Chapter 10 Post-treatment Follow-up

Overview

A review of post-treatment follow-up for patients with stage Ib disease found that outcomes differed in patients with recurrence according to whether they were symptomatic or asymptomatic.[1] Early detection in asymptomatic patients is considered important, as the objectives of follow-up after the initial treatment are early treatment and improved outcomes through early detection of recurrence in asymptomatic patients. However, there have not been enough studies to create evidence based criteria for determining the optimal follow-up intervals or parameters. In this chapter, we recommend follow-up intervals and parameters proposed by the Guideline Formulation Committee. The follow-up intervals and parameters should be established according to the risk of recurrence. Measurement of tumor markers should be considered individually based on histologic type.

CQ34 What intervals are recommended for post-treatment follow-up?

Recommendations

The intervals below are for standard follow-up (Grade E):
For the first 1-3 years: every 1-3 months
For the 4th and 5th year: every 6 months
For ≥6th year: every 12 months

Background and Objectives

We examined the optimal follow-up intervals for the early detection of recurrence.

Explanations

In the National Comprehensive Cancer Network (NCCN) guidelines, the recommended follow-up intervals after the completion of treatment are every 3 months for the first year, every 4 months for the second year, every 6 months for the third to fifth year, and every 12 months thereafter.[1] The American College of Obstetricians and Gynecologists (ACOG) Practice Bulletin stated that the risk of recurrence was highest in the second year, and its recommendation for follow-up intervals is every 3-4 months for the first 3 years, and every 6 months thereafter. It is still unclear whether such periodic follow-up improves outcomes. A side benefit of periodic examinations is psychological support for the patient. That is, the patient gains positive psychological assurance by confirmation that the abnormality is absent. Therefore, it should be fully recognized that periodic follow-up provides such psychological effect.[2]

Although recurrence occurs within 5 years in 80-90% of patients, some occur after 5 years, necessitating long-term follow-up.[3]

【References】

(3) Shiramizu K, Shirai T, Tsubakimoto T. Early detection and treatment of metastasis and recurrence. In: Shin Josei Igakudaikei Malignant tumor of uterine cervix. Taketani Y, editor. Tokyo: Nakayama Shoten 2001;387-96. (Level IV) (in Japanese)

CQ35
What investigations and examinations should be performed at post-treatment follow-up?

Recommendation

It is desirable to perform physical examination (including pelvic and rectal examination), cervical cytology, chest radiography, measurement of tumor markers, and computerised tomography (CT) or magnetic resonance imaging (MRI) scanning (Grade E).

Background and Objectives

We examined investigations and examinations useful in the early detection of recurrence.

Explanations

Investigations and examinations performed at periodic post-treatment follow-up include physical examination (including pelvic and rectal examination), cervical cytology, chest radiography, and biochemical investigations. Since the majority of cervical cancer recurrences occur in the pelvis, pelvic examination is most effective in the detection of recurrence.[1] Some are of the opinion that investigations such as CT or MRI scanning, bone scintigraphy, or gallium scintigraphy should be performed when recurrence is suspected, although they are not suitable for routine testing.[2,3] An overseas study questioned the usefulness of cytology from the vaginal stump, or cervical cytology after radiotherapy, in the early detection of recurrence.[1] In Japan, cervical cytology and diagnostic imaging such as CT scanning are commonly used as part of routine follow-up, although their usefulness has not been fully determined.

The squamous cell carcinoma (SCC) antigen is a commonly used tumor marker for cervical squamous cell carcinoma. SCC antigen levels are reported to be >2.0 ng/mL 6 months before confirmation of recurrence is. It is considered an important test for early detection of recurrence.[4] However, it has also been reported that outcomes were not improved by early detection of recurrence using SCC antigen measurement.[5] Further studies on this matter are expected. Cancer antigen 125 (CA125) and carcinoembryonic antigen (CEA) have also been reported to be useful tumor markers for cervical adenocarcinoma,[6] although their usefulness has not been fully determined. Recently, fluorodeoxyglucose positron emission tomography (FDG-PET) scanning was reported to be useful in the detection of recurrence and assessment of outcomes.[7] Further studies are necessary.

【References】

(6) Numa F, Kato K. Uterine cervical cancer and tumor markers. Obstetrical and Gynecological Therapy 2001;82:139-43. (Level IV) (in Japanese)