Introduction/Background In most neoplasms, lymph node involvement is the most important prognostic factor, the number of lymph nodes resected is considered important in order to identify those with metastatic disease and count is the main criteria for evaluating the completeness of lymphadenectomy, the accuracy of staging is affected and prognosis can be impaired. Concurrent chemotherapy and radiotherapy (CCRT) prior to lymph node dissection has an effect on the number of nodes, which could potentially affect the prognosis. Objective: Evaluate the impact of CCRT in the number of nodes retrieved in patients with locally advanced cervical cancer (LACC)

Methodology Retrospective analysis of the number of lymph nodes resected, in 44 LACC who had a Radical Hysterectomy after CCRT as part of a clinical trial (Group 1), 44 of early cervical cancer (Group 2) and 44 cases of endometrial cancer (Group 3) that had complete surgical staging, was performed. Comparisons were analyzed by student’s T and Mann-Whitney, SPSS version 23

Results All groups were comparable in age, clinical pathologic characteristics, and all surgeries performed by experienced gyn-oncologists or surgical oncologists. Median number of Lymph nodes in Group 1 was 17 (14–18), in Group 2 was 20 (17–22) and Group 3 was 24 (20–26). When comparisons performed, We were not able to identify statistical differences among groups (p= NS) except for those patients in group 3 who had more lymph nodes dissected (p=0.001), and age in group 3 (p=0.007).

Conclusion Studies have shown that CCRT could affect the number of lymph nodes harvested in other neoplasms. How-ever, this observation has not been studied in LACC. Receiving preoperative CCRT does not have an effect in the number of lymph nodes obtained in those cases of cervical cancer that are offered this modality of treatment and disease control seems not to be compromised.