FOLLOW-UP GUIDELINES
Cervical Cancer
March 2021

These guidelines are intended to assist in follow-up care and are not to replace individual physician's judgment with respect to particular patients or special clinical situations. Guidelines should be carried out with assistance of family physician and other healthcare professionals as required. Important goals of follow-up include:

- To ensure that complications post-surgery or other therapy are identified and managed.
- To possibly identify, at a curable stage, recurrent disease which may be amenable to salvage therapy.
- To detect and provide palliative therapy to patients with symptomatic recurrence. Such patients will usually present with symptoms, rather than being detected on routine follow-up.

Our recommendations are consistent with a patient's natural history of risk for potentially curable recurrent disease. Specifically:

- 50% of women are diagnosed with Stage 1 disease, in which the five-year survival rate exceeds 90%. Recurrence rates in this group are high, ranging from 10 to 20%. Recurrence is diagnosed during routine follow-up examination in few cases, ranging from 26-36%.
- Approximately 75% of cervical cancers recurrences occur within the first 2-3 years after initial treatment. Presentation of relapse with symptoms is common, ranging from 46-95%.
- Except in the case of localized recurrence, there is no current evidence that the detection or treatment of early asymptomatic clinical recurrence is associated with better overall outcome or survival.

Follow-Up for All Patients

- Patients to be followed by a gynecological oncologist every 3-4 months for 2 years, then every 6 months for the next 3 years, and then discharge to the family physician.
- Special attention should be paid to weight loss, vaginal bleeding or discharge, urinary symptoms, abdominal or pelvic pain, leg pain, and any lower extremity edema, cough and weight loss.
- History and physical are the only consistent methods that have been reported for detection of recurrence.
- Physical exam consists of general exam, speculum and pelvic exam including rectovaginal assessment. The presence of abnormal nodularity of the cervix, vagina or rectum should prompt biopsy.

- **For patients who have had radiation treatment for cervix cancer:** no PAP should be performed.
- **For patients who have not received radiation**: Pap has consistently low yield, with detection rates of recurrence ranging from 0-17%. Also, other studies have shown that rarely was cytologic evidence the only abnormality, therefore, PAP is unnecessary (or at least should be limited to once/year). Choosing Wisely Canada recommends no investigation of Pap showing less than high-grade changes.
- There is no need for annual surveillance imaging such as CXR or CT. Any form of imaging should only be requested to investigate symptoms suggestive of relapse

References

BC Cancer Agency
http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/default.htm

NCCN Guideline
https://www.nccn.org/professionals/physician_gls/default.aspx#site

Last Update: Oct 27, 2020 – Available free login but you must create an account

Society of Gynecologic Oncologists:
Salani, R., Khanna, N., Frimer, M., Bristow, R., Chen, L. An update on post-treatment surveillance and diagnosis of relapse in women with gynecologic malignancies: Society of Gynecologic Oncology (SGO) recommendations. Gyn Onc 146 (2017): 3-10.

Cancer Care Ontario
https://www.cancercareontario.ca/en/content/follow-cervical-cancer

Visit our website at www.saskcancer.ca/