PIPADOR REVISION

MRCOG Part 1 Revision Notes

Cervical Cancer

PATHOLOGY • LECTURE 344

VISUAL EXAMINATION REVISION NOTES

2026 Edition

344

MRCOG PART 1 REVISION NOTES | PATHOLOGY

Cervical Cancer

Aetiology, pathology, spread, FIGO 2018 staging and treatment principles including pregnancy

≈ 3,200	25–34	SCC ≈ 75%	FIGO 2018
UK cases/year	Peak age group	Adeno ≈ 20–25%	Clinical + imaging + pathology

■ **KEY FACTS: Learning objectives**

- Describe the aetiology, histological types and spread of cervical cancer.
- Describe FIGO 2018 staging.
- Describe principles of treatment, including fertility-sparing options and cancer in pregnancy.

344.1 Aetiology and pathology

- Persistent **high-risk HPV** in virtually all cases; cofactors: smoking, immunosuppression (HIV), long-term COC, high parity, no screening.
- Types: **squamous cell carcinoma** (≈ 75%), **adenocarcinoma** (≈ 20–25%; HPV 18; also HPV-independent gastric type), adenosquamous, neuroendocrine (small cell — aggressive).
- Presentation: post-coital, intermenstrual or postmenopausal bleeding, discharge
  - Advanced — pain, hydronephrosis, fistula
  - Early disease often screen-detected.

344.2 Spread and staging

- **Direct** → vagina, parametria (ureters — hydronephrosis = stage IIIB), bladder, rectum.
- **Lymphatic** → paracervical, obturator, internal/external/common iliac, para-aortic nodes.
- Haematogenous (late) → lungs, liver, bone.

