



XI EDIZIONE
**Giornate Mediche di
Santa Maria Nuova 2019**



La nuova attività di chirurgia ginecologica endoscopica a SMN

Dr. Alberto Mattei



PROGRESS IN SURGERY

LAPAROTOMY



LAPAROSCOPY



3D SURGERY

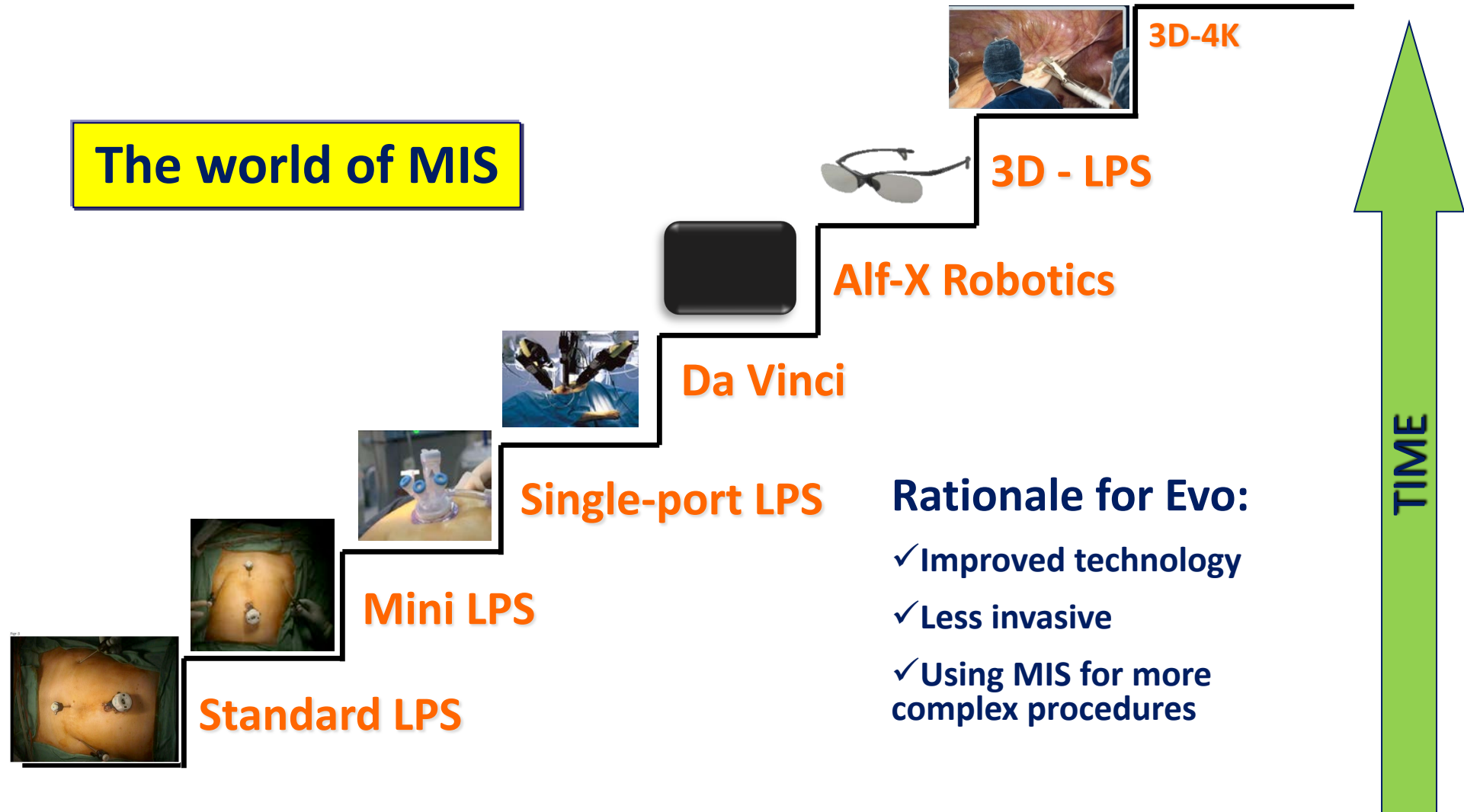


4K SURGERY



MINIMALLY INVASIVE SURGERY IN GYO

Single approach for multiple techniques



Accepted Manuscript

Title: LAPAROSCOPIC, MINILAPAROSCOPIC, SINