hysterectomy was associated with more toxicity compared to chemoradiation, mainly surgery-related and short-term.

**Introduction/Background** To evaluate the results of dose-dense neoadjuvant chemotherapy (NACT) in treatment of locally advanced cervical cancer IB2-IIB stages.

**Methodology** A cohort of 120 consecutive patients with median age of 43 (range 27–68) years was studied. All patients had verified locally-advanced (cT1n2N0x,0M0; cT2nNx,x,0M0) cervical cancer and received 3 dose-dense intravenous neoadjuvant AP (cisplatin 75 mg/m², doxorubicin 35 mg/m²; n=58) or TP (cisplatin 60 mg/m² and paclitaxel 60 mg/m²; n=62) chemotherapy cycles. To determine prognostic factors, 2 retrospective groups of patients were examined: group I – surgical treatment without NACT (n=25; IB2 stage), group II – concomitant chemoradiotherapy (n=44; IIB stage).

**Results** The median follow-up was 31 months. The overall 3-year survival rates in was 94.2%. The 4-year disease-free survival rate was 87.5%. The disease-free survival rate was higher in group with NACT (p = 0.03). According to RECIST 1.1 criteria the complete response rate was 10% (12/120 cases), partial response 57.5% (69/120 cases), stable disease 29.2% (35/120 cases), progressive disease 3.3% (4/120 cases). The surgical intervention was performed in 82.5% (99/120 cases), in 17.5% (21/120) – concomitant chemoradiotherapy. The pathomorphological response rate was 85.8% (85/99 cases). The complete morphological tumor regression (ypCR) was confirmed in 12.1% (12/99 cases). An independent prognostic factors of the recurrence were parametric invasion and tumor degree differentiation.

**Conclusion** The dose-dense chemotherapy is an effective treatment modality for cervical cancer IB2-IIB stages and may be a feasible alternative for standard treatment approach.

**Introduction/Background** Cervical cancer continues to affect young patients that desire to preserve their fertility. In selected cases, this procedure offers a good outcome for the patient. Although the procedure was initially performed via vaginal and laparoscopic route, radical robotic trachelectomy with bilateral pelvic lymphadenectomy can be a safe alternative for the treatment of early cervical cancer in patients who desire to preserve fertility.

**Methodology** In this video we will be presenting the case of a 26 year old patient with cervical adenocarcinoma that received radical robotic tracheectomy with bilateral pelvic lymphadenection and sentinel lymph node procedure using indocyanine green (ICG).

**Results** The duration of the procedure was 177 minutes. Surgical outcome included a blood loss of 100 ml and there were no complications reported intraoperatively or postoperatively. The patient was discharged on day 2 postoperatively. The sentinel lymph node was negative as well as the pelvic lymph nodes. Negative sentinel lymph node was used as a decision criteria to continue the fertility sparing surgery. At 24 months of follow-up, the patient is disease free.

**Conclusion** Radical robotic tracheectomy with bilateral pelvic lymphadenectomy is a safe procedure and a good alternative in selected cases of patients with cervical cancer who wish to preserve their fertility.