Objectives We aimed to analyze whether radiological and pathological lymph node status affected the prognosis in patients with epithelial ovarian cancer who underwent neoadjuvant chemotherapy (NAC) followed by interval debulking surgery (IDS).

Methods A total of 82 patients who had undergone IDS, including systematic retroperitoneal lymphadenectomy, at Tottori University Hospital were eligible for this study. We retrospectively analyzed the association of lymphadenopathy before (rLN) and after (yrLN) NAC, pathologically confirmed lymph node metastasis (pLN), and prognosis. The patient survival distribution was calculated using the Kaplan-Meier method.

Results Of the 82 cases, 36 were rLN+ (43.9%), 10 were yrLN+ (12.1%), and 39 were pLN+ (47.5%). No significant differences in progression-free survival (PFS) and overall survival (OS) were observed between rLN+ and rLN- patients. The PFS and OS in yrLN+ patients were not different from those in the yrLN- patients. Both the PFS and OS were significantly shorter in pLN+ patients compared to pLN- patients (p < 0.001 and p = 0.004, respectively). Univariate analysis revealed that FIGO stage, pLN, and an absence of gross residual disease were prognostic factors for PFS and OS. Multivariate analysis revealed that pLN was an independent prognostic factor for PFS (p = 0.001) and that pLN and an absence of gross residual disease were independent prognostic factors for OS (p = 0.046, p = 0.012).

Conclusion Only the pathological lymph node status affected PFS and OS in patients with ovarian cancer who underwent NAC followed by IDS, whereas the radiological lymph node status may not be a prognostic factor in such patients.

Objectives To evaluate the oncological and surgical outcome of minimally invasive radical surgery (MI-RS) compared to open radical surgery (O-RS) in locally advanced cervical cancer patients managed by CT/RT and RS were retrospectively analyzed.

Results Starting from 868 patients, the propensity score matching resulted in 462 cases (231 per group), balanced for FIGO stage, lymph node status, histotype, tumor grade and clinical response to CT/RT. Overall, 107 recurrences were registered with no difference in the pattern of recurrences between the two surgical approaches. The 5-year disease-free survival (DFS) was 73.7% in the O-RS patients, 73.0% in the MI-RS patients (p value < 0.0001). The number of days was shorter in the O-RS patients (p value < 0.0001).

Conclusion There was no difference in survival (DFS) and overall survival (OS) between the two groups.