

### Chapter 3: Primary treatment for stage IB to II cervical cancer (Fig. 2)

*CQ08. What treatments are recommended for stage IB1 and IIA1 squamous cell carcinoma?*

**Recommendations** A radical hysterectomy or radiation therapy is recommended (grade B).

*CQ09. What treatments are recommended for stage IB2 and IIA2 squamous cell carcinoma?*

**Recommendations** A radical hysterectomy (+ adjuvant therapy) or CCRT is recommended (grade B).

*CQ10. What treatments are recommended for stage IIB squamous cell carcinoma?*

**Recommendations** A radical hysterectomy (+ adjuvant therapy) or CCRT is recommended (grade B).

*CQ11. Is neoadjuvant chemotherapy recommended for stage IB and II squamous cell carcinoma?*

**Recommendations** Neoadjuvant chemotherapy can be considered depending on the extent and size of the tumor (grade C1).

*CQ12. Is pelvic nerve preservation recommended in radical hysterectomy?*

**Recommendations** Pelvic nerve preservation can be considered when curability is not impaired (grade C1).

*CQ13. Is ovary preservation possible in radical hysterectomy?*

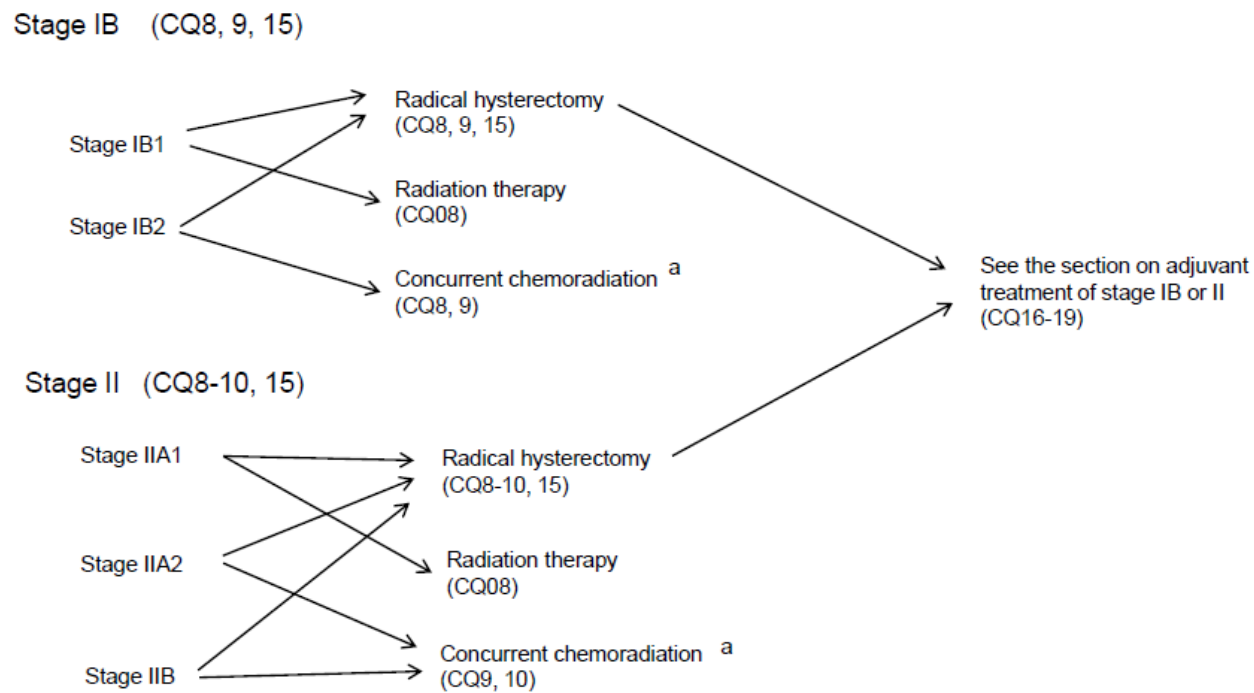
**Recommendations** (1) Ovary preservation is possible without compromising curability if appropriate case selection is performed by considering the patient's histological type or stage (grade B). (2) If the ovaries are to be preserved, ovarian transposition and fixation outside of the pelvic radiation field can be considered (grade C1).

*CQ14. Is para-aortic lymphadenectomy recommended in radical hysterectomy?*

**Recommendations** If diagnostically useful, para-aortic lymphadenectomy can be considered to search for metastasis or determine the irradiation field (grade C1).

*CQ15. What treatments are recommended for stage IB and II adenocarcinoma?*

**Recommendations** In principle, surgery should be considered for stage IB and II disease (grade C1).



**Fig. 2** Primary treatment for stage IB to II cervical cancer (including squamous cell carcinoma and adenocarcinoma)

**a** Primary treatment for stage IB to II cervical cancer should be performed with caution because the tolerability of concurrent chemoradiation therapy among Japanese women has not been sufficiently tested.