Primary, secondary, and tertiary prevention of cervical cancer

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By Achim Schneider, MD, MPH
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In 2013, I had the opportunity to contact Professor Achim Schneider of Chaité University Hospital and Professor Micahel Höckel of University of Leipzig for a short-term training in my area of medical interest, sentinel lymph node mapping and aggressive surgery for gynecologic cancers, particularly cervical cancer. Professor Micahel Höckel welcomed my visit. Since Professor Achim Schneider had retired and did not perform surgeries any longer, he introduced me to his coworker for the short-term training and readily sent me his book and DVD presenting his laparoscopic procedures for sentinel lymph node mapping. The title of the book is "Primary, secondary, and tertiary prevention of cervical cancer." I was extremely impressed with this book, and herein, I present a review of the same.

Before Professor Schneider introduces the contents of the book, he states, "*I express my sincere thanks to our patients for their confidence and continuous cooperativeness. My gratitude and recognition go to the past and current coworkers...*" in the Acknowledgements, which made me realize that the book includes a wealth of information from his clinical experiences with many gynecologic patients and the essence of accumulated clinical data generated in collaboration with his colleagues. As I expected, the book extensively covers essential topics on cervical cancer in terms of the epidemiology, diagnosis, treatment, and prevention. All contents are shown as Power Point presentations with suitable explanations. The book is composed of the following three parts: primary prevention including the topics of epidemiology of human papillomavirus (HPV)-associated disease and the efficacy and safety of HPV vaccines; secondary prevention including details on histology, cytology, HPV testing, and colposcopy as well as treatment of cervical intraepithelial neoplasia; tertiary prevention including the topics of diagnosis, staging, and treatment modalities such as surgery, radiotherapy, and chemotherapy. Details on the subject of my interest, sentinel lymph node mapping, are included as a part of tertiary

prevention. In this section, the author states that a tumor-free status is confirmed via histopathological assessment in more than 90% of lymph nodes harvested from patients with cervical cancer. Accordingly, most of these lymph nodes are removed without any oncological benefit. However, lymph node removal may adversely affect the patient's condition, considering that the postoperative morbidity rate following radical lymphadenectomy—mainly related to lymphedema—has been found to be as high as 40%. Therefore, a concept based on the removal of a few selected lymph nodes with the highest risk of tumor involvement, i.e., the sentinel lymph nodes, can be used for patients with early-stage cervical cancer by adequately trained gynecologic surgeons.

This book concludes that quality of life can be improved in 82% of patients with a tumor diameter of ≤ 2 cm, with an associated false negative rate of 1%. In these patients, recurrence should be detected as early as possible by meticulously evaluating the results of follow-up examinations. In patients

with larger tumors, the rate of false-negative outcomes is very high, and sentinel lymphadenectomy alone is too risky. I would like to recommend this book to gynecologic oncologists seeking a comprehensive review of cervical cancer.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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I express my deep gratitude to Professor Achim Schneider for sending me this book, which helped me learn from his experiences before my short-term training.