Methodology Eligible patients had FIGO 2009 stage IB2-IIIB cervical cancer with no or only limited (≤5 mm) vaginal involvement. Comprehensive assessment of vaginal changes was done before treatment, at 4–6 weeks and 3, 6, 12 and 24 months thereafter using CTCAE v3.0 and additional assessments. PRO were assessed at the same timepoints using validated Quality of Life (EORTC QLQ-C30 and CX24) and sexual questionnaires. Statistical methods included generalized linear mixed model analysis and Spearman’s rho correlation coefficients.

Results 113 eligible patients were included. Over time, mild (grade 1) vaginal changes were reported in 10.8–36.8% of the participants. Of the 113 participants, 46.7% reported not being sexually active at 24 months, mostly because of losing interest in sex or lacking a partner. Among the sexually active women (41–54/113), 43.2–51.3% reported vaginal functioning problems starting at 4–6 weeks and more severe sexual problems and distress were reported by 5–15% of them. Significant differences (p≤.05) in physician-assessed vaginal morbidity were found between baseline and follow-up, without further clear changes. No or only small associations between vaginal changes and vaginal functioning problems and sexual distress were found.

Conclusion Relatively mild vaginal changes were reported after image-guided radio(chemo)therapy and brachytherapy according to EMBRACE-protocol. Vaginal functioning problems were reported by almost half of the sexually active women, while more severe problems and distress were reported by up to 15% of them. These results are favourable compared to previous data, potentially due to the combination of tumours with limited vaginal involvement and EMBRACE-specific treatment optimization and rehabilitation recommendations.

Introduction/Background ISMILE adenocarcinoma is a rare entity, recently described as a distinct entity of invasive lesion associated with Human Papilloma Virus infection. Described in the few cases in the literature as a form with a poor prognosis. Clinical and prognostic data of this entity are very limited in the literature. In this case, we describe the clinical presentation, management and two-year follow-up of an invasive SMILE adenocarcinoma.

Methodology A 47-year-old female patient, with no pathological history, mother of 3 children, not yet menopausal, who had no previous cervical cancer screening; the reason for consultation was vaginal bleeding and pelvic pain. Examination found a suspicious 4 cm budding and exophytic cervical mass.
Conclusion SMILE adenocarcinoma is a rare entity of cervical tumour, recently described in the literature. Its treatment should not differ from other forms of invasive cervical carcinoma. However, knowledge of this entity and its capacity for invasion and distant metastasis is important to ensure proper management of patients.

Abstract 2022-RA-959-ESGO Figure 1

Conclusion During SLN biopsy, surgical pelvic dissection should focus on the bilateral anatomical area below the inter iliac bifurcation, the external iliac vessels region, and the obturator fossa, where SLNs are most frequently located. Occurrences outside this region are rare with an extremely low risk of isolated metastatic SLN in the pelvic level II.

Introduction/Background Over the last twenty years, data from more than 2000 patients from thirty studies on sentinel lymph node (SLN) mapping in early-stage cervical cancer were published. Many of these reports come from small single-centre studies or retrospective data from the time when detection rates were much lower. We present final results on SLN mapping from the Sentix study, the largest prospective cohort study of more than 700 patients.

Methodology Eligible were patients with cervical cancer stages T1a1 L1 – T1b2 (< 4 or ≤ 2 cm for fertility sparing), common tumour types and no suspicious lymph nodes on preoperative imaging. All detection techniques (blue dye, radiocolloid, indocyanine green) and combinations were allowed. Preoperative lymphoscintigraphy was not required and not used. All approaches, laparotomy, laparoscopy, or robotic surgery were acceptable. Intraoperative pelvic (external iliac, interiliac, common iliac, pre-sacral) and low paraaortic regions were examined for the presence of SLN. All patients with successful bilateral SLN detection and a completed postoperative data continued in the study.

Results Final cohort of 714 patients were analysed, enrolled between 2016–2020 in 47 centres and 18 participating countries. Bilateral SLN detection rate reached 92.3% with the median of 3 SLNs per patient. All SLNs were detected in the pelvis, no SLN in the low paraaortic region. The majority (97.3%) were localized in the pelvic level I, below the interilial bifurcation. There was an extremely low rate (1.3%) of isolated positive SLNs in pelvic level II. No laterally distinct distribution of SLNs was found.