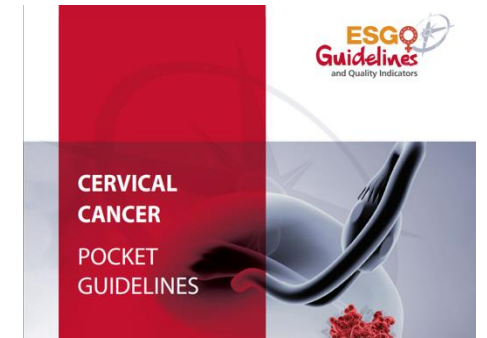


Gerda Trutnovsky





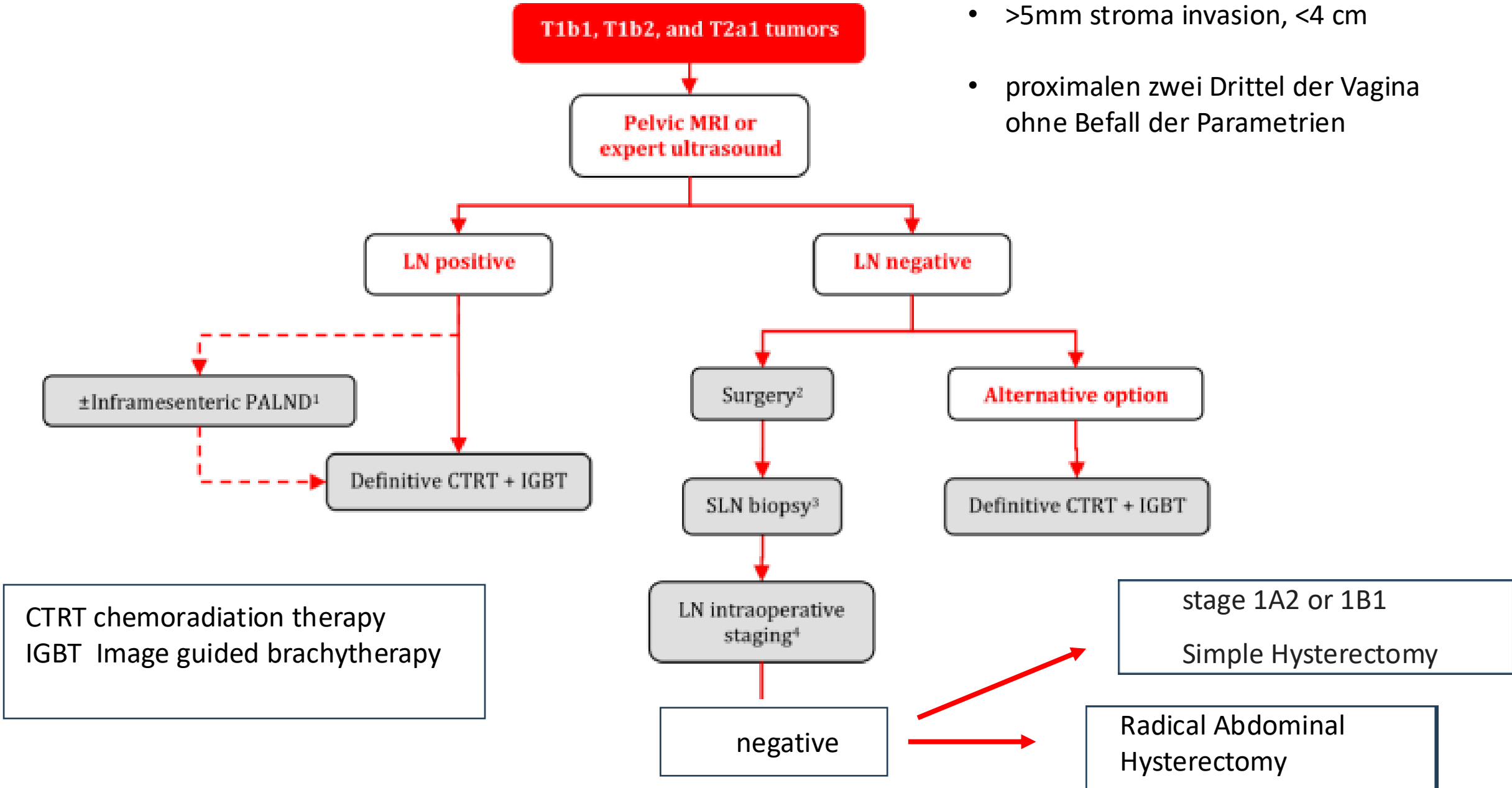
ESGO/ESTRO/ESP Guidelines for the management of patients with cervical cancer – Update 2023*





