

8060

**Radical hysterectomy in cervical cancer patients with intraoperatively detected positive lymph node: ABRAX multicentric retrospective cohort study (ENGOT-Cx3/CEGOG CX2)**

D. Cibula<sup>1</sup>, L. Dostalek<sup>1</sup>, P. Hillemanns<sup>2</sup>, G. Scambia<sup>3</sup>, J. Persson<sup>4</sup>, F. Raspagliesi<sup>5</sup>, Z. Novak<sup>6</sup>, A. Jaeger<sup>7</sup>, M.E. Capilna<sup>8</sup>, V. Weinberger<sup>9</sup>, J. Klat<sup>10</sup>, R.L. Schmidt<sup>11</sup>, A. Lopez<sup>12</sup>, G. Scibilia<sup>13</sup>, R. Pareja<sup>14</sup>, A. Kucukmetin<sup>15</sup>, L. Kreitner<sup>16</sup>, A. El-Balat<sup>17</sup>, S. Laufhutte<sup>18</sup>, I. Runnenbaum<sup>19</sup>

<sup>1</sup> Gynecologic Oncology Center, Department of Obstetrics and Gynecology, First Faculty of Medicine, Charles University and General University Hospital, Prague, Czech Republic, <sup>2</sup> Department of Gynaecology and Obstetrics, Medical University Hannover, Hannover, Germany, <sup>3</sup> Comprehensive Oncology Gynecology Operational Unit, Fondazione Policlinico Gemelli IRCCS, Rome, Italy, <sup>4</sup> Department of Obstetrics and Gynecology, Skane University Hospital, Lund, Sweden, <sup>5</sup> Struttura Complessa Ginecologia Oncologica, Fondazione IRCCS Istituto Nazionale Tumori - Milano, Milan, Italy, <sup>6</sup> Department of Gynecology, National Institute of Oncology, Budapest, Hungary, <sup>7</sup> Department of Gynecology, University Medical Center Hamburg-Eppendorf, Hamburg, Germany, <sup>8</sup> First Obstetrics and Gynecology Clinic, University of Medicine and Pharmacy Targu Mures, Targu Mures, Romania, <sup>9</sup> Department of Gynecology and Obstetrics, Faculty of Medicine, Masaryk University, Brno, Czech Republic, <sup>10</sup> Department of Obstetrics and Gynecology, University Hospital Ostrava, Ostrava Poruba, Czech Republic, <sup>11</sup> Gynecologic Oncology Department, Barretos Cancer Hospital, Barretos, Brazil, <sup>12</sup> Department of Gynecological Surgery, National Institute of Neoplastic Diseases, Lima, Peru, <sup>13</sup> Obstetrics and Gynecology Unit, Cannizzaro Hospital, Catania, Italy, <sup>14</sup> Gynecologic Oncology, National Institute of Cancerology, Bogota, Colombia, <sup>15</sup> Northern Gynaecological Oncology Centre, Queen Elizabeth Hospital, Gateshead, UK, <sup>16</sup> Gynecology Cancer Center, St. Franzis Hospital Munster, Munster, Germany, <sup>17</sup> University Clinic Frankfurt, Goethe-University, Frankfurt, Germany, <sup>18</sup> Department of Obstetrics and Gynecology, District Hospital Altotting, Altotting, Germany, <sup>19</sup> Department of Gynecology and Reproductive Medicine, Jena University Hospital, Friedrich Schiller University, Jena, Germany

**Background**

The management of patients with intraoperatively detected positivity of pelvic lymph nodes (LN) remains controversial. Namely, a combination of extensive surgical dissection in the pelvis followed by pelvic radiotherapy is associated with higher morbidity. Goal of ABRAX multicentric, retrospective, cohort study was to determine whether the completion of radical hysterectomy improves oncological outcome of such patients.

**Methods**

A total of 515 cervical cancer patients, who intraoperatively turned to be LN positive, referred for primary surgery with a curative intent between 2005 and 2015 (stage IA-IIIB, common tumour types) were retrospectively analysed in 51 institutions from 19 countries. LNs with metastasis  $\geq 2$  mm were considered positive (N1). Completion (COMPL group, n=361) or abandonment (ABAND group, n=154) of planned uterine surgery stratified the cohort in two subgroups in which oncological outcomes and major prognostic factors were evaluated. 91.4% of COMPL group underwent adjuvant chemoradiation, 100% of ABAND group were treated with primary chemoradiation.

**Results**

Disease free survival reached 74% (381/515) in the whole cohort with the median follow-up of 48.9 months. Both groups (ABAND and COMPL) were balanced in main prognostic factors (tumour size, tumour type, stage of disease). No significant difference was found between the groups in the risk of recurrence (HR=1.154; p=0.446), local recurrence (HR=0.836; p=0.557), or death (HR=1.064; p=0.779). Subgroup analyses did not identify any cohort with survival benefit from radical surgery completion. Increasing FIGO stage and tumour size  $\geq 4$  cm were identified as major prognostic factors for recurrence and survival in the whole cohort.

**Conclusions**

ABRAX trial revealed that completion of radical hysterectomy in patients with intraoperative detection of positive lymph node does not improve the survival; recurrence risk is not decreased irrespective of tumour size or tumour type. Therefore, if pelvic LN involvement is diagnosed at surgery, abandonment of planned uterine procedure should be considered and the patient should be referred to definitive chemoradiation.

**Clinical trial identification**

NCT04037124; July 30, 2019.

**Legal entity responsible for the study**

The authors.

**Funding**

Charles University in Prague (UNCE 204065 and PROGRES Q28/LF1), and the Czech Research Council (No 16-31643A).

**Disclosure**

All authors have declared no conflicts of interest.

© [European Society for Medical Oncology](#)