A RETROSPECTIVE STUDY SHOWING THE SAFETY OF MINIMALLY INVASIVE SURGERY OF CERVICAL CANCER

A. Ditto¹, U. Leone Roberti Maggiore¹, F. Martinelli¹, G. Bogani¹, M.T. Evangelista¹, V. Chiappa¹, V. Liberale¹, F. Murgia¹, C. Sonetto¹, G. Maltese¹, F. Zanaboni¹, F. Raspagliesi¹.

¹IRCCS Foundation National Cancer Institute, Gynecologic Oncology, Milan, Italy.

OBJECTIVES

Cervical cancer (CC) is the fourth most common malignancy in women worldwide. Surgical treatment, including radical hysterectomy and pelvic +/- para-aortic lymphadenectomy, is the gold standard for women with early stage CC. Recently, the LACC trial demonstrated that minimally invasive surgery was associated with lower rates of disease-free survival (DFS) and overall survival (OS) than open surgery among women with early-stage CC.

The aim of the current study was to present our experience with laparoscopic treatment of patients with CC in terms of OS and DFS as well as the type and site of recurrence.

METHODS

This was a retrospective analysis of a prospectively collected database of patients with CC who underwent laparoscopic surgery. The primary outcome of this study was to evaluate the 5-year OS and DFS. Secondary outcome was to compare the rate and the type of recurrences rate.

RESULTS

Ninety-one patients were included in this study (Table 1). All patients underwent laparoscopic radical treatment; no conversion was required. DFS was 33.7±27.2 months. A total of 10 patients (11.0%) had recurrence diagnosed during follow-up. Site of recurrence were: pelvis in 6 cases (6.0%), lymph node in one case (1.0%), lung in two cases (2.0%) and both pleural and pelvis in 1 case (1.0%). Time to recurrence among patient who had recurrence was 14.4±10.8 months. OS was 32.5±27.1 months.

Age (years)	46.3 ± 9.9
BMI (kg/m ²)	24.2 ± 4.7
Histology	
Squamous cell	64 (64.0)
Adenocarcinoma	29 (29.0)
Other type	7 (7.0)
Grade	
1	14 (14.0)
2	30 (30.0)
3	48 (48.0)
Missing data	8 (8.0)
Figo stage	
IA1	9 (9.0)
IA2	8 (8.0)
IB1	47 (47.0)
IB2	13 (13.0)
IIA	2 (2.0)
IIB	21 (21.0)
LVSI	
No	48 (48.0)
Yes	43 (43.0)
Missing data	9 (9.0)
Lymph node	
Negative	257 (79.1)
Positive	68 (20.9)
Pelvic lymphadenectomy	
Performed	324 (99.7)
Sampling	1 (0.3)
Not performed	0 (0)
Para-aortic lymphadenectomy	
Performed	31 (9.6)
Sampling	17 (5.2)
Not performed	277 (85.2)
NACT	
No	65 (65.0)
Yes	33 (33.0)
Post surgical therapy	
None	167 (51.4)
Radiotherapy	83 (25.5)
Chemotherapy	24 (7.4)
Chemoradiotherapy	51 (15.7)

CONCLUSIONS

Although we acknowledge the limitations of the study design, this retrospective series demonstrated the **safety of laparoscopic radical treatment** of patients with CC as demonstrated by the **low rate of recurrence**.