



Interview with Prof. Chérif Akladios: Sentinel lymph node in gynaecologic malignancy, the beginning of a new area in lymph node surgery

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Editor's note

As an emerging journal in the field of clinical oncology, *Chinese Clinical Oncology (CCO)* has published a number of special series in recent years, receiving overwhelming responses from academic readers around the world. Our success cannot be achieved without the contribution of our distinguished guest editors. Taking this opportunity, this year *CCO* launched a new series, "Interviews with Outstanding Guest Editors", to highlight our active contributors. We hope to express our heartfelt gratitude for their tremendous effort and to further uncover the stories behind the special series.

The special series "Sentinel Lymph Node Biopsy in Gynecologic Cancer" (1) led by Prof. Denis Querleu from University Sacro Cuore and Prof. Chérif Akladios (*Figure 1*) from University of Strasbourg has attracted numerous readers since its release. This special series presented the lectures given at the first IRCAD course on sentinel lymph node (SLN) in gynecologic oncology. Gathering the pioneers in this field, it aimed to address the theoretical basis and clinical applications of SLN. Hereby, we are honored to have an interview with Prof. Akladios to share his experience in scientific career and his insights on this special series.

Expert introduction

Prof. Akladios is Head of Department of Obstetrics and Gynaecology, University of Strasbourg, Strasbourg, France. He specializes in gynaecologic oncology. He is the actual secretary of the French Society of Gynaecologic Oncology, the secretary of the national board for recognition of surgical competency in gynaecologic oncologic surgery



Figure 1 Prof. Chérif Akladios.

and the coordinator of the French Young Gynae-oncologic Group: SFOG-Campus.

He is particularly concerned by the teaching of surgical oncologic procedures especially minimally invasive surgical technique. In this regard, he is co-director of three advanced courses devoted to gynaecological oncology at the IRCAD-Strasbourg.

Interview

CCO: *As a renowned expert in the field of gynecological cancer research, what prompted you to enter this field?*

Prof. Akladios: In my opinion, the management of cancers constitutes a real challenge from both human and scientific

point of view. How to manage, on a medical level, and on a human level a disease, considered as incurable?

Cancer research is our tool to improve the quality of life as well as the prognosis patients and it is a real challenge.

CCO: Congratulations on the European Society of Gynaecological Oncology (ESGO) accreditation of the University Hospital of Strasbourg (HUS) gynecological surgery department! What would you say is the most important quality in your journey to this high-level recognition?

Prof. Akladios: For me, the quality that matters most is the commitment of all team members to this mission, which is the treatment and the support of patients with gynecological cancers.

Our goal was to be the regional reference for the surgical management of gynecologic malignancies and all members of our team took this mission to heart.

CCO: What kind of project are you working on now? How is the topic of this special series associated with some of them?

Prof. Akladios: Our research program in gynecologic oncology consists of three parts:

- (I) A preclinical, basic part. It concerns a work that we are doing in collaboration with a research unit specialized in genetic sequencing of the ovarian cancer genome.
- (II) A second part dedicated to surgical practice. Our actual ongoing research project consists in exploration of the potential role of augmented reality in the detection of the SLNs. concerning this project, the preclinical preparatory phases have already been completed and have resulted in the development of a well-defined, augmented reality assisted SLN detection device and procedure. The next step, which will start shortly, will be the clinical application of this procedure in endometrial cancer patients.
- (III) The third line of research concerns the epidemiology and care pathways of ovarian cancer patients in our country based on national social security data.

CCO: What part of the content impressed you the most in this special series, what do you think is the unique advantage of this special series?

Prof. Akladios: What is very interesting about this series and

what makes it different from other similar projects is that it came out of a practical course.

Most of the authors who participated in this project are international references in the subjects treated, and it is on this basis that they were selected to participate in the IRCAD international course. It is not only scientific and bibliographic data, but also practical information that can help readers in their daily practice.

CCO: As you mentioned in the editorial (2), SLN is a technique that has not yet matured in surgery and pathology. For clinical physicians, what are the suggestions to take away from this special series for their routine SLN encounters?

Prof. Akladios: I truly believe that sentinel node detection is the future of lymph node surgery in gynecologic malignancies.

We have to learn how to detect it, we have to learn how to analyze it and we have to push clinical research to define the implications and the therapeutic consequences of the detection of this SLN when it is metastatic and when it is not.

The next step would be to diagnose, intraoperatively, whether or not a SLN is metastatic without even removing it.

CCO: If the sentinel node alone is finally accepted as the mainstay of lymph node staging, what therapeutic benefit could it bring from the perspective of a gynecologic surgeon?

Prof. Akladios: To date, very few studies have demonstrated a therapeutic value of lymphadenectomy in gynecologic oncology. However, the discovery of secondary localization at the level of the SLN would clearly change the management of patients by modifying the modalities of adjuvant treatment, whether it be chemotherapy, radiotherapy or maintenance treatment. This would undoubtedly have a real positive impact on patient survival.

CCO: If we have the chance to update this special series, what content do you want to moderate or add or emphasize more?

Prof. Akladios: From my perspective, for a lymphophilic tumor, a tumor micro-metastasis at a sentinel node would be the proof of the immune system failing to fight the cancer. The details of this battle are written within the lymph node.

It is the equivalent of the black box that contains the details of the immune system's crash in its fight against tumor dissemination.

Doing a chapter on the biology of metastasis development within the SLN could be of great value in understanding the issues and better guiding the outlook.

CCO: *Since this special series presents a summary of lectures from the first IRCAD course on the SLN in gynecologic oncology, do you have any interesting experiences to share with us?*

Prof. Akladios: We are at our third edition of this course, several surgeons have attended more than one time, not just for the surgical technique, but to better understand the vision of experts on the current and future applications of the SLN as well as on lymph node surgery in general in gynecologic oncology.

CCO: *Do you have any suggestions for this special series?*

Prof. Akladios: I don't have any suggestions to make but I must admit that I was impressed by the professionalism, the reactivity and the relevance of the CCO editors. Congratulations to the whole team.

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Footnote

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