



Surgical Challenges in Cervical Cancer Patients with Involved Lymph Nodes —From Clinical Experience—

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**Japan Society of
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VERBAL DISCLOSURE

The author has no conflict of interest to disclose with respect to this presentation.

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NCCN GL Cervical Cancer



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Network®

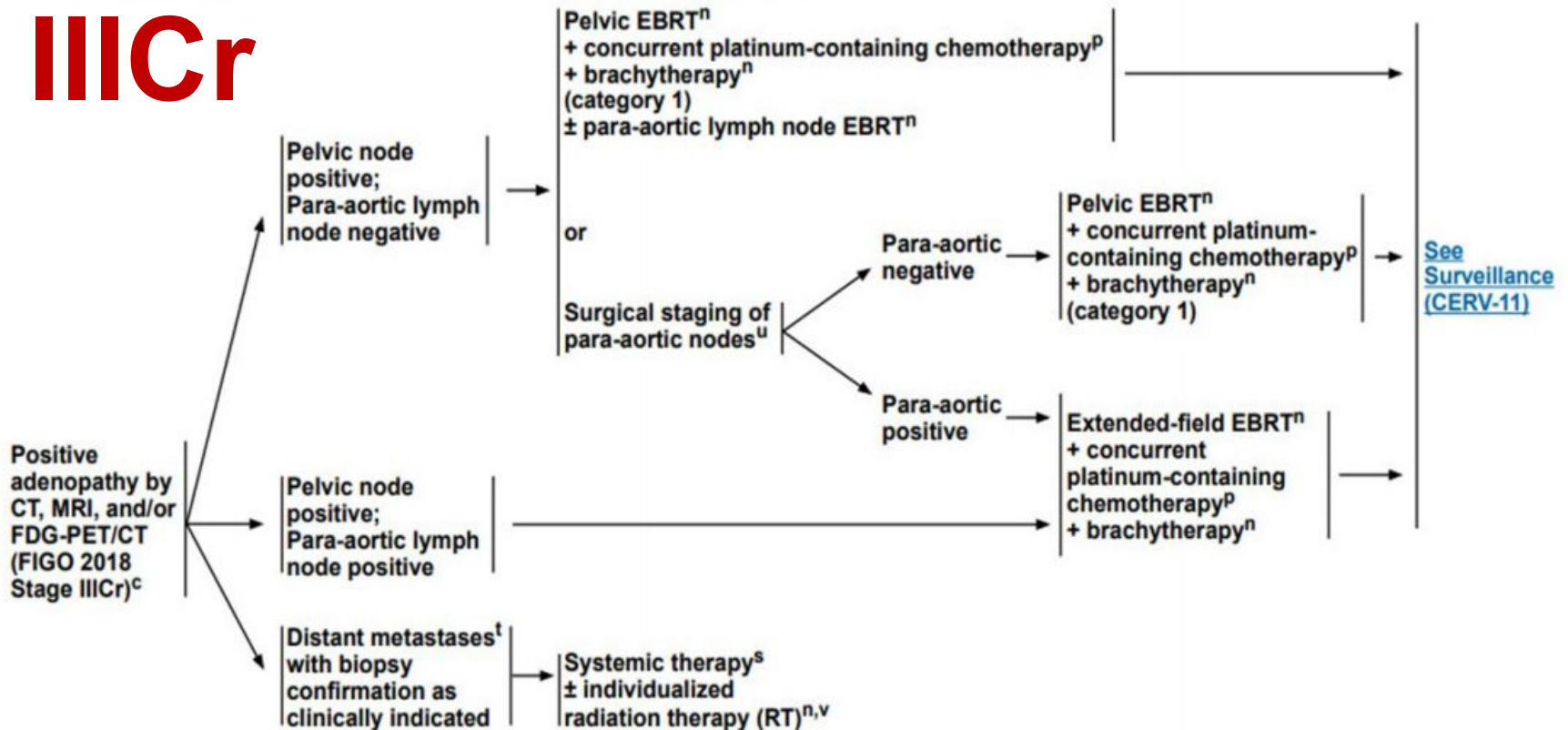
NCCN Guidelines Version 1.2023 Cervical Cancer

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IMAGING RESULTS

IIICr

PRIMARY TREATMENT



IIICr → CCRT + brachytherapy

Stage T1b2/T2a2 and involved lymph nodes on radiological staging

- A** Definitive chemoradiotherapy and brachytherapy is recommended in patients with unequivocally involved pelvic lymph nodes on imaging (see Principles of radiotherapy).
- C** An additional radiation boost to the involved lymph nodes should be applied (see Principles of radiotherapy).
- C** Para-aortic lymph node dissection, at least up to inferior mesenteric artery, may be considered before treatment for staging purposes in patients with negative para-aortic lymph node on imaging.
- ✓** Debulking of suspicious pelvic lymph nodes may be considered.