Stadium I	Tumor auf Zervix beschränkt (Ausdehnung auf Corpus uteri kann vernachlässigt werden)
la	Exklusiv mikroskopisch diagnostiziertes Karzinom mit max. Invasionstiefe von < 5 mm ^a
la1	Stromainvasion < 3 mm
la2	Stromainvasion ≥ 3 bis < 5 mm

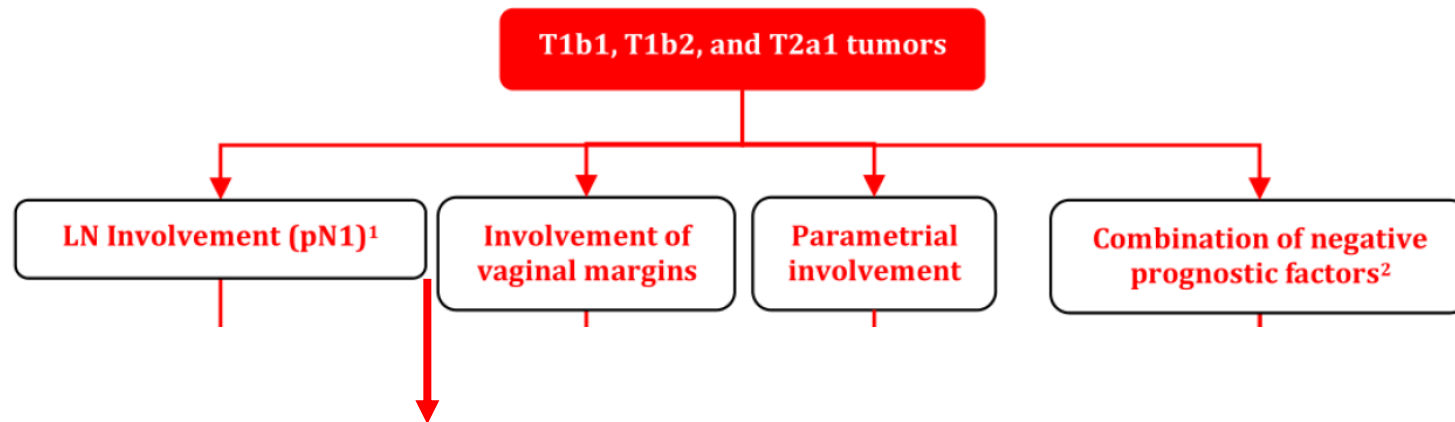
- Conization (with clear margins) alone or SH is an adequate treatment
Parametrial resection is not indicated.
- SLN biopsy (without additional PLND) can be considered in LVSI-negative patients but should be performed in LVSI-positive patients.



- >5mm stroma invasion, <4 cm
- proximalen zwei Drittel der Vagina ohne Befall der Parametrien

