

**Methodology** Retrospective Analysis of 417 cases of early stage cervical cancer disease, treated in one tertiary center between 2005–2015. Data was assorted in 2 subgroups: Group 1 – women with diagnosis made by cone biopsy (n=179); Group 2 – women with diagnosis made by biopsy (n = 232) . SPSS was used for data analysis. The differences between tumor size and proportion of cervical invasion were evaluated by student’s T test. Fisher’s exact test (two tailed) was used for evaluating the other tumors parameters and the proportion of women who underwent adjuvant therapy and disease recurrence.

**Results** After cone biopsy, tumor size present at surgical specimen is smaller, (mean 26 vs 19 mm,  $p < 0.001$ ), but the proportion of cervical stromal invasion was similar between groups (mean 0.66 vs 0.56  $p=0.58$ ). Less women underwent adjuvant therapy in group with diagnosis made by cone biopsy (23% vs 52%  $p < 0.001$ ). Disease recurrence was similar between the two groups evaluated separately for women who underwent adjuvant therapy (n=41, women with cone biopsy 7.3% vs women without cone biopsy 17%,  $p=0.2$ ) or just vigilance (n= 137, women with cone biopsy 4.4% vs women without cone biopsy 8.5%,  $p=0.19$ ).

**Conclusion** Women that performed cone biopsy underwent adjuvant therapy less frequently, without increasing the recurrence rate – Cone biopsy seems to be protective.

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**DIAGNOSIS OF LYMPH NODE MICROMETASTASIS EVEN THOUGH METHYLENE BLUE**

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**Introduction/Background** The subsequent complications of pelvic-lymphadenectomy in patients with early-stage cervical-cancer, the sentinel-lymph-node (SLN) technique is increasingly used. Studies show that SLN-technique with methylene-blue alone is viable and adequate alternative to systematic-lymphadenectomy for early stage cervical cancer in selected patients.

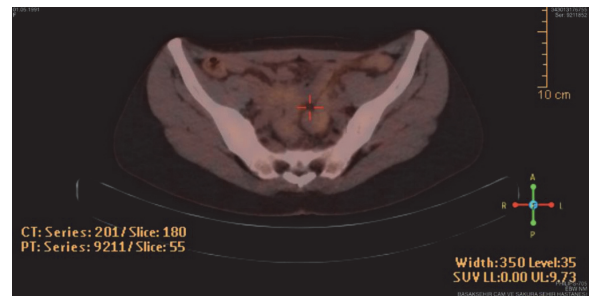
**Methodology**

**Case Presentation** A 30-years old patient who was diagnosed with cervical squamous cell carcinoma with a size of 2,1 cm, had no suspicious lymph node in the preoperative PET/CT and MRI scans. Thereupon, a fertility-sparing-trachelectomy operation was planned.



Abstract 2022-VA-699-ESGO Figure 1

**Results** Sentinel-lymph-node evaluation and frozen-section were performed. Afterward micrometastases were detected during the frozen examination, the operation was terminated. *Patient had no abnormal symptoms throughout early postoperative period. On the 3rd day after primary surgery patient was discharge without any further complication. After all pathology examination, the patient was accepted as FIGO2018 Stage 3C1 and referred to chemoradiotherapy.*



Abstract 2022-VA-699-ESGO Figure 2

**Conclusion** Many published studies show the feasibility of SLNB for cervical-cancer. The latest edition of the National-Comprehensive-Cancer-Network (NCCN) Practice Guide says sentinel lymph node dissection can only be used in stage I patients and patients with tumor size <4 cm, but is best for tumor <2 cm. There is ample evidence that SLN without systematic lymph node resection has the same oncology outcomes and fewer complications. According to Yahta et al. investigated surgical complications and prognostic outcomes in patients with early stage cervical-cancer who underwent SLN for trachelectomy or hysterectomy found that operative-time, lymphedema, lymphangitis, and blood-loss were significantly lower in patients with SLN compared to patients who underwent systemic pelvic lymphadenectomy, and the prognostic outcomes were not different between the two groups. In developing-countries, all necessary dyes for sentinel-lymph-nodes are not available in all centers. Our case is very significant in terms of showing that sentinel-lymph-node can be detected and metastasis can be detected with methylene-blue alone, with right technique and surgical management.

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**ASSOCIATION OF PET-CT TUMOR METABOLIC METRICS AND INTRAEPITHELIAL AND STROMAL TUMOR-INFILTRATING LYMPHOCYTES IN LOCALLY ADVANCED CERVICAL CANCER PRIOR TO CONCURRENT CHEMO-RADIOTHERAPY**

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