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 interiul 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. Intraoperatively pelvic (external iliac, interilac, 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 interiul 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.
were categorized a priori into two groups based on the surgical approach of the radical hysterectomy (laparoscopy vs laparotomy).

**Results** A total of 88 patients with early-stage cervical cancer between January 2010 and July 2021 were evaluated. Sixty-two patients met the inclusion criteria. Fifty-two patients (84%) had a negative intraoperative SLN performed by laparoscopy; 40 patients who underwent laparoscopic radical hysterectomy vs. 12 with open radical hysterectomy. Ten patients (16%) had a positive intraoperative SLN and the radical hysterectomy was discarded, paraortic lymphadenectomy was performed and the patients were referred to definitive treatment with chemoradiation.

**Conclusion** Laparoscopic SLN biopsy with an intraoperative analysis before open radical hysterectomy spare a 16% of futile laparotomies.

**Methodology** Consecutive women with a diagnosis of high-grade CIN undergoing laser CO2 conization were recruited at the Outpatient Service of Central Tuscany (Florence, Italy) from September 2015 to October 2018. Before conization, cervical samples were collected for each patient and viral load of HR-HPV was assessed with Hybrid Capture 2 (HC2), which considered as positive only samples with viral load above a defined threshold. Histology reports of both biopsy and cone, as well as clinical data, were collected for each patient. Statistical analysis was performed with IBM SPSS statistics 23.0 software, using contingency tables, Pearson’s chi-square test and nonparametric tests.

**Results** 295 patients were enrolled. Cone histology showed a lesion regression (negative for high-grade CIN) in 40.5% of CIN II at biopsy and in 26.9% of CIN III (25/93). Viral load in cervical samples at conization was statistically associated with CIN grade at cone histology (p<0.001): 75.7% of negative samples resulted in CIN I at cone histology, whereas 72.8% of positive ones resulted in high-grade CIN or worse at cone histology. Furthermore, all the lesions that progressed from biopsy to cone were positive at HC2 and presented higher viral load compared to those that regressed (p<0.001).

**Conclusion** HR-HPV testing with viral load assessment at the time of scheduled conization might be used to stratify patients referred to the procedure, identifying those who are eligible to repeat biopsy versus those who have indication to proceed with conization.