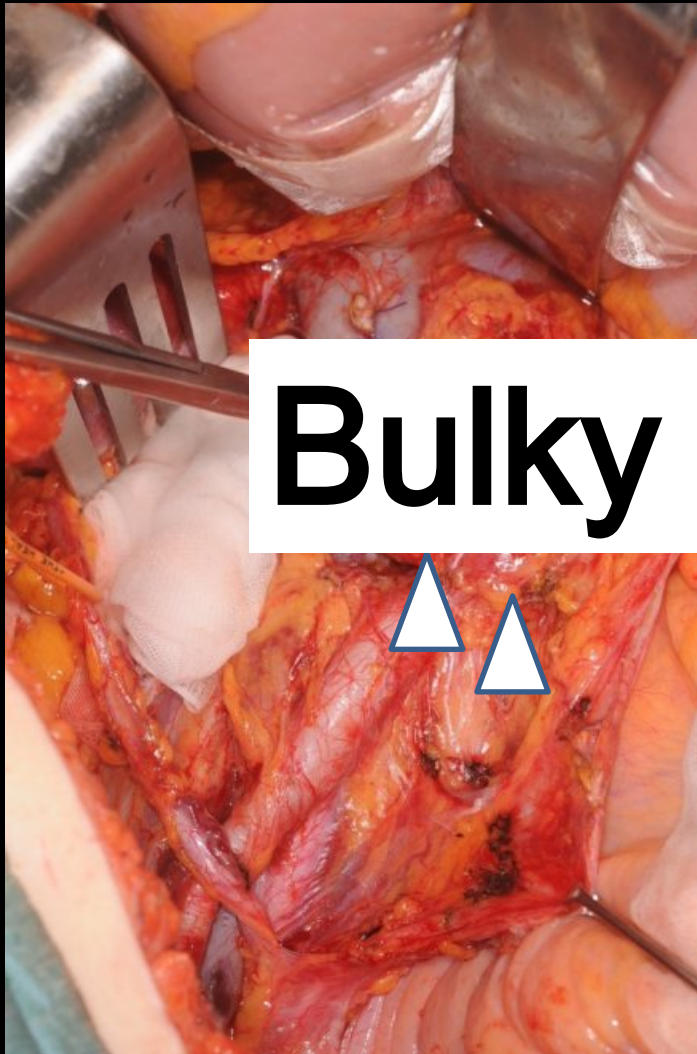
✓ Recommended best practice based on the clinical experience of the guideline development group

Stages T2b, T3a/b, T4a

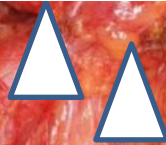
- A** Definitive platinum based chemoradiotherapy and brachytherapy is recommended (see Principles of radiotherapy).
- C** An additional radiation boost to the involved lymph nodes should be applied (see Principles of radiotherapy).
- C** Para-aortic lymph node dissection, at least up to inferior mesenteric artery, may be considered before treatment in patients with negative para-aortic lymph nodes on imaging.
- ✓** Debulking of suspicious pelvic lymph nodes may be considered. Pelvic exenteration is an option in selected cases with stage T4N0M0 disease.

Systemic Lymphadenectomy

Significance –Therapeutic or Diagnostic



Bulky Nodes!



