



Classification Systems, Neoadjuvant Setting and Prognostic Factors in Cervical Cancer

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Message from the Guest Editors

Cervical cancer is the fourth most common cancer in women worldwide, and the second most common in low- and middle-income countries. Clinical stage is the most significant prognostic factor. Neoadjuvant radiochemotherapy followed by surgery or perioperative treatment is well established as current standard treatment for LACC. The effects of preoperative treatment can be evaluated by histology, and determination of tumor regression is frequently integrated in the pathology reports of resection specimens. Currently, there is no agreement and common standard for processing resection specimens after neoadjuvant treatment and for reporting of tumor regression for cervix cancers. It is still a matter of debate which system may provide better results in terms of interobserver agreement or prognostic value. We retain that future studies are necessary for the implementation of the best classification system, able to correctly define the tumoral bed. Finally, an adequate tumor regression scoring system with significant correlation with outcome could be considered an important piece of the puzzle in tailored therapies for patients with LACC.





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