

This is an example MR protocol with generic sequences and basic scanning parameters (FOV, slice thickness, frequency and phase). Other scanning parameters will vary based on specific vendor and field strength. This is considered the minimum requirement for appropriate imaging of cervical cancer by the SAR Uterine and Ovarian Cancer Diseased Focused Panel. For vendor specific sequence names, please visit the MRI Acronyms by Manufacturers website: <http://www.mr-tip.com/serv1.php?type=cam>.

**Indications:** Pre-treatment assessment of tumor, monitoring for recurrence.

**Patient preparation:**

To allow for some bladder distention, ask the patient void 30 minutes prior to starting exam. Vaginal gel helps with defining the tumor. Gadolinium based contrast agent is not required for staging, but helpful in cases of recurrence and small tumor prior to fertility sparing trachelectomy. Anti-peristaltic agents are recommended to decrease bowel motion.

- **Coronal T2-Single Shot technique Turbo Spin Echo (TSE)/Fast Spin Echo (FSE) to include kidneys**  
Dimensions: 2D  
FOV: 36-40  
Slice: 6mm; skip 0.5-1mm  
Frequency: 256  
Phase: 192-256
- **Sagittal T2-TSE/FSE, no FatSat; Acetabulum to acetabulum**  
Dimension: 2D  
FOV: 24-26  
Slice: 4mm  
Frequency: 256  
Phase: 192-256
- **Axial oblique T2-TSE/FSE, without or with 90° Flip-Back Pulse, no FatSat; perpendicular to the long axis of the cervix/tumor**  
Dimension: 2D  
FOV: 24-26  
Slice: 3-4mm; skip 0.5mm  
Frequency: 256-320  
Phase: 256-320
- **Axial oblique Diffusion Weighted Imaging (DWI); perpendicular to the long axis of the cervix/tumor (best performed immediately after the axial oblique T2)**  
Dimension: 2D  
FOV: 28-32  
Slice: 4 mm  
Frequency: 80-128  
Phase: 80-128
- **Axial T1-TSE/FSE, no FatSat; Perineum through the top of L5**  
Dimension: 2D

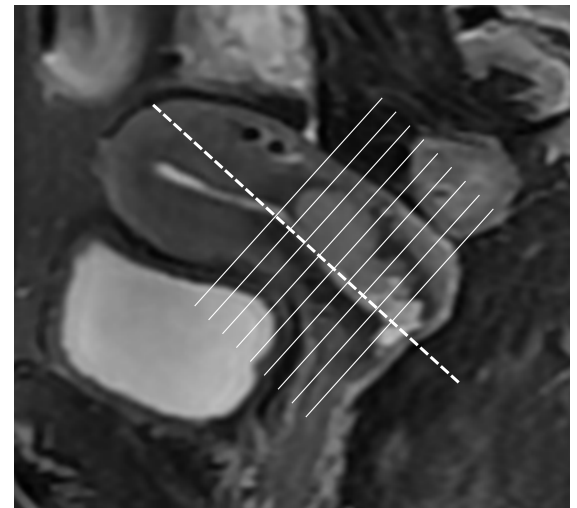


Figure: Dashed white line parallel to the long axis of the cervix on a sagittal image. Solid white lines are the axial oblique scan plane, perpendicular to the long axis of the cervix.

FOV: 30-34  
Slice: 5 mm; skip 1 mm  
Frequency: 256-320  
Phase: 256-320

**OPTIONAL for staging; helpful in pre-trachelectomy /recurrence:**

- **Sagittal Pre-contrast, 40 seconds and 90 seconds T1 3D Ultrafast Gradient Echo; Acetabulum to acetabulum**  
Dimension: 3D  
FOV: 28  
Slice: 4 mm  
Frequency: 256-320  
Phase: 192
  
- **Axial 180 seconds T1 3D Ultrafast Gradient Echo; Perineum through the top of L5**  
Dimension: 3D  
FOV: 28  
Slice: 4 mm  
Frequency: 256-320  
Phase: 192-224

**OPTIONAL T2-weighted sequence; helpful for bone lesions, stress fractures, edema, fluid, lymph nodes:**

- **Axial T2-TSE/FSE without or with 90° Flip-Back Pulse, +FatSat; Perineum through the top of L5**  
Dimension: 2D  
FOV: 24-26  
Slice: 4mm; skip 0.5mm  
Frequency: 256-320  
Phase: 256-320