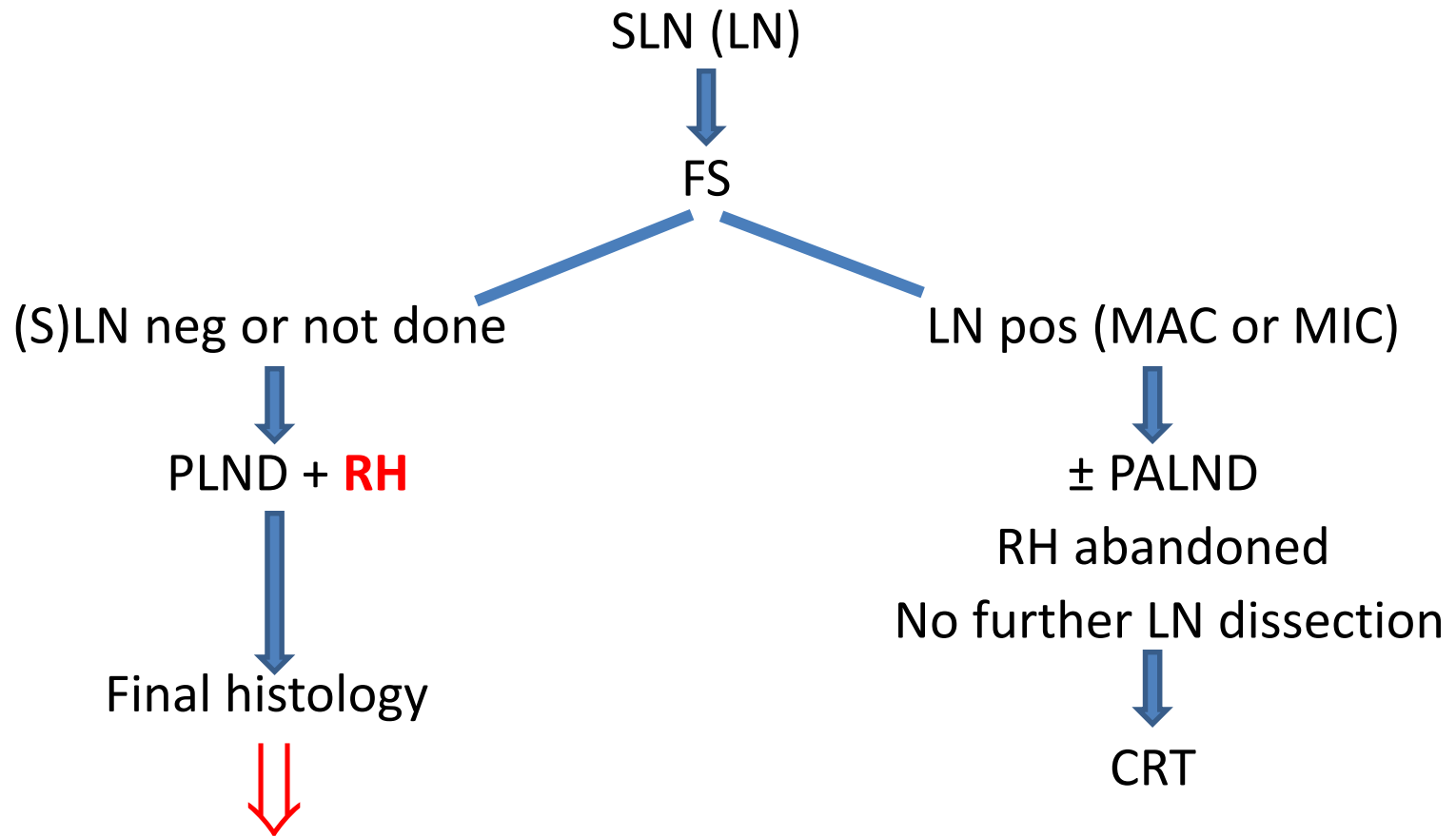


Intraoperative detection of LN involvement

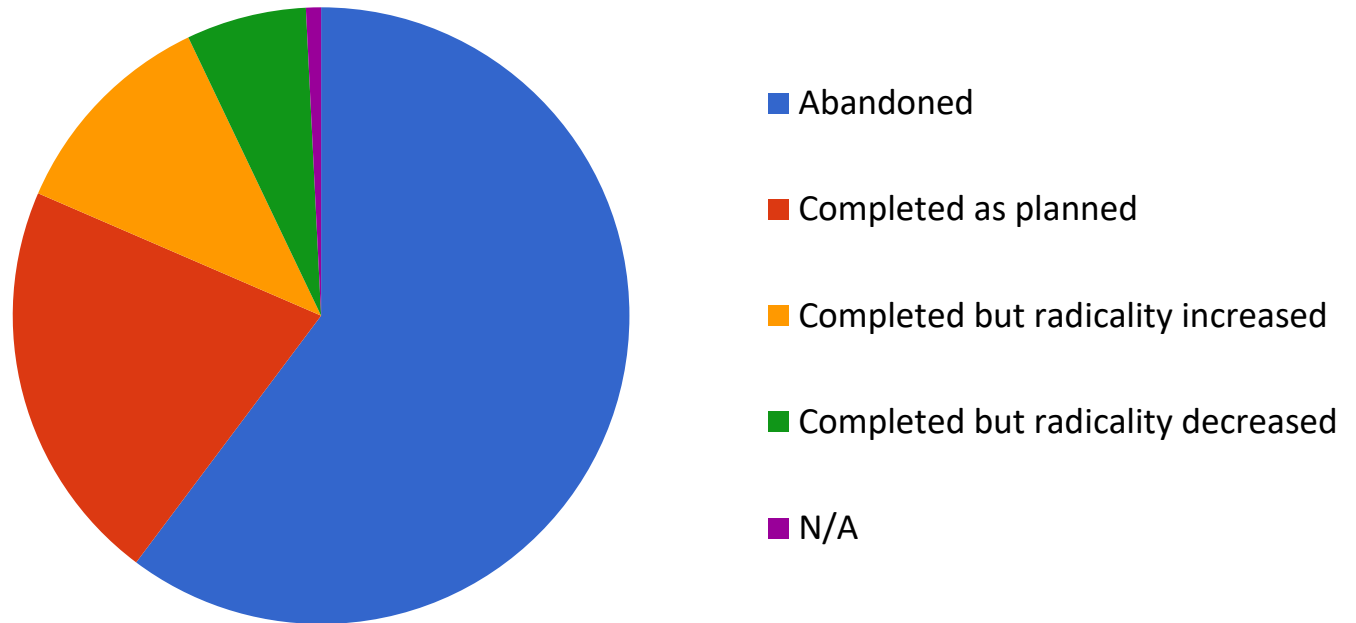
David Cibula

New ESGO/ESTRO/ESP guidelines T1b1/T2a



ESGO survey: What is your management if pelvic LN involvement is detected during surgery?

2) Radical hysterectomy

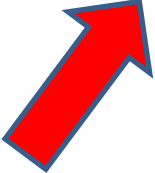


Stage IB-IIA (N=242)

RH abandoned (**N=23**) – grossly involved LN (all received CRT)

RH completed (N=35) - LN positive from final histology

	Completed	Abandoned	
2yDFS	93%	59%	P=0.01



IJGC, 2005, 498-502

SEER database, 1988 – 1998

Stage IB; **N=3116**

Criteria: LN pos. + PLND + PALND performed

RH completed (N= 163) (**all adjuvant RT**)

RH abandoned (**N=53**)

	Completed	Abandoned
Median FU	6.42y	5.75y
5yOS	69%	71%

Stage IA2-IIA, N=268

RH abandoned (**N=19**)

