

PHYSICIAN

Update

FOR HOPKINS CLINICAL FACULTY AND REFERRING PHYSICIANS

Staying Fertile after Cervical Cancer



Michelle Coots's hopes of having a child one day were heightened significantly by a new technique.

Twenty-seven-year-old Michelle Coots considers last year's gritty, six-part ABC series, "Hopkins 24/7," which offered a look at life inside The Johns Hopkins Hospital, much more than just another television documentary. It gave her, she says, a chance to have a child.

Late in 2001, Coots, of Ashton, Md., was diagnosed with cervical cancer. There was only one way to cure her, her HMO physician told her—with a radical hysterectomy. Not only her cervix, but her uterus and ovaries would have to be cut out. Coots said, "No." The doctor and two other gynecologists told her she was playing with her life.

"But I didn't want anyone making the decision that I couldn't have children," Coots says.

It was Coots's sister, Lori Christy, who remembered **Frederick Montz**, the quirky gynecologist she had seen on "Hopkins 24/7," who specializes in cervical and ovarian cancers. "Call him," she told Michelle. That recommendation became Michelle Coots's pathway to hope. Montz had just begun using a new technique to treat patients with cervical cancer that could preserve their ability to have a baby.

"Removing the ovaries and the entire uterus doesn't play any role in the treatment of cervical cancer," Montz says. "You don't need to do it."

In treating cervical cancer, the first step, naturally, is to surgically remove the cancer. Because the uterus is made up of two parts—the corpus containing vital

blood supply and the uterine neck or cervix—most surgeons, concerned that cancerous cells may have spread from the cervix to the corpus, automatically remove both. Montz's new technique is different. He removes the cervix, the immediate surrounding tissue and the lymph nodes to prevent any spread, but he saves the corpus.

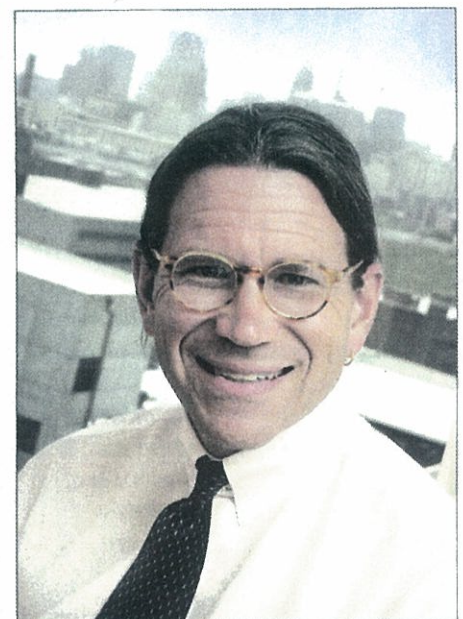
Called a radical vaginal trachelectomy, the surgery preserves a woman's fertility (although her chances of getting pregnant drop from 80 percent before surgery to 50 percent afterwards). "Every study comparing this approach to hysterectomy shows stage for stage that there's no difference in cure rate," Montz says.

Still, the fertility-preserving procedure is not for everyone, Montz makes clear. The cancer must be in an early stage and confined to the cervix. Also, the patient should feel strongly that she wants to have a child and be willing to deliver by C-section—a must.

For Michelle Coots, the answer to both those questions was a resounding yes. "I'm so grateful," she says, "to my sister, to Dr. Montz, and to that TV program, 'Hopkins 24/7.'" For patient referrals ☎ 410-95-JOHNS (56467) ext. 11

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