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. 32 patients (38.5%) had anaemia at presentation (Hb < 120 g/L). There was an important 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.

Introduction/Background Human papillomavirus (HPV) related cervical cancer is the fourth most frequent cancer in women worldwide. Currently patient follow-up and therapy monitoring is solely based on clinical examination and cross-sectional imaging. Liquid biopsies for cell-free circulating tumor DNA in cancer are a novel biomarker to detect treatment response, residual disease, and relapse. The aim of this study was to investigate the potential use of cell-free circulating HPV-DNA (cfHPV-DNA) in plasma samples of patients with cervical cancer.

Methodology In this proof-of-concept study cfHPV-DNA levels were measured using a highly sensitive Next-Generation-Sequencing-based approach targeting a panel of 13 high-risk HPV-types. For nine patients cfHPV-DNA sequencing was compared to HPV testing in corresponding paraffin embedded tumor samples. Sequencing-based approach targeting a panel of 13 high-risk HPV-types.

Results A total of 70 blood samples was collected from n=35 patients. cfHPV-DNA was successfully detected in 25/35 (71%) patients; of them, 8 patients had some surgical pretreatment when the sample was collected. A significant correlation between tumor burden and cfHPV-DNA detection was observed: while cfHPV-DNA was detectable in most patients (20/22) with locally advanced or metastatic disease (FIGO IB3 – IVB), detection was successful in only 5/13 patients with early-stage disease (FIGO IA – IB2), p<0.005. When pre-treated patients were excluded, the detectable rate was 100% (18/18) for advanced stages and 55% (5/9) for early stages. HPV-types detected in plasma samples matched results from tumor tissue HPV testing. Sequential sampling for patients under primary chemoradiation showed a dynamic decrease of cfHPV-DNA levels corresponding treatment response in all patients.

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 IIIC1 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 2:37Hours. 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 9Nodes (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.
Introduction/Background Previously, our research team suggested patients with 2009 FIGO stage IB1 cervical cancer with tumor size ≤2 cm on preoperative magnetic resonance imaging (MRI) were safe candidates for laparoscopic radical hysterectomy (RH) but did not influence disease recurrence in this subgroup. We aimed to investigate whether laparoscopic RH is also feasible in parametrial-positive or node-positive, early cervical cancer with a small sized tumor.

Methodology From Cervical Cancer cohorts of three tertiary institutional hospitals, we identified patients with 2009 FIGO stage IB1 who received either open or laparoscopic RH. Among them, those with cervical tumor ≤2 cm on pre-operative MRI and were adherent to the guidelines for adjuvant treatment were included. Patients’ clinicopathologic characteristics and survival outcomes were compared between the laparoscopic and open RH groups. Subgroup analyses were conducted according to the presence or absence of parametrial invasion (PMI) and lymph node metastasis (LNM).

Results In total, 498 patients were included: 299 and 199 for laparoscopic and open RH groups, respectively. After surgery, all study population was managed properly in terms of adjuvant treatment. After a median observation period of 59.4 months, the two groups showed similar progression-free survival (PFS; P=0.615) and overall survival (P=0.439). On pathologic examination, 16 (3.2%) and 49 (9.8%) had PMI and LNM, respectively, and 10 (2.0%) had both. In a subgroup of PMI, no difference in PFS was observed between the laparoscopic and open RH groups (P=0.893). In a subgroup of LNM, the two groups also showed similar PFS (P=0.169). Consistent results were also found in subgroups of non-PMI, non-LNM.

Conclusion Our study results demonstrate that laparoscopic RH might be safe in early cervical cancer with tumor size ≤2 cm, regardless of parametrial and nodal status, when adjuvant treatment is administered properly. Further large cohort studies are warranted to support our findings.

Results There were 1,500 colposcopy clinic referrals in this period which was a 37.3% reduction from the previous year. Of these, 14 cervical cancer cases were diagnosed which was an increase of 180% from the previous year (when 5 cases were diagnosed). See figure 1 below. Six out of the 14 new cases (42.8%) were late-stage presentation- at least stage 2B of the International Federation of Gynaecology and Obstetrics (FIGO) 2018 staging of cervical cancer.

Conclusion The fall in colposcopy clinic referral can be explained by the disruptions from the COVID 19 pandemic as cervical screening invitations reduced during this time. However, the accompanying surge in cervical cancer diagnosis was unexpected. Further research is needed to compare with data from other gynaecology oncology centres and the Cancer research UK for the period of the COVID 19 pandemic when this is available.