Added value of para-aortic surgical staging to ¹⁸F-FDG PET/CT on the external beam radiation field for patients with locally advanced cervical cancer: an ONCO-GF study¹

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Objective: Extended field chemoradiation is recommended for patients with locally advanced cervical cancer (LACC) and para-aortic lymph node (PALN) metastases. The radiation planning may be based on PET/CT while others recommend to rely on surgical staging. We report the rate of patients for whom the radiation field defined on PET/CT was modified by the histological PALN status.

Methods: Between March 2010 and December 2016, 168 consecutive patients with LACC underwent a pre-therapeutic PET/CT and PALN dissection. The data were reviewed retrospectively. The diagnostic performance of the PET/CT for definition of PALN status was calculated. We determined the percentage of patients for whom PALN dissection altered the external beam radiotherapy (EBRT) field defined on the PET/CT basis.

Results: Of 151 patients with negative PALNs on PET/CT, 26 had histological PALN metastasis (17.2%). Of 17 patients with positive PALNs on PET/CT, 9 were negative on histology (false positive 52.9%), of which 7 were located in the region. Sensitivity, iliac common specificity, and positive and negative predictive value of PET/CT were 23.5, 93.3, 47.1 and 82.8% respectively. In total, 35 out of 168 patients (20.8%) underwent EBRT - field adaptation. The rate of radiation field modification (27.7%) was particularly high in the subgroup of patients with metastatic pelvic lymph nodes (LNs) on PET/CT.

PLN metastasis ABSENT on PET/CT (85/168 patients)		
PALN before PALND	PALN after PALND	Adapted EBRT field
84 PALN negatif	11 PALN positif	11/85 (12.9%)
1 PALN positif	1 PALN negatif	1/85 (~ 1.2%)
PLN metastasis PRESENT on PET/CT (83/168 patients)		
PALN before PALND	PALN after PALND	Adapted EBRT field
67 PALN negatif	15 PALN positif	15/83 (• 18.1%)
16 PALN positif	8 PALN negatif	8/83 (~9.6%)

PLN, pelvic lymph node; PALN, para-aortic-lymph node; PALND, PALN dissection

Table: External beam radiation (EBRT) field adaptation (Pelvic to Extended field / Extended to Pelvic field)

Conclusion: Para-aortic surgical staging contributes significantly to individualize the radiation treatment of patients with LACC, particularly for those with positive pelvic LNs at PET/CT. Indication of surgical staging deserves particular attention when the PET/CT suggests positive LNs in the common iliac region.