专家共识

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子宫颈癌复发风险评估方法学中国专家共识（2025年版）

中国医师协会妇产科医师分会
中国医院协会妇产医院分会妇科肿瘤专业学组

关键词:子宫颈癌;复发风险;评估方法学;专家共识
Keywords:cervical cancer;recurrence risk;evaluation methodology;expert consensus
中图分类号:R737.3　　**文献标志码**:A

1　背景

子宫颈癌是女性生殖系统最常见的恶性肿瘤,发病率和死亡率位居女性恶性肿瘤的第四位[1]。接受标准治疗的早期子宫颈癌患者5年生存率高达90%,但仍有部分患者术后出现复发和转移[2-3]。调查发现,2004—2019年中国部分地区子宫颈癌手术病例整体复发率为12.5%,初诊年龄较大、肿瘤期别较高与更高的复发率相关[4]。国际妇产科联盟(Federation International of Gynecology and Obstetrics,FIGO)ⅠB~ⅡA期子宫颈癌患者的复发率为11%~22%,ⅡB~Ⅳ期患者的复发率为28%~64%[5],子宫颈癌一旦出现复发和转移,患者的生存率显著下降[6]。目前,已有多个风险分层系统及预测模型用于评估子宫颈癌复发风险,如Peters标准、Sedlis标准、四因素模型、Silva分型等,各种评估方法有其特定的适用范围及局限性,但缺乏整合性指导。为此,中国医师协会妇产科医师分会和中国医院协会妇产医院分会妇科肿瘤专业学组组织相关专家经多次深入讨论,结合国内外有关文献制定本共识,以期为妇科(肿瘤)医师对子宫颈癌复发风险的精准分层和个体化治疗及监测提供适宜的方法依据。

2　共识的制订方法

2.1　共识的制订标准　本共识的制订遵循2014年发布的《世界卫生组织指南制订手册》[7]及中华医学会发布的《中国制订/修订临床诊疗指南的指导原则(2022版)》[8],并在国际实践指南注册与透明化平台进行注册(注册网址:http://www.guidelines-registry.org/),注册号PREPARE-2025CN197。

2.2　使用者与目标人群　本共识主要供不同等级医院的妇科(肿瘤)医师参考;目标人群为子宫颈癌患者,旨在规范对子宫颈癌患者复发风险的评估,指导辅助治疗及个体化监测策略的制定。

2.3　临床问题的确定　本共识制定团队设立文献支持小组并确定主要的检索策略,聚焦子宫颈癌复发风险评估方法,并根据相应文献提出的子宫颈癌复发风险评估方法提出不同等级的推荐建议。这些推荐建议将为临床实践和决策提供指导。

2.4　证据检索与筛选　(1)检索数据库:包括中国知网、万方、维普、中国生物医学全文数据库、Ovid MEDLINE、Ovid Embase数据库。(2)检索时间:从数据库建库至2024年12月。(3)中、英文检索词:子宫颈癌、子宫颈腺癌、复发、预后、危险因素、风险评分、预测模型、cervical cancer、endocervical adenocarcinoma、recurrence、prognosis、risk factor、risk score、predictic mode。(4)检索文章的类型:涉及子宫颈癌复发风险评估方法并正式发表的原创研究成果。

2.5　证据的评价与分级　本共识的证据质量与推荐强度采用评估、制定及评价分级(grades of recommendation, assessment, development and evaluation, GRADE)系统进行评估[9]。证据质量分为3个等级:高(A)、中(B)、低(C);推荐强度分为强推荐和弱推荐(表1)。

表1　本共识证据质量和推荐强度及其代表意义

类别	具体描述
证据质量	
高(A)	未来的研究不太可能对目前的评估结果有重要影响,从而不大可能改变当前推荐
中(B)	未来的研究可能对目前的评估结果有重要影响,从而可能改变当前推荐
低(C)	未来的研究很可能对目前的评估结果有重要影响,从而很可能改变当前推荐
推荐强度	
强推荐	明确显示干预措施利大于弊或弊大于利
弱推荐	利弊不确定或无论高或低质量的证据均显示利弊相当

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通信作者:张颐,中国医科大学附属第一医院,电子信箱:syzi@163.com;狄文,上海交通大学医学院附属仁济医院,电子信箱:diwen163@163.com;张师前,山东大学齐鲁医院,电子信箱:r370112@126.com

医院);于爱军(浙江省肿瘤医院);王小元(山东第一医科大学第一附属医院);王玉东(上海交通大学医学院附属国际和平妇幼保健院);王冬(重庆大学附属肿瘤医院);王永军(首都医科大学附属北京积水潭医院);王刚(四川省妇幼保健院);王延洲(陆军军医大学第一附属医院);王军(大连医科大学附属第二医院);王建东(首都医科大学附属北京妇产医院);王莉(河南省肿瘤医院);王瑞哲(中国医科大学附属第一医院);孔为民(首都医科大学附属北京妇产医院);邓妍(中国医科大学);邓雷(中国医科大学附属第一医院);卢淮武(中山大学孙逸仙纪念医院);曲芃芃(天津市中心妇产科医院/南开大学附属妇产医院);朱育焱(中国医科大学附属第一医院);朱前勇(河南省人民医院);朱滔(浙江省肿瘤医院);刘军秀(中山大学附属第一医院);刘淑娟(空军军医大学第一附属医院/西京医院);许天敏(吉林大学第二医院);孙力(中国医学科学院肿瘤医院深圳医院);孙蓬明(福建省妇幼保健院);阳志军(广西医科大学附属肿瘤医院);狄文(上海交通大学医学院附属仁济医院);芦恩婷(中国医科大学附属第一医院);苏英杰(中国医科大学附属第一医院);李大鹏(山东第一医科大学附属肿瘤医院);李宁(中国医学科学院肿瘤医院);李芳梅(中国医科大学附属第一医院);李茵(北京大学基础医学院);李俊东(中山大学肿瘤防治中心);李莉(新疆医科大学附属肿瘤医院);佟晓光(中国医科大学附属第四医院);沈文静(中国医科大学附属第一医院);宋玉丽(中国医科大学附属第一医院);张师前(山东大学齐鲁医院);张松灵(吉林大学白求恩第一医院);张萍(山东大学第二医院);张颐(中国医科大学附属第一医院);陆安伟(南方医科大学深圳医院);陈亮(山东第一医科大学附属肿瘤医院);范江涛(广西医科大学第一附属医院);林安(福建省肿瘤医院);易萍(重庆医科大学附属第一医院);金平(深圳市妇幼保健院);周欣(中国医科大学附属盛京医院);赵虎(郑州大学第二附属医院);娄阁(哈尔滨医科大学附属肿瘤医院);袁光文(中国医学科学院肿瘤医院);袁航(青岛大学附属山东省妇幼保健院);郭瑞霞(郑州大学第一附属医院);黄奕(湖北省肿瘤医院);梁静(中日友好医院);蓝春燕(中山大学附属肿瘤医院);蔡红兵(武汉大学中南医院);黎金婷(广西壮族自治区人民医院)

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读者·作者·编者

敬告读者

国际妇产科联盟(FIGO)妇科肿瘤诊治指南以"癌症报告"形式每3~4年更新1次,上次发布时间为2021年。最近,FIGO陆续公布了2025版。本刊邀请中山大学孙逸仙纪念医院林仲秋教授团队继续撰写指南解读,从2025年第9期开始连续刊登。特此告知。

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