120 g/L and pre-brachytherapy Hb < 120 g/L was 9%, 15% and 22% respectively. The 3 year overall survival rate was 72%, 65% and 49% respectively. 52 patients (38.5%) had anaemia at presentation (Hb < 120 g/L). There was significant association between anaemia and younger age, more advanced stage and lymph node involvement. Anaemia was corrected by blood transfusion and/or ferric carboxymaltose. The pre-brachytherapy Hb level had the strongest impact on both local failure and survival. The post-treatment Hb level did not have an impact on the outcomes.

**Conclusion** Anaemia in patients with cervical cancer undergoing chemoradiation was a strong prognostic factor for local control and survival. The pre-brachytherapy Hb level had the strongest impact indicating the benefit from correcting the anaemia before treatment and maintaining the Hb level above 120 g/L during the treatment.

**Methodology** In this proof-of-concept study we were able to detect cfHPV-DNA in plasma samples of patients with primary and recurrent cervical cancer. Our findings may hold potential to develop a powerful and easily accessible tool in cervical cancer management.

**Conclusion** In this proof-of-concept study we were able to detect cfHPV-DNA in plasma samples of patients with primary and recurrent cervical cancer. Our findings may hold potential to develop a powerful and easily accessible tool in cervical cancer management.

**Introduction/Background** Locally advanced cervical cancer is treated with Radio-chemotherapy and brachytherapy. Therefore, a pre-treatment para-aortic lymph node assessment is important for disease staging and therapeutic implications. Our study aimed to analyze the Tunisian experience of laparoscopic lymphadenectomy for patients with locally advanced cervical cancer.

**Methodology** We reported 29 patients with locally advanced cervical cancer who underwent laparoscopic lymphadenectomy at our Institute between 2016 and 2022.

**Results** The mean age was 44 years. Patients were staged IIC1 in 48.2%, 2,5% were IIB, 6.9% were IVA, 6.9% IB1, 6.9% IB3 and 2.8% were IIA2. CT scan and MRI showed suspicious pelvic lymph nodes in 65.5% and suspicious para-aortic lymph nodes in 17.9% of cases. All patients underwent para-aortic lymph node dissection after a mean time of 6 days. Our technique was 68.9% Transperitoneal and 31.01% extraperitoneal. The mean time duration was 2:37 Hours. There was no per-operative or postoperative complications. One patient had a blood transfusion The mean time of hospital stay was 2 days. Pathological examination found a mean number of 9 Nodes (range 2–22 removed lymph nodes).

There was 32.17% of invaded lymph nodes. Sensitivity and specificity were respectively 100% and 83.3%, and VPP was 33.3%. All patients had radiochemotherapy for their cervical cancer.

**Conclusion** Pre-treatment laparoscopic staging surgery plays an important role in the treatment and the decision of the radiation field. Although imaging modalities are improving, the current gold standard for determining lymph node status is surgical sampling mainly in developing countries with difficult access to PET-CT.