Conclusion There was no significant difference in median primary tumour size, but more patients had lymph node involvement and stage IVA disease in 2020 – 2021, suggesting a delay to presentation and/or diagnosis. Inclusion of patients with more advanced disease who were directed to systemic anti-cancer therapy or best supportive care would provide a more comprehensive analysis of the effect of the pandemic on cervical cancer stage at diagnosis.

Conclusion Surgical staging in pts without PET-CT uptake in the aortic area does not impact the time to initiation of definitive chemoradiation and is not associated with prolonged total treatment compared with exclusive PET-CT staging. Other factors than surgery should be studied to implement measures to minimize prolonged total treatment times in locally advanced cervical cancer.

Introduction/Background Aortic lymph node involvement represents one of the essential prognosis factors and defines the extent of the radiation therapy. Fluorodeoxyglucose (FDG) positron emission tomography-computed tomography (PET-CT) remains the preferred and most accurate imaging technique to assess the metastatic spread of the tumor. Surgical aortic lymph node staging may be considered in case of negative paraaortic PET-CT uptake to catch up with false negatives (FN) of Fluorodeoxyglucose (FDG) positron emission tomography-computed tomography (PET-CT) in the aortic region. Time to initial cancer treatment (TTI), duration of overall treatment time, and total treatment beyond 50 days were analyzed in two cohorts of pts who underwent either surgical or TEP-CT staging. The aim was to assess if surgical staging impacts treatment delays compared with imaging.

Methodology From 01/2009 to 12/2019, we retrospectively reviewed all consecutive patients (pts) addressed for brachytherapy diagnosed with locally advanced cervical cancer FIGO stages IB2-IVa with negative PET-CT uptake in the paraaortic area. Time to initial cancer treatment (TTI), duration of overall treatment time, and total treatment beyond 50 days were analyzed in two cohorts of pts who underwent either surgical or TEP-CT staging. Student and Chi 2 tests were used to compare groups.

Results 225 pts were analyzed. Median age was 49 years (range 25–82). Paraaortic and imaging lymph node staging was performed in 178 pts (cohort 1) and exclusive imaging staging in 47 pts (cohort 2). Respectively for cohort 1 and 2, median TTI was 47 (34–78) and 46 days (39–61) with p =0.46. Median overall treatment time until brachytherapy completion was 49 (7–81) and 49 days (41–63) with p=0.41. Treatment time beyond 50 days was observed in 48.3% and 41.5% with p-value=0.43.