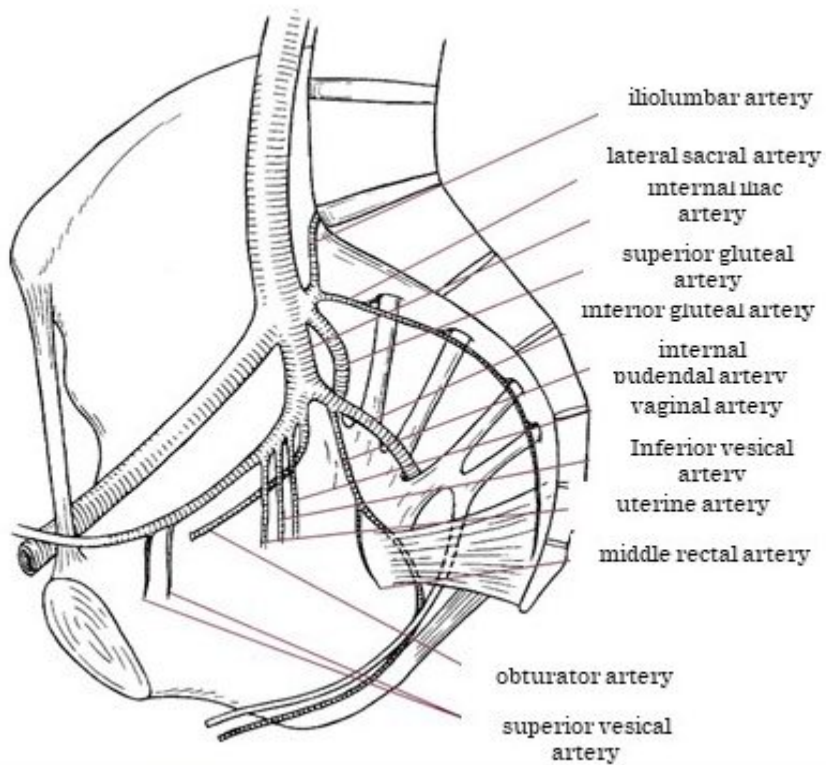
Dissection of Para Aortic Nodes

Awesome!!



The tips for removal of metastatic nodes

1. To secure an adequate surgical field,
2. To be well-versed in the anatomy of the vascular system,
3. To perform dissection from blood vessels with gentle techniques,
4. To be prepared for unexpected bleeding.

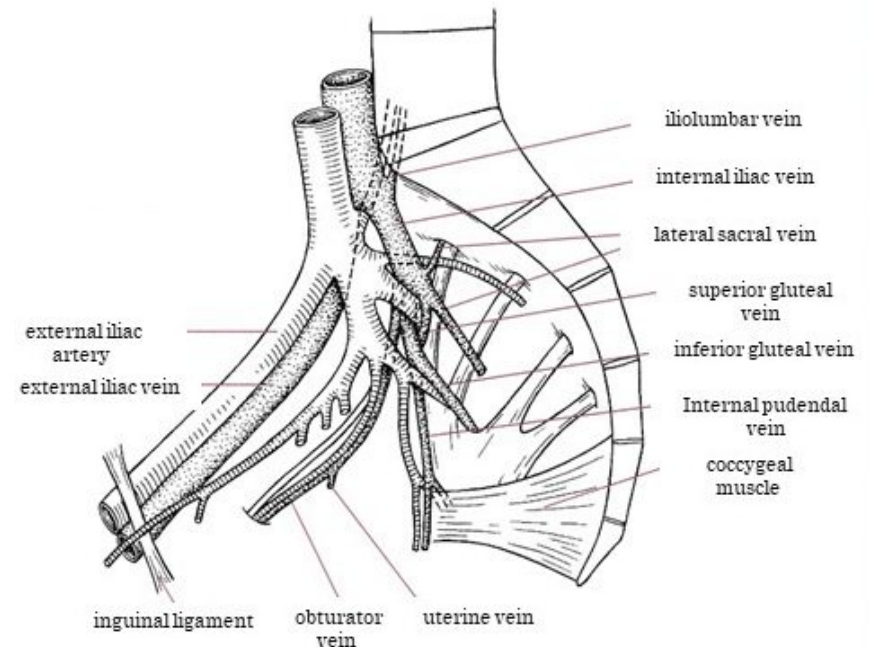


Artery 1970

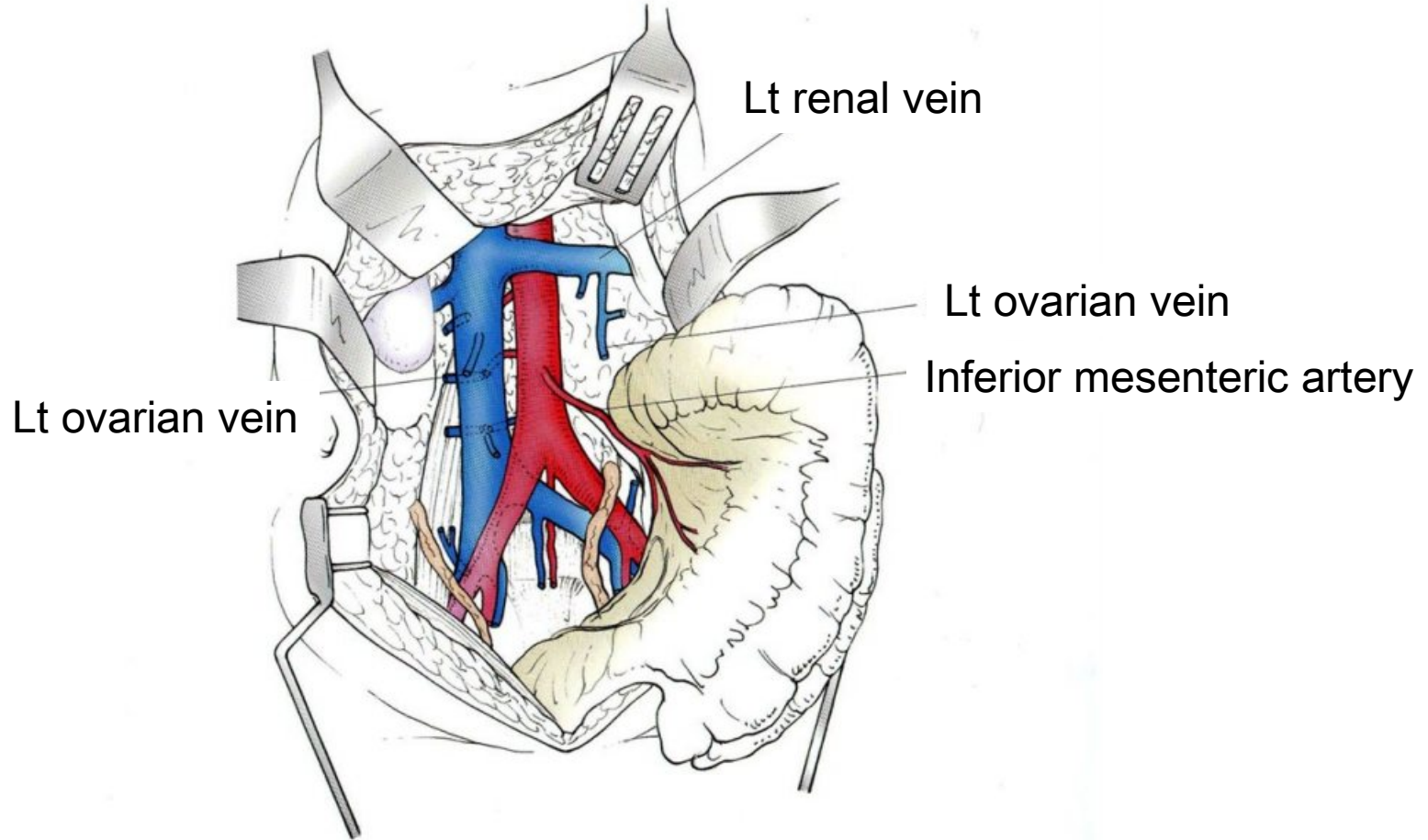
Surgery for Gynecologic Cancer (Ed. Dr. Mikami)



Vein



Para-Aortic nodes

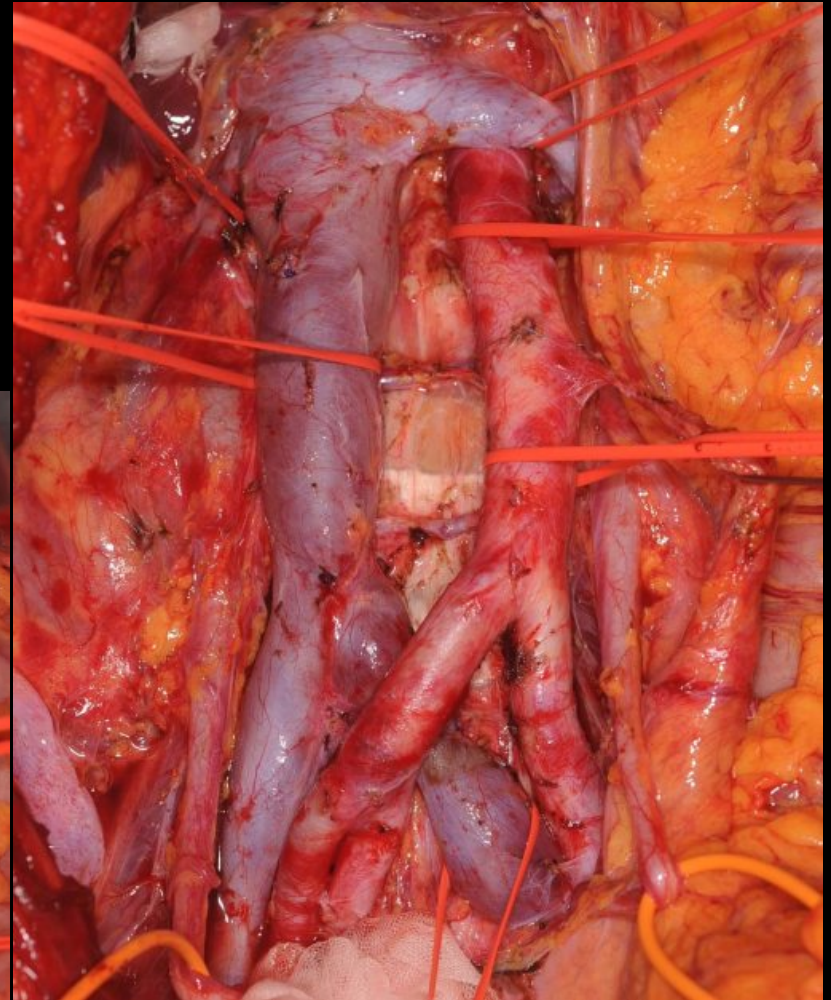
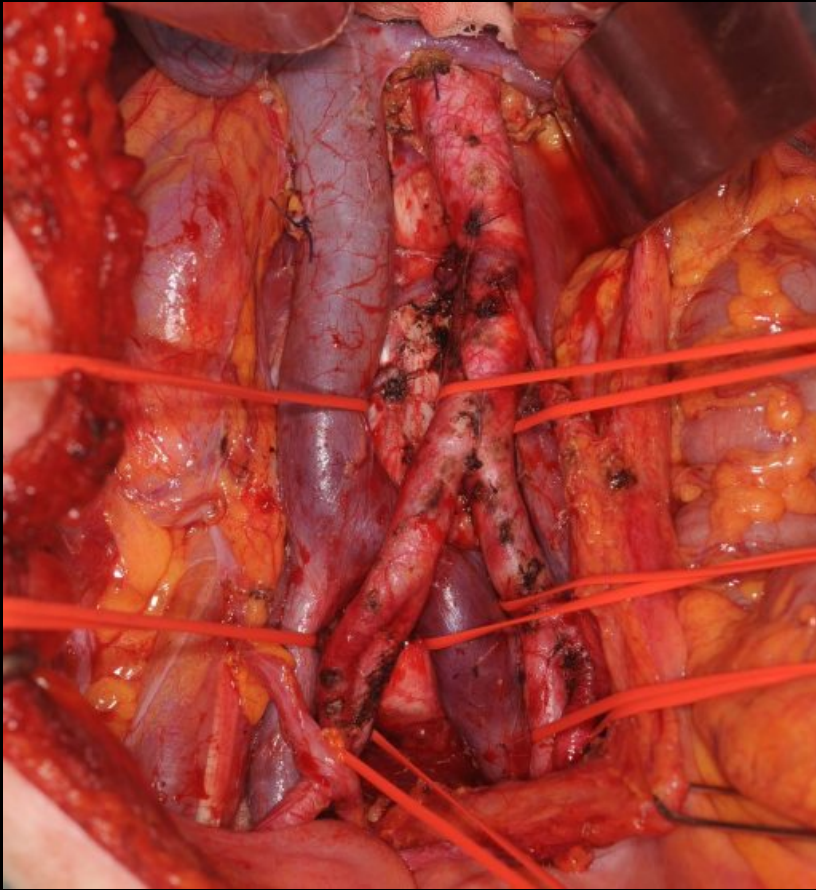


The courses of **the lumbar veins** arising from the inferior vena cava/common iliac vein.

