Session III-2. KSGO-KOSRO Joint Meeting

Discussion

계명의대 신소진
**SURGICAL FINDINGS**

Negative nodes, negative margins, negative parametrium

**ADJUVANT TREATMENT**

Observe or Pelvic EBRT if combination of risk factors (i.e., primary tumor size, stromal invasion, and/or LVSI that meet Sedlis criteria [category 1]) ± concurrent platinum-containing chemotherapy (category 2B for chemotherapy)

See Surveillance (CERV-10)

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**SEDLIS CRITERIA FOR EXTERNAL PELVIC RADIATION AFTER RADICAL HYSTERECTOMY IN NODE-NEGATIVE, MARGIN-NEGATIVE, PARAMETRIA-NEGATIVE CASES**

<table>
<thead>
<tr>
<th>LVSI</th>
<th>Stromal Invasion</th>
<th>Tumor Size (cm) (determined by clinical palpation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>Deep 1/3</td>
<td>Any</td>
</tr>
<tr>
<td>+</td>
<td>Middle 1/3</td>
<td>≥2</td>
</tr>
<tr>
<td>+</td>
<td>Superficial 1/3</td>
<td>≥5</td>
</tr>
<tr>
<td>-</td>
<td>Middle or deep 1/3</td>
<td>≥4</td>
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</tbody>
</table>

LVSI: Lymphovascular space invasion
**RCT:** Effectiveness of Sequential Chemoradiation vs Concurrent Chemoradiation or Radiation Alone in Adjuvant Treatment After Hysterectomy for Cervical Cancer

**POPULATION**
1080 Women

Patients with cervical cancer (stage IB1-IIA2) and adverse pathological factors after radical surgery

Median (range) age, 48 (23-65) y

**INTERVENTION**
1080 Patients randomized

350 Adjuvant radiation alone (RT)
Received radiation within 6 wk after surgery (1.8 or 2 Gy daily; total dose, 45-50 Gy)

345 Adjuvant concurrent chemoradiation (CCRT)
Cisplatin, 30-40 mg/m2, administered concurrently with radiation weekly for a maximum of 6 doses

353 Adjuvant sequential chemoradiation (SCRT)
Cisplatin plus paclitaxel in 21-d cycle; 2 cycles before and 2 cycles after adjuvant radiotherapy

**FINDINGS**
SCRT improved 3-y DFS and reduced cancer-specific death risk compared with CCRT or RT

**SETTINGS / LOCATIONS**
8 Hospitals in China

**PRIMARY OUTCOME**
Disease-free survival (DFS) rate at 3 y from time of randomization

[Graph showing comparison of DFS rates between RT, CCRT, and SCRT over time]
Question 1.

With regard to toxicities, postoperative RT would be problematic because the organs in the pelvis targeted by RT have already been damaged by radical surgery.

• To reduce the toxicities, what factor should be considered before adjuvant therapy?
PRINCIPLES OF EVALUATION AND SURGICAL STAGING

Sentinel Lymph Node Mapping for Cervical Cancer
Question 2.

Intraoperative detection of lymph node metastasis is necessary for sentinel lymph node mapping to reduce morbidity of systemic lymphadenectomy.

• Could you introduce your tips and tricks to improved detection rate?