“I’ll never forget the sound,” says Stephanie Luedke, her eyes welling with tears as she describes hearing the cries of her son, Jackson Thomas Luedke, moments after his birth.

It is not unusual for a mother to weep when recalling the birth of her child. But for Ms. Luedke, Jackson’s cries are an especially joyful memory. Her journey to that day was anything but routine.

In the fall of 2008, Ms. Luedke had received a diagnosis of stage 1-B-1 cervical cancer. Just a decade earlier, the only option available to her would have been a radical hysterectomy.

And for a woman still in her childbearing years who wished to have children, the news would have been doubly devastating: You have cancer — and you will never bear a child.

However, for Ms. Luedke and other women in similar straits, there is now a procedure called a radical trachelectomy that can preserve fertility in patients with early-stage cervical cancer. Gynecologic surgeon Nadeem R. Abu-Rustum and his colleagues have been performing and perfecting the operation since 2001.

“We have done more than 100 cases and have proven that this is an excellent choice for certain patients,” says Dr. Abu-Rustum. Of the approximately 105 women who have had radical trachelectomies at Memorial Sloan Kettering, 19 have given birth to healthy babies and several more are now pregnant.

> I don't wish that any woman go through this, but if anyone does, I would want her to be with Dr. Abu-Rustum. He is a surgeon, a husband, a father, and a real human being.
>
> Stephanie Luedke

In a radical trachelectomy, surgeons remove the cervix and several pelvic lymph nodes. During surgery, a pathologist determines if the margins of the cervical tissue removed are free of cancer cells. If they are, surgeons can spare the healthy uterus. The remaining portion of the uterus is sutured to the vagina, creating a new cervix.

The operation can be performed laparoscopically — which is a minimally invasive procedure — or as a traditional open surgery. The choice depends on the size of the tumor and other considerations.

“Laparoscopy is good for very small cancers,” explains Dr. Abu-Rustum. “But if we are doing a more complex case or if it is a larger, more high-risk tumor, we will choose the open approach.”

“Our cure rate is outstanding,” he adds. “The reason is that we select patients very carefully and study them preoperatively. This includes a review of their biopsy sample with our pathologists and an evaluation of women using pelvic MRI and full-body PET scans to rule out any spread of cancer.”

Dr. Abu-Rustum says that this meticulous preoperative planning has allowed Memorial Sloan Kettering surgeons to broaden the inclusion criteria.

“In the beginning, we were choosing only extremely small tumors. However as we have gained experience we’ve been able to operate on slightly larger lesions and more-advanced stages of disease, and so can offer this option to more women.”

“We have done more than 100 cases and have proven that this is an excellent choice for certain patients.”

Nadeem R. Abu-Rustum
Gynecologic Surgeon

Ms. Luedke, a senior-level executive of an investment management firm, had surgery with Dr. Abu-Rustum in mid-February 2009 and became pregnant in November. Her pregnancy was high risk and was not without its difficult moments.

“But Dr. Abu-Rustum stayed in complete communication with my obstetrician, which gave me tremendous peace of mind,” says Ms. Luedke. “I don’t wish for any woman to go through this, but if anyone does, I would want her to be with Dr. Abu-Rustum. He is a surgeon, a husband, a father, and a real human being. He’s remarkable.”

At 33 weeks into her pregnancy, on July 2, 2010, Stephanie Luedke and her husband, Fritz, welcomed Jackson into the world. He weighed five pounds, three ounces — “one perfect, beautiful little boy,” says his mother.