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Uterine cervical cancer: State-of-the art and imaging novelties**Perla Audi***Lebanese American University LAU, Lebanon*

Cervical cancer is the 3rd most common gynecological cancer (after endometrial and ovarian), representing around 6.6% of all cancers in women. It typically occurs in young women with an average of onset at around 45 years. Risk and predisposing factors of cervical cancer include most importantly the Human Papillomavirus (HPV) infection (in particular HPV 16 and 18 subtypes), multiple sexual partners, high parity, immunodeficiency, smoking, family history with certain HLA subtypes, low socioeconomic status (with less access to screening and vaccination). Until recently, cervical cancer staging was based mainly on clinical exam with complementary sigmoidoscopy and cystoscopy added if needed, based on the International Federation of Gynecology and Obstetrics (FIGO) staging system of 2014. However, clinical staging was observed to have some limitations concerning assessment of tumor size, parametrial invasion, lymph node involvement, factors that play a crucial role in management, treatment planning and prognosis. In 2018, the new FIGO staging system formally incorporated imaging as a source of staging information and as a supplement to clinical examination in order to have an accurate description of tumor spread. Imaging modalities include ultrasound (US), CT, MRI, FDG PET/CT, and FDG PET/MRI. US and MRI both measure accurately the tumor and assess for parametrial invasion better than does CT or clinical exam. Nonetheless, MRI is considered as the single best modality for preoperative staging of cervical cancer given its high soft tissue resolution. It is considered cost-effective because it replaces multiple other relatively invasive techniques (barium enema, cystoscopy, sigmoidoscopy...). It is beneficial in evaluating tumors larger than 2cm, endocervical lesions, in assessment of the parametrial invasion and in pregnant patients. MRI is also considered the best modality in monitoring therapeutic response and showing recurrence. For oncologists, the use of modern imaging techniques will enable a more accurate staging, better counseling on prognosis, and tailoring of the treatment planning in order to be curative and less morbid. As for radiologists, we should arrive to consensus standards for image quality, interpretation and reporting systems in order to achieve and contribute to an optimal care of uterine cervical cancer patients.

Biography

Dr AUDI completed her MD at Saint Joseph University in Lebanon in 2015, then pursued a 4-year residency at Hôtel Dieu de France between 2015 and 2019. After, she pursued two fellowships in musculoskeletal imaging and women imaging at Université de Lille 2, in Lille, France where she acquired a distinctive expertise in the areas of specialized imaging techniques and skills. She participated in international congresses where she presented posters and participated to the preparation of an oral presentation. She is involved in teaching the radiology residents with special attention to research. She is currently a full-time radiologist and faculty member at the Lebanese American University (LAU), practicing at LAU Medical center, Saint John's Hospital, Jounieh, Lebanon.