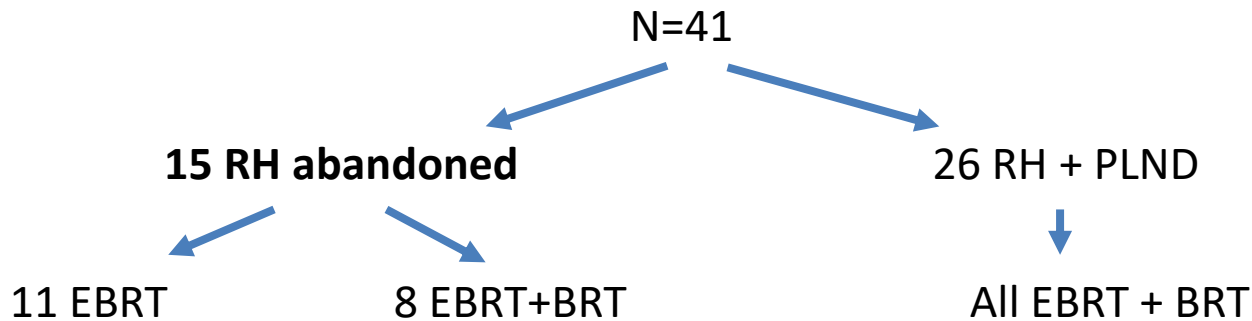
grossly involved LN (84%) or **pelvic spread (16%)**

RH completed (N=249)

	Completed	Abandoned	P
RR	18%	37%	0.168
OS	80%	73%	0.772

Gross LN intraoperative involvement

Single institution (USA)



	Completed	Abandoned	P
Local RR	12%	27%	0.39
Distant RR	19%	33%	0.45
PFS	75 mo	47 mo	0.106
OS	92 mo	70 mo	0.886



RHL (N=89) – RH, PLND + adjuv. (C)RT
CRT (N=32) – RH abandoned + CRT

Balanced age, FU, FIGO stage, histology

RR	16%	vs	31%	P=0.073
Pelvic RR	2%	vs	16%	P=0.014
DFS	81%	vs	67%	P=0.024
OS	84%	vs	77%	P=0.298

Limitations

Size of the groups

Selection bias

RHL – LN+ identified from final pathology

CRT – LN+ identified intraoperatively

Type of mets not analyzed

Conclusions

- No evidence of superiority of one over the other approach
- Obvious limitations of available literature
 - small series
 - innappropriate control groups
- Limited data on morbidity

ENGOT-Cx3/CEEGOG/ABRAX

Reasons to abandon

- Avoidance of morbidity related to radical hysterectomy itself
- Lower morbidity related to combined treatment
- Better oncological outcome due to the possibility of using brachytherapy

ENGOT-Cx3/CEEGOG/ABRAX

Reasons to abandon	Reasons to complete
<ul style="list-style-type: none">➤ Avoidance of morbidity related to radical hysterectomy itself➤ Lower morbidity related to combined treatment➤ Better oncological outcome due to the possibility of using brachytherapy	<ul style="list-style-type: none">➤ Lower risk of central pelvis recurrence (especially in larger tumours or adenocarcinomas)➤ Lower morbidity due to the avoidance of brachytherapy

ENGOT-Cx3/CEEGOG/ABRAX

Oncological outcome after completing or abandoning (radical) hysterectomy in patients with cervical cancer and intraoperative LN positivity

ABRAX (ABandoning RAd hyst in cerviX cancer)

