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MEETING ABSTRACT Open Access

Laparoscopic approach to early stage endometrial cancer: is needed further evidence?

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Background

A recent meta-analysis of randomized controlled trials (RCTs) showed that laparoscopic approach to endometrial cancer was effective in terms of overall, disease-free and cancer-related survival [1]. The aim of the current study was to update until September 2009 data from RCTs evaluating the effects of laparoscopic approach to endometrial cancer.

Materials and methods

Meta-analysis of randomized controlled trials (RCTs). Efficacy and safety data were evaluated.

Results

Three RCTs evaluating the efficacy and safety outcomes of laparoscopic surgery to treat early stage endometrial cancer were identified and included in the final analysis.

No significant difference in intra-operative complications (OR=1.5, 95%CI 0.7 to 3.5, P=0.442) was observed between laparoscopic and laparotomic approach to early stage endometrial cancer. Conversely, significant advantage in terms of post-operative complications (OR=0.5, 95%CI 0.3 to 0.8, P=0.008) were reported after laparoscopic surgery in comparison with laparotomic.

A significantly longer operative time was observed for the laparoscopic procedure than for the laparotomic one (OR=35.6, 95%CI 1.9 to 69.3, P=0.038), even if a significant (P<0.001) heterogeneity was present across the analyzed studies. On the other hand, the intra-operative blood loss was significantly lower in patients treated with laparoscopy than in those treated with laparotomy (OR=-214.1, 95%CI -303.8 to -124.4, P<0.001), even if a significant (P<0.001) heterogeneity was again present across the analyzed studies.

Pelvic nodes yield resulted similar between two surgical approaches (OR=1.0, 95%CI -0.3 to 2.4, P=0.134), whereas the para-aortic nodes yield was significantly higher after laparoscopic surgery (OR=-100.5, 95%CI -108.4 to 2.4, P=0.134).

No significant difference between laparoscopic and laparotomic approach to endometrial cancer in overall [odds ratio (OR)=0.96, 95% confidence index (CI) 0.51 to 1.81, P=0.976] survival was observed (Figure 1).

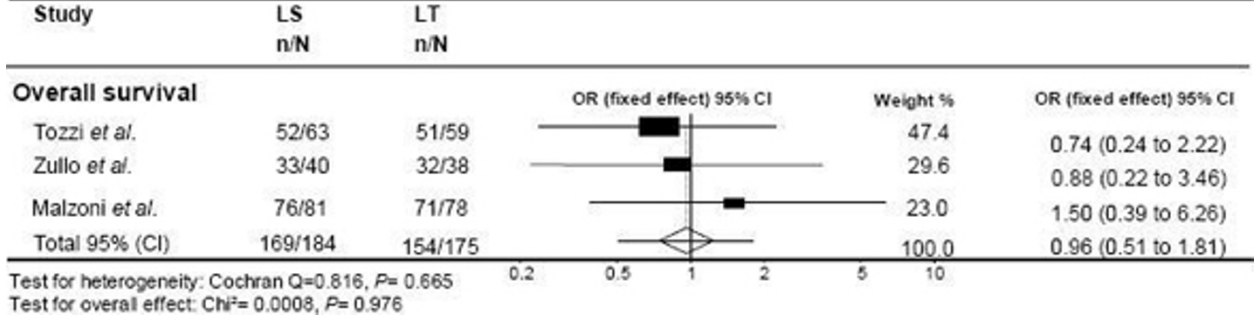

Figure 1

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Disease-free (OR=0.95, 95% CI 0.51 to 1.80, P=0.986) and cancer-related (OR=0.91, 95% CI 0.27 to 3.06, P=0.883) survival has been demonstrated to be not different between two surgical approaches. No significant heterogeneity was observed between studies in any efficacy outcome evaluated.

Conclusions

Both laparoscopy and laparotomy are two effective approaches for treating patients with early stage endometrial cancer.

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Reference

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