

ASCO develops recommendations for invasive cervical cancer care

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be treated with lower-tier modalities, depending on the capacity and resources for care. Cone biopsy or extrafascial hysterectomy may be performed for women with early-stage cervical cancer in basic settings. In non-basic settings, additional options may include fertility-sparing procedures or modified radical or radical hysterectomy. For women with stage IB to IVA disease, combinations of surgery, chemotherapy, and radiation therapy should be used, depending on available resources. An important aspect of palliative care is pain control.

"Health care providers and health care system decision makers should be guided by the recommendations for the highest stratum of resources available," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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(HealthDay)—The American Society for Clinical Oncology (ASCO) has developed guidelines for the management and palliative care of women with invasive cervical cancer. The clinical practice guideline was published online May 25 in the *Journal of Global Oncology*.

Linus T. Chuang, M.D., from the Icahn School of Medicine at Mount Sinai in New York City, and colleagues developed recommendations on the management and [palliative care](#) of [invasive cervical cancer](#). Systematic review of the literature failed to yield sufficiently strong quality evidence to support recommendations, so a formal consensus-based process was employed. Five sets of guidelines were reviewed as well as eight systematic reviews and cost-effectiveness analyses.

The authors note that clinicians should aim to provide access to the most effective evidence-based antitumor and palliative care interventions. If these cannot be accessed, patients may need to

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