Retrospective cohort study



ENGOT-Cx3/CEEGOG/ABRAX

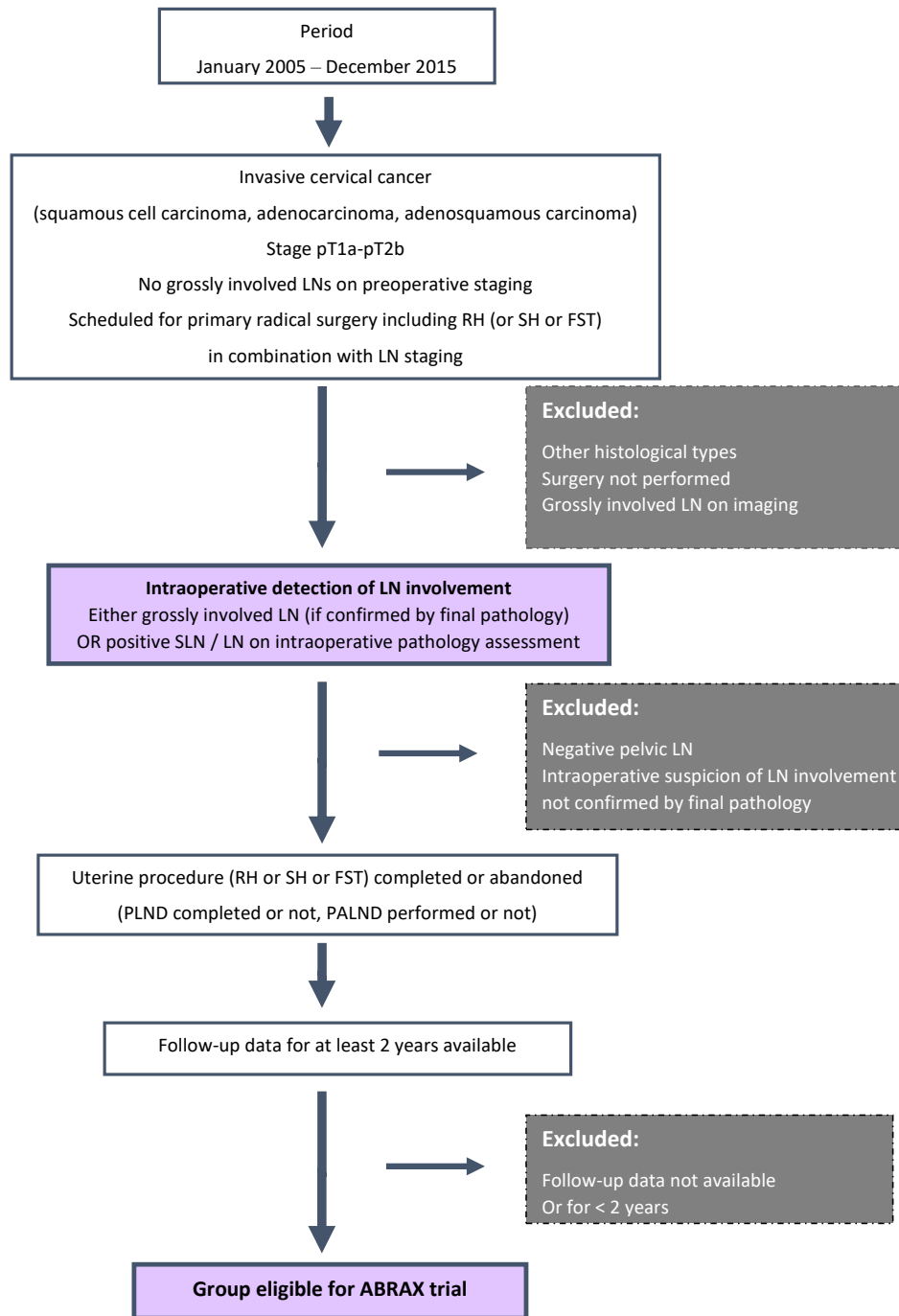
Objectives

- 1) To determine if the performance of radical hysterectomy improves oncological outcome in patients with intraoperative detection of LN involvement (comparing to radio(chemo)therapy alone)
- 2) Compare the prevalence of \geq G2 treatment-related morbidity between the group with or without radical hysterectomy
- 3) Evaluate if the survival benefit of radical hysterectomy is modified by prognostic parameters (tumour size, histological type, type of metastases, presence of LVSI, number of involved LN)

