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Memorial Sloan Kettering Cancer Center

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Cervical Cancer Treatment
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ABOUT US

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Leadership

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time of your surgery that suggest an increased risk of the cancer returning, such as cancer cells in your lymph nodes or in parts of the tissue that is being surgically removed.

When radiation and chemotherapy are recommended in place of surgery, our doctors typically combine external-beam radiation therapy with internal radiation therapy. External-beam radiation therapy consists of x-ray treatments given daily for about five weeks. Low doses of chemotherapy drugs such as cisplatin (Platinol®) are used during this treatment to sensitize the cancer cells to radiation therapy.

Internal radiation is then given using high-dose brachytherapy, in which high doses of radioactive material are applied through a specialized applicator directly to the tumor. Studies have shown that this combined action can dramatically lengthen life in women with advanced cervical cancer. (1), (2), (3)

Specialized approaches to external-beam radiation therapy may include the use of intensity-modulated radiation therapy (IMRT) as well. IMRT is a type of external-beam radiation that enables the doctor to customize the intensity of each radiation beam to conform to specific tumor shapes and sizes. IMRT not only reduces the dosage of radiation to healthy tissues but may also lessen your risk for side effects.

Treatment for Advanced or Recurrent Cancer

If your cancer has spread beyond the pelvis and into organs such as the lungs or liver, or you have recurrent disease, we will work with you to reduce your cancer-related symptoms and help you maintain your quality of life.

We primarily recommend chemotherapy for women with advanced or recurrent disease. Several drugs, such as cisplatin (Platinol®) and paclitaxel (Taxol®), are available. Memorial Sloan Kettering investigators are researching additional chemotherapy strategies that may be effective for patients.

Some women with recurrent cervical cancer choose to undergo an involved surgery known as pelvic exenteration. With this approach, surgeons remove cancerous tissue and reconstruct the remaining organs to preserve as much function as possible. Brachytherapy can be done at the same time. We reserve this radical procedure for women who have otherwise limited treatment options.

Morris M, Eifel PJ, Lu J, et al. Pelvic radiation with concurrent chemotherapy compared with pelvic and para-aortic radiation for high-risk cervical cancer. N Engl J Med. 1999 Apr 15;340(15):1137-43.

Keys HM, Bundy BN, Stehman FB, et al. Cisplatin, radiation, and adjuvant hysterectomy compared with radiation and adjuvant hysterectomy for bulky stage IB cervical carcinoma. N Engl J Med. 1999 Apr 15;340(15):1154-61.

Rose PG, Bundy BN, Watkins EB, et al. Concurrent cisplatin-based radiotherapy and chemotherapy for locally advanced cervical cancer. N

Engl J Med. 1999 Apr 15;340(15):1144-53.

Request an Appointment

Call 800-525-2225
Available Monday through Friday, 8 a.m. to 6 p.m. (Eastern time)

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