

Laparoscopic radical hysterectomy: a European Society of Gynaecological Oncology (ESGO) statement

One randomized study by Ramirez et al and one epidemiological study by Melamed et al^{1 2} found that the minimal invasive surgery approach for radical hysterectomy for cervical cancer is associated with shorter disease-free and overall survival than open surgery. These findings were confirmed in a recent population-based survey in England.³ In light of the results obtained by these studies the European Society of Gynaecological Oncology (ESGO) Scientific Committee and Council herewith issues a statement that the current ESGO recommendation regarding the approach for radical surgery for cervical cancer (“minimal invasive approach is favored”⁴) is no longer valid. It should be removed and replaced by “open approach is the gold standard”.

ESGO encourages that all minimally invasive surgical procedures for cervical cancer are prospectively recorded, including tumor characteristics and technical details, and performed only in highly specialized centers by appropriately trained surgeons. Patients must be informed about the available prospective and retrospective evidence on survival, complications, and quality of life relating to the two surgical approaches. If minimal access surgery is offered, and accepted by the patient, every effort should be made to avoid spillage of tumor cells in the peritoneal cavity (eg, avoiding crushing lymph nodes, banning vaginal or uterine manipulators, and closing the vaginal cuff in order to avoid any contact between tumor and peritoneal cavity).^{5 6}

As the reasons for the observed overall detrimental effect of minimal access surgery are not clear, and the available research was not designed to identify subgroups potentially amenable to minimal access surgery and/or to investigate the preventive effect of the above mentioned precautions, another trial, incorporating specific precautions and

strictly defined quality-assurance criteria, should be developed.

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