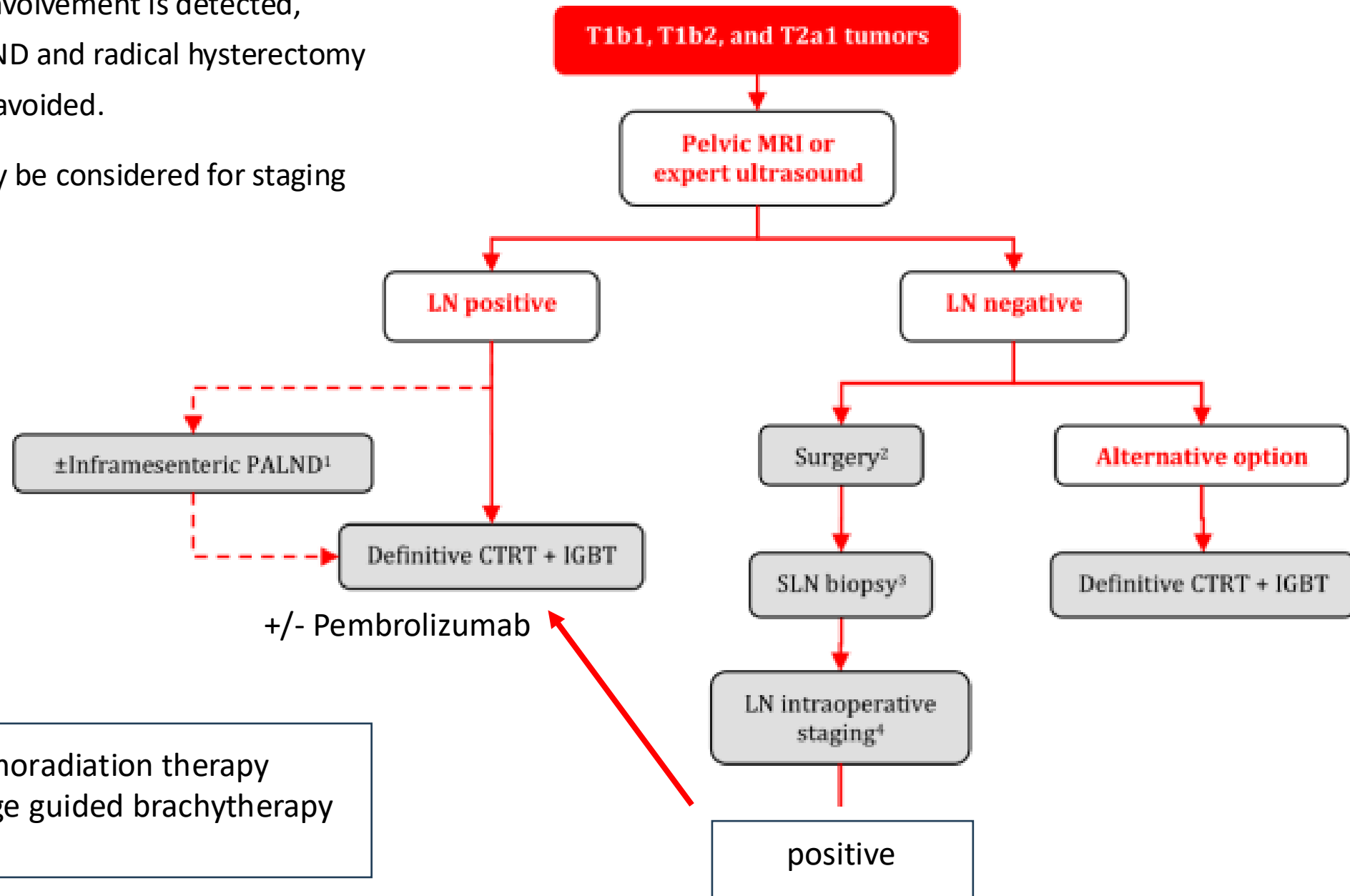
Adjuvant treatment after radical surgery

Adjuvant radiotherapy should be **considered** in the **intermediate risk** group



- Adjuvant CTRT is **indicated** in the **high-risk** group
 - metastatic involvement of PLN (macrometastases or micrometastases)
 - positive surgical margins
 - parametrial involvement

- If any LN involvement is detected, further PLND and radical hysterectomy should be avoided.
- PALND may be considered for staging purposes



Distant recurrent and metastatic disease

Management

First line

Platinum based chemotherapy
± bevacizumab¹
± pembrolizumab²

Second line

Previous immunotherapy

Yes

No

ECOG ≤2

ECOG >2

Chemotherapy

Best supportive
care

cemiplimab⁵

Tisotumab Vedotin (Tivdak®)
Sacituzumab Vedotin (MK2870 Studie)