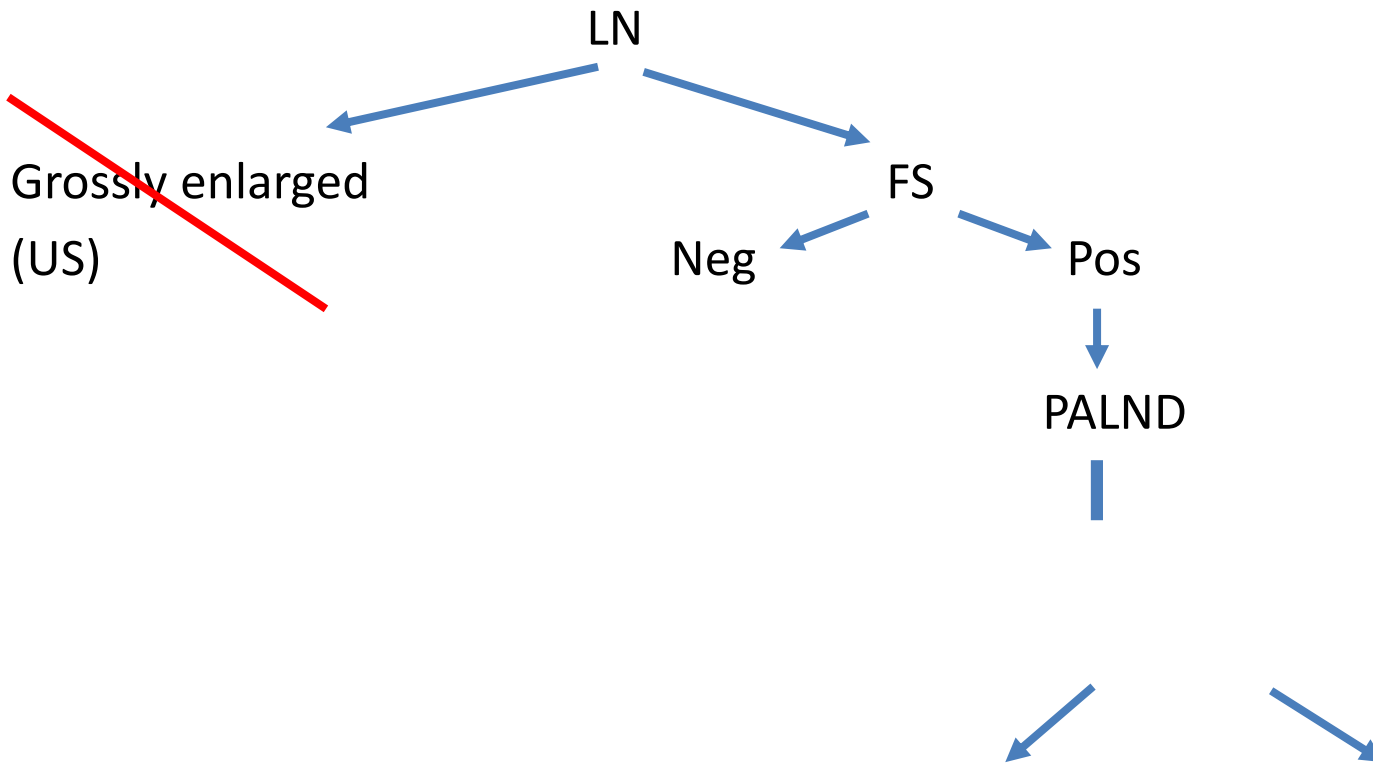
ENGOT-Cx3/CEEGOG/ABRAX

Inclusion criteria

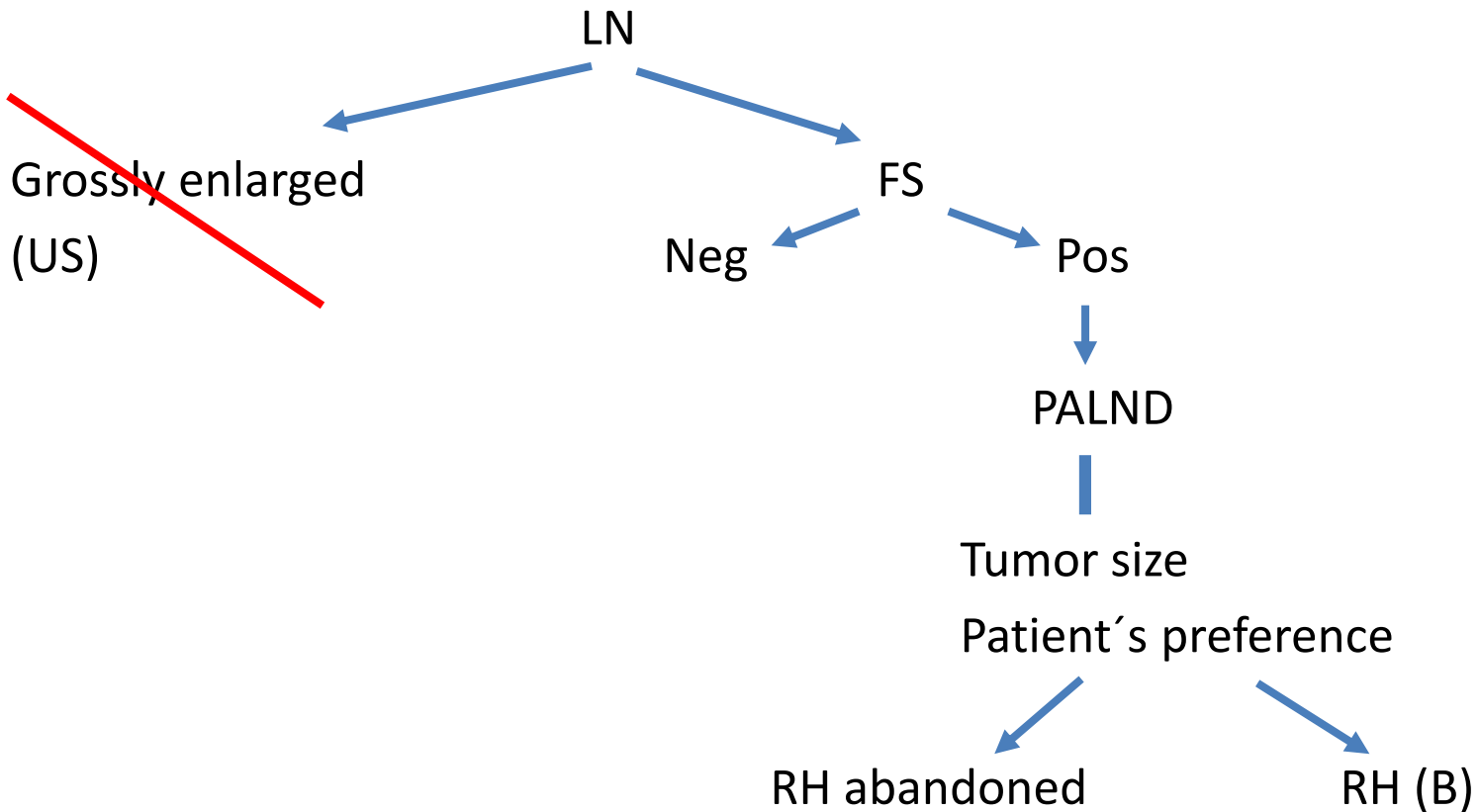
- ✓ Histologically confirmed squamous cell carcinoma, adenocarcinoma, adenosquamous carcinoma
- ✓ Stage pT1a – pT2b
- ✓ Patient referred for primary surgical treatment (neoadjuvant chemotherapy is not an exclusion criteria) intended to perform LN staging followed by radical / simple hysterectomy or fertility-sparing procedure (FST)
- ✓ Intraoperative detection of LN involvement (any type of metastasis):
 - Macroscopic involvement = grossly involved lymph nodes (if confirmed by final pathology)
 - OR
 - Microscopic involvement = SLN / LN intraoperative pathologic evaluation (frozen section)
- ✓ Follow-up data available for ≥ 2 years
- ✓ Surgery performed between January 2005 and December 2015



Our management



Our management



Open Q

- ✓ type of LN positivity (grossly involved, microscopic)
- ✓ modern pre-operative imaging
- ✓ subgroups (large tumor size; adenocarcinoma)
- ✓ hysterectomy x PLND x PALND
- ✓ type of surgery (simple hyst x rad hyst)