Introduction/Background Cervical cancer is the second most frequently diagnosed cancer and the third leading cause of cancer death for women in developing countries. Radical hysterectomy with bilateral pelvic lymph node dissection is usually preferred for patients of stage IB1-IIA2. Currently, image examinations have certain limitations in diagnose of lymph node metastasis and their detection accuracies are not satisfactory. Only the pathological examination after removal of the suspected metastatic lymph nodes during surgery can conclusively identify the presence of metastasis. If there is a positive result of lymphatic metastasis, there is no clear guideline whether to complete a radical surgery, or to only conduct a systematic lymphadenectomy, followed with adjuvant Concurrent Chemoradiotherapy (CCRT). This retrospective study aimed to compare the efficacy and safety of the two treatment modalities.

Methodology 49 stage IB1-IIA2 cervical cancer patients with lymphatic metastasis confirmed by systemic pelvic and para-aortic lymph node dissection from 2007 to 2018 were reviewed. The patients were treated with either primary chemoradiation or radical hysterectomy followed by adjuvant chemoradiation after lymphadenectomy. Survival states and adverse events of the two treatments were compared.

Results Median follow-up time was 45 (range 11–119 months) months. In non-radical surgery group, 1 patient (1/15, 6.7%) relapsed and died, while in radical surgery group, 7 patients (7/27, 25.9%) relapsed and 5 (5/27, 18.5%) died. Significant difference was found in the mean progression-free survival between the two groups, which was 69(95%CI 49.118–88.882) months in non-radical surgery group and 44(95%CI 35.857–52.143) months in radical surgery group (p<0.01). There was significant difference in three-year progression-free survival(86/10vs.71%, p<0.01). Grade 3–4 toxicity was comparable between the two groups (26.7% vs. 25.9%, p=0.938).

Conclusion For stage IB1-IIA2 cervical cancer patients with positive lymph node, primary chemoradiation after pelvic and para-aortic lymphadenectomy seems to have better survival outcomes compared with radical hysterectomy by laparoscopy plus chemoradiation in the retrospective study with limited cases. Evidence from a randomized controlled study is in need to confirm the optimal treatment for early stage node-positive cervical cancer.

Disclosures The authors declare that they have no conflicts of interest.