LAPARO-ENDOSCOPIC SINGLE-SITE VERSUS CONVENTIONAL LAPAROSCOPIC SURGERY FOR EARLY-STAGE ENDOMETRIAL CANCER: PROSPECTIVE RANDOMIZED CONTROLLED TRIAL (LESS-E)

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Objectives To evaluate the feasibility of laparo-endoscopic single-site staging surgery (LESS group) compared to conventional laparoscopic staging surgery (four-port group) for early-stage endometrial cancer.

Methods Patients with clinical stage IA, IB, grade 1–3 endometrial cancer were randomly assigned to LESS group or four-port group. The primary endpoint was to confirm the non-inferiority of LESS in operation time and number of resected lymph nodes. Non-inferiority has considered if the LESS group showed difference in operating time (< 24 min) and the number of resected lymph nodes (< 5.2) within the lower limit of 20% compared to the four-port group.

Results Each of 54 patients were assigned to LESS group (n=54) and four-port group (n=54). There were no differences between LESS and four-port groups in clinical factors including age, body mass index, gravida, menopause, previous abdominal surgery, and in pathologic factors including histologic type, histologic grade, lympho-vascular space invasion, and stage of the disease. There was no clinically significant difference in total operation time (LESS group vs. four-port group, 154.96±40.81 min vs 158.19±48.77 min, P = 0.712), and in the number of resected lymph nodes (LESS group vs. four-port group, 17.81±8.73 vs 22.41±10.56, P = 0.016). After median follow-up time of 34 months (range, 2–242 months), each one patient in each group had a recurrence, and one patient in LESS group died of the disease.

Conclusions LESS surgical staging was feasible for surgical management of patients with early-stage endometrial cancer. It was comparable to conventional laparoscopic surgical staging in perioperative and oncologic outcomes.