

## Chapter 5: Primary therapy for stage III to IV cervical cancer (Fig. 4)

*CQ20. Which is the recommended radiotherapy for stage III and IVA disease: definitive radiotherapy or CCRT?*

**Recommendations** CCRT is recommended rather than radiation monotherapy (grade B).

*CQ21. What CCRT regimens are recommended for stage III and IVA disease?*

**Recommendations** Regimens that include cisplatin are recommended (grade A).

*CQ22. Is chemotherapy recommended prior to principal treatment for stage III and IVA disease?*

**Recommendations** (1) Chemotherapy is not recommended before radiotherapy (grade D). (2) Chemotherapy is not recommended before surgery (grade C2). (3) For adenocarcinoma, chemotherapy is not recommended before primary treatment (grade C2).

*CQ23. Is surgery recommended for stage III and IVA disease?*

**Recommendations** Surgery is not recommended (grade C2).

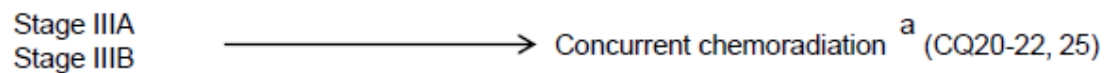
*CQ24. What treatments are recommended for stage IVB disease?*

**Recommendations** (1) Systemic chemotherapy can be considered for patients with a good performance status and preserved organ function (grade C1). (2) Surgery, radiotherapy, chemotherapy, or a combination of these treatments can be selected for patients with distant metastatic lesions, such as resectable lung metastases, or with lymph node metastases only (grade C1). (3) If the patient has severe symptoms accompanying oncological complications, palliative radiotherapy of the causal lesion is recommended (grade B).

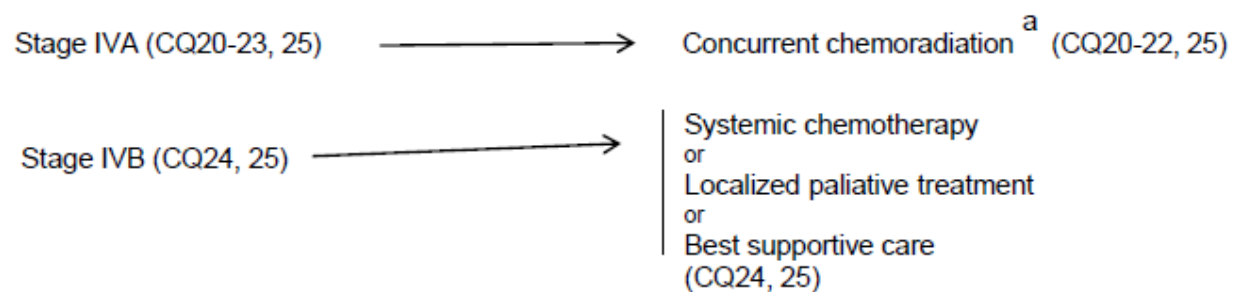
*CQ25. What treatments are recommended for stage III and IV adenocarcinoma?*

**Recommendations** CCRT involving external irradiation and intracavitary irradiation is recommended for stage III or VIA adenocarcinoma (grade B). (2) A platinum-based agent other than cisplatin, either as monotherapy or as part of combination chemotherapy, can also be considered for patients with stage IVB adenocarcinoma with preserved organ function (grade C1).

### Stage III (CQ20-23, 25)



### Stage IV



**Fig. 4** Primary treatment for stage III to IV cervical cancer (including squamous cell carcinoma and adenocarcinoma)

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