



Trachelectomies for treatment of cervical cancer, England

National Cancer Registration and Analysis Service Data Briefing

Introduction

This briefing examines the use of trachelectomy, a new interventional procedure for early stage cervical cancers, in NHS hospitals. Trachelectomy is often used as a fertility-preserving alternative to a hysterectomy.

Trachelectomies are not clearly identified in Hospital Episode Statistics (HES) data, meaning that national, population-based information on the number of cervical cancer patients treated in this way is not available. This briefing presents work carried out to investigate whether it is possible to identify trachelectomies using surgical procedure codes from HES data, and provides a baseline for assessing the completeness of trachelectomy recording and possible regional variations.

Methods

Trachelectomy was identified using a small number of clinically-agreed surgical procedure codes¹ with stage I, IA (including IA1 and IA2), IB (including IB1 and IB2), IIA or unstaged tumours, and also by excluding women who also had a recorded hysterectomy or bilateral oophorectomy. Women aged 45 and younger with stage I-IIA or unstaged tumours were considered potentially eligible cases for fertility-preserving surgery. The resulting numbers of identified trachelectomies are reported nationally and regionally for 2006 to 2013.

Results

From 2006 to 2013, 481 women diagnosed with cervical cancer received a trachelectomy (2.4% of all cases), with at most 80 trachelectomies per year. However, only 18 of these trachelectomies were carried out for women aged over 45, with over 80% for women aged 20-35. A trachelectomy was used in 3.7% to 6.4% of potentially eligible cases (Figure 1). It appears to be more common in the East of England and London (Table 1), with around 9% of eligible cases resident in these areas receiving a trachelectomy. For other regions of England, use of the procedure varied between 2.0% and 5.3%, with the lowest use in Yorkshire and the Humber. Some of the apparent variation may be due to different recording practices, patient factors such as age and deprivation, or differences in clinical practice²

Key messages

- The use of trachelectomy varied between 4% and 6% in 2006-2013.
- Overall there is limited use of trachelectomy, with some degree of regional variation.

¹ Emmett M *et al.* Variations in treatment of cervical cancer according to tumor morphology - population-based cohort analysis of English national cancer registration data. *International Journal of Gynecological Cancer*. 2017; 27(1):138-146.

² Adams E *et al.* Fertility preservation in cancer survivors: a national survey of oncologists' current knowledge, practice and attitudes. *British Journal of Cancer*. 2013; 108(8): 1602-1615.

Figure 1. Number of trachelectomies in women aged 45 or younger by year of diagnosis, and proportion of cervical cancers treated with a trachelectomy from potentially eligible* cases (red) and overall (black), England 2006 to 2013

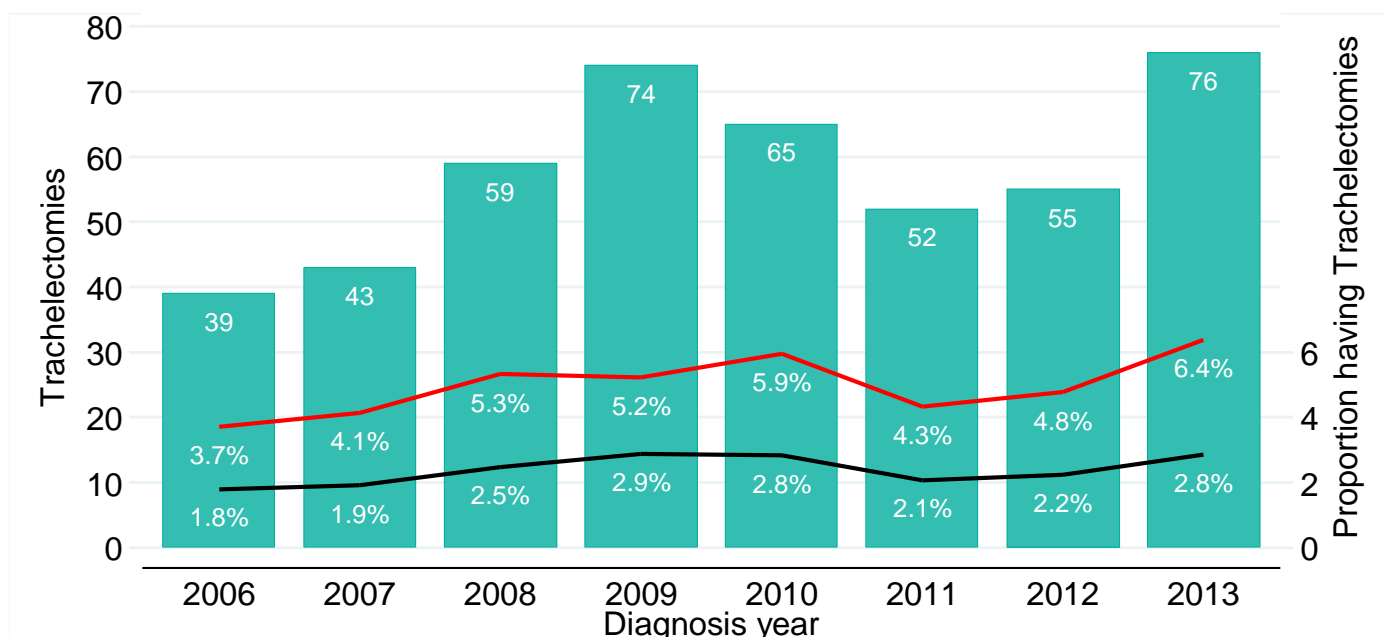


Table 1. Number of cervical cancers, potentially eligible* cases and trachelectomies by region, England 2006 to 2013

Included cases	Region	Trachelectomies	
		Cases	(n) %
All cervical cancers	England	20,069	481 2.4%
	North East	610	22 3.6%
Potentially eligible cervical cancers (for women aged 45 or younger with cancers staged I-IIA or unstaged)	North West	1404	64 4.6%
	Yorkshire and the Humber	1112	22 2.0%
	East Midlands	986	33 3.3%
	West Midlands	969	49 5.1%
	East of England	827	72 8.7%
	London	979	88 9.0%
	South East	1328	70 5.3%
	South West	1037	43 4.1%
	England	9252	463 5.0%

* Cervical cancers staged I-IIA or unstaged in women aged 45 or younger

Further work would be required to consider whether cancer outcomes differ for those women receiving a trachelectomy, compared to standard care, or how many of these women go on to have successful pregnancies.

FIND OUT MORE: Other useful resources: What cancer statistics are available and where can I find them? www.ncin.org.uk/publications/reports/