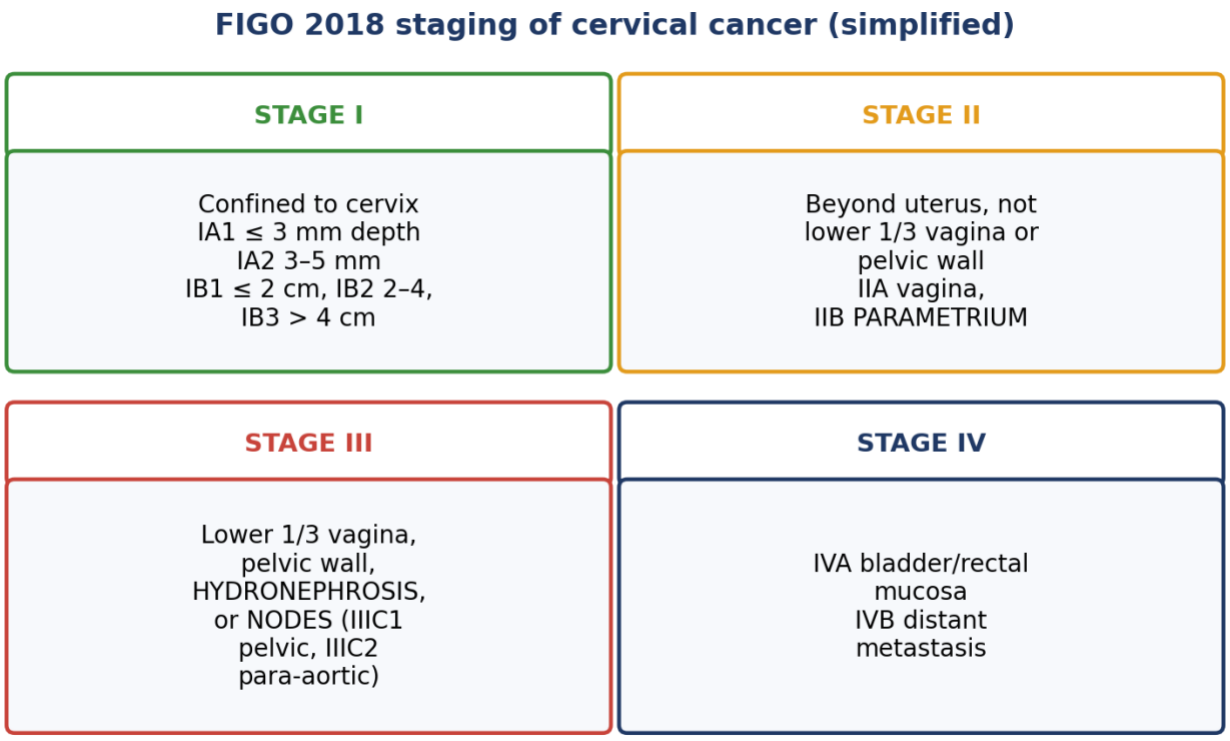


Figure 344.1 — FIGO 2018 staging

344.3 Treatment

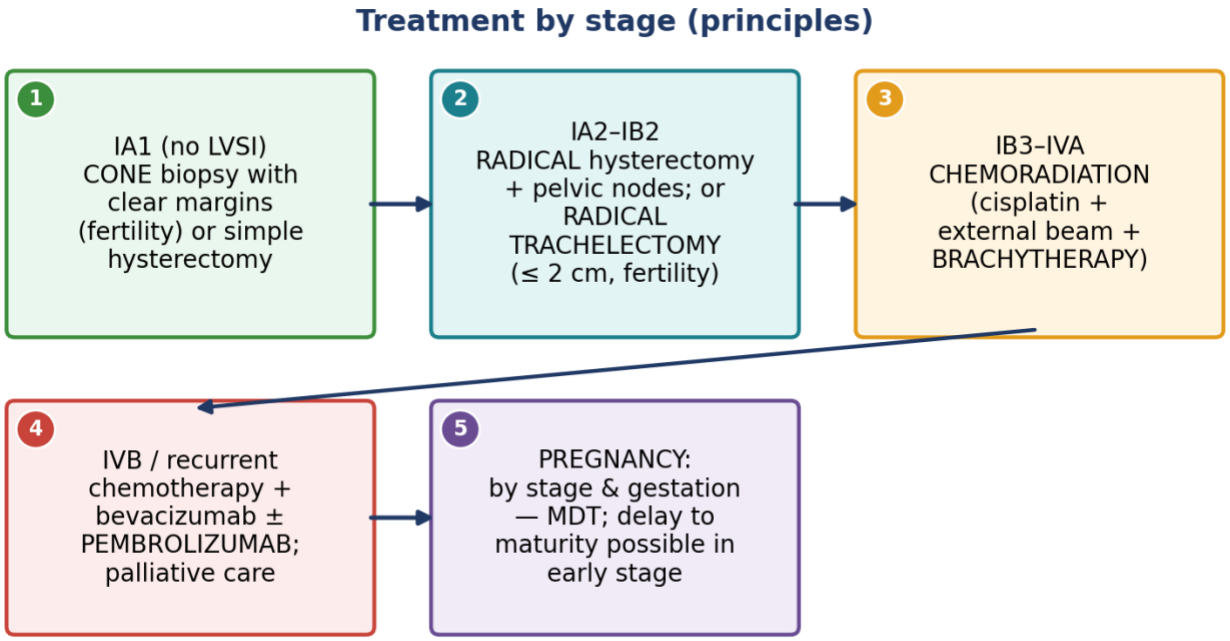


Figure 344.2 — Treatment principles

Topic	Details
Staging work-up	Examination (± EUA), MRI pelvis, CT chest/abdomen or PET-CT, biopsy
Radical hysterectomy	• Removes uterus, parametria, upper vagina + pelvic lymphadenectomy/sentinel nodes • Open approach preferred over minimally invasive for early-stage (LACC trial)
Fertility-sparing	Cone (IA1), radical trachelectomy (≤ 2 cm) — cerclage, ↑ preterm birth

Topic	Details
Chemoradiation	• Cisplatin weekly + external beam + brachytherapy — ovarian failure, vaginal stenosis, bowel/bladder toxicity • Ovarian transposition before RT
Pregnancy	• ≈ 1 in 10,000 pregnancies • MDT by stage and gestation — delay to fetal maturity in early stage • Neoadjuvant chemotherapy from 2nd trimester • CS (avoid tumour), radical hysterectomy at CS

344.4 Must-know summary

■ **EXAM TIP**

- HPV-driven; SCC ≈ 75%, adeno ≈ 20–25%; small cell aggressive.
- Spread: direct (parametria — hydronephrosis IIIB), lymphatic (pelvic → para-aortic); nodes = IIIC.
- IA1 cone; IA2–IB2 radical hysterectomy/trachelectomy; IB3–IVA chemoradiation; IVB systemic + pembrolizumab.
- Prevention: HPV vaccination + screening.

■ **MNEMONIC / MEMORY AID**

Stage II B = 'Beyond into the Broad ligament' (parametrium).