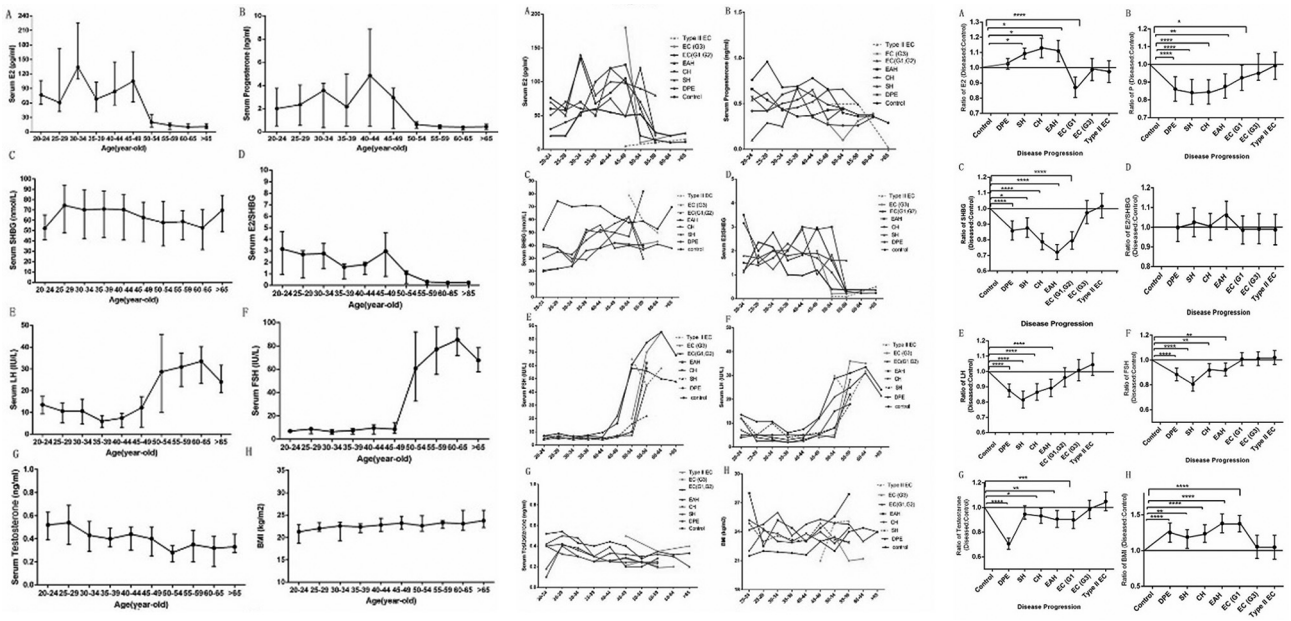

Abstract 104 Figure 1

IGCS19-0359

105 PET-CT FINDINGS IN HIV-POSITIVE AND NEGATIVE PATIENTS WITH LOCALLY ADVANCED CERVICAL CANCER IN A SOUTH AFRICAN COHORT

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Objectives PET-CT imaging is commonly used as a staging tool to identify nodal involvement in locally advanced cervical carcinoma (LACC). The value of PET-CT for staging HIV-infected patients with locally advanced CC has not been previously described. We analyzed PET-CT findings in a cohort of patients with LACC in Cape Town, SA.

Methods Patients with LACC FIGO Stage IIb or IIIB, and were referred, on the basis of stage and the availability of bookings, for PET-CT/radiotherapy planning CT from January 2015 to December 2018. A team of expert nuclear medicine physicians and radiologists reported the PET-CT examinations. Descriptive statistics and chi-squared tests were used to compare patients with and without HIV.

Results A total of 286 patients underwent PET-CT. Eighty-nine patients (31.2%) were HIV-positive. Pelvic nodal involvement was notably found in 205 patients (72.4%), including 77.3% of those who had HIV and 70.3% of those who did not (p=0.22); para-aortic nodal disease in 114 patients (42.7% of HIV+ vs 38.8% HIV-, p=0.53); and distant disease in 55 patients (23.6% of HIV+ vs 17.3% HIV-; p=0.22). In total, 223 patients (79.3%), including 81.8% of patients without and 75.0% of patients with HIV (p=0.31), were prescribed standard fractionation EBRT. Twenty-two patients (7.8%) were prescribed hypofractionated EBRT, and 36 patients (12.8%) palliative therapy. Five patients (1.7%) did not return.

Conclusions PET-CT imaging found no differences between LACC patients, with and without HIV, in nodal involvement or occult metastases and did not lead to, or justify, treatment differences.

Surgical Films

IGCS19-0157

106 INDOCYANINE GREEN-ASSISTED SENTINEL LYMPH NODE MAPPING IN EARLY-STAGE CERVICAL CANCER

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Objectives To describe step-by-step the technique of ICG injection and the real-time detection of pelvic Sentinel Lymph Nodes using near-infrared imaging.

Methods This is a surgical teaching video demonstrating SLN mapping in uterine cancer using assisted fluorescence imaging. One milliter of Indocyanine green (2,5 mg/ml) is injected in 2 points into the cervix (deeply in the stroma and/or superficially in the submucosa) at 3 and 9 o'clock with a 22G needleunder anesthesia at the beginning of the operation or after set-up of the surgical access.

Results We suggest opening first the entire retroperitoneal space along the external iliac vessels and to identify the ureter and the obliterated umbilical artery. This approach allows to observe the early drainage from the cervix through the parametrium by following the dye progression in the channels before any node is taken to ensure that the true draining SLN is identified and not missed. Although the false negative rate

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