Forceps/Scissors/Device



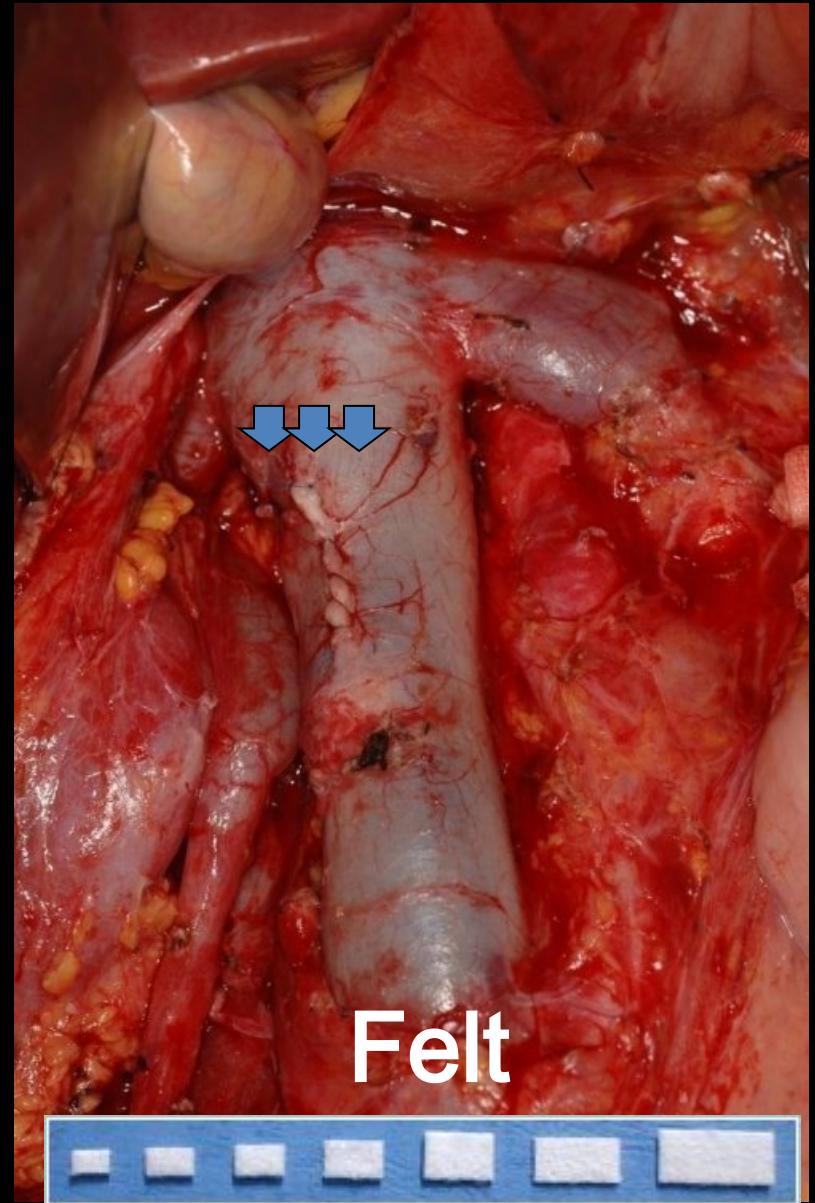
Vessel Tape





Hemostatic forceps

SUTURING BLOOD VESSELS



43y/o IIB SCC pT1B1N1MA

MA:Para-aortic node positive

2009.X RHPAN LN34/89 (positive PAN17)

TP⑥

2015.X Pelvic recurrence-Ope

TC⑥

2023.5 NED

35 y/o IIB ypT2BN1MA
MA:Para-aortic node positive

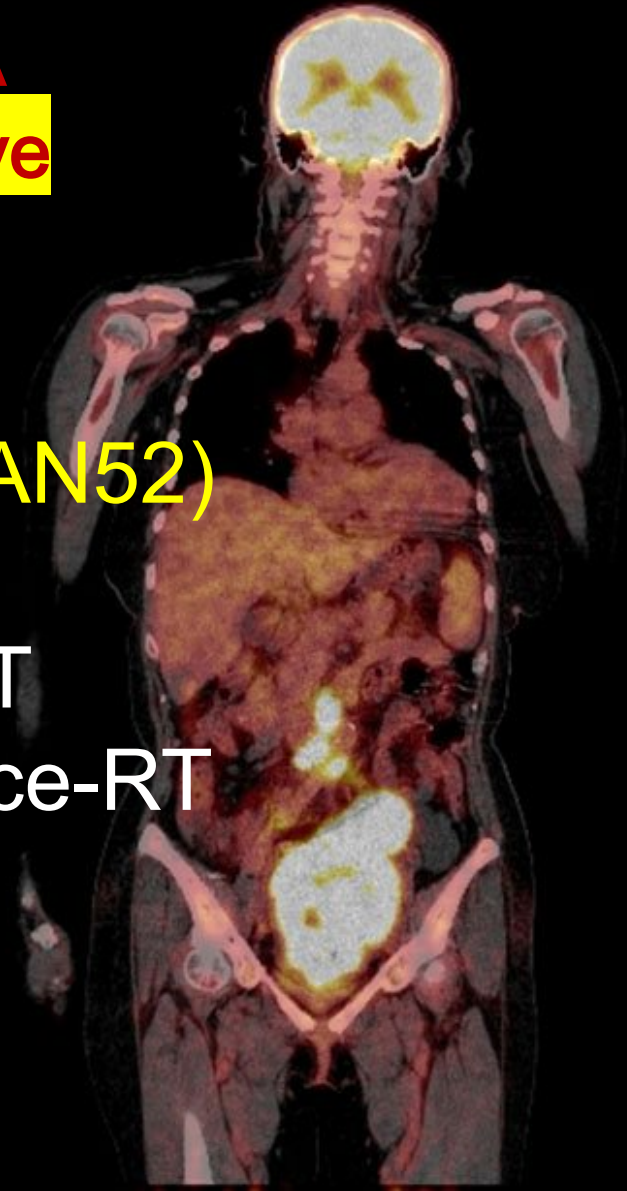
2014.X 5FU+CDDP③

2015.X RHPAN LN70/78 (PAN52)
TP⑥

2015.X Pelvic recurrence-RT

2015.X Neck node recurrence-RT

2023.5 NED





The Resection of Metastatic Nodes

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The most important issue



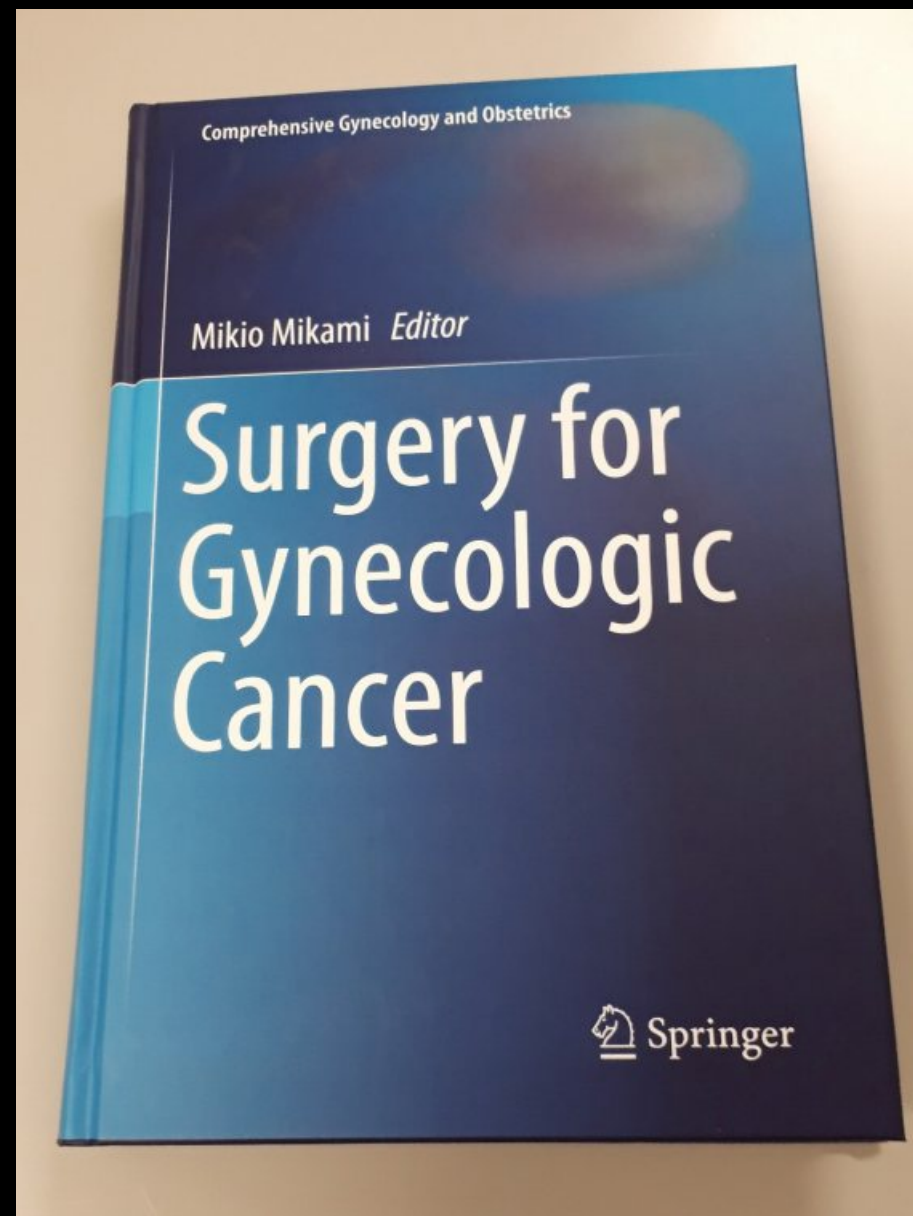
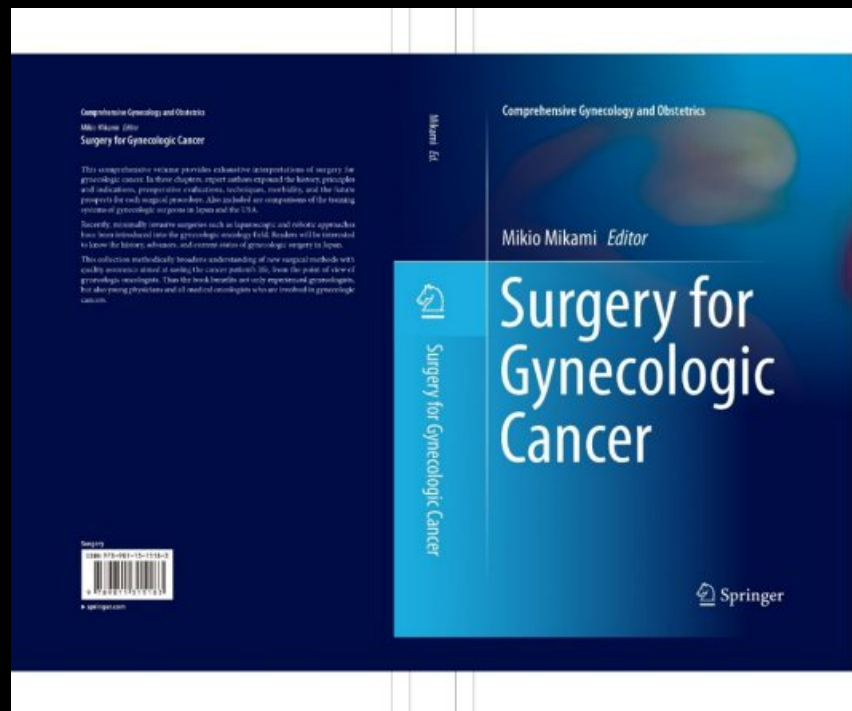
We have to strengthen the sense of unity among surgeons, nurses, residents, and medical students (all participants in operating room) to achieve the best surgical performance for patients.



Surgery: Art+ Science+ Humanity
Art (Surgical Skill) should be supported by Science

The late Professor Masaki Kitajima
(keio University, Dept of Surgery)

Surgery is a very frightening for patients, If the patient decides to undergo surgery, the surgeon should give their all and do their best with full, aiming to eradicate cancer as the primary goal.



Surgery for Gynecologic Cancer (Ed. Dr. Mikami)

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1st EAGOT Annual Meeting 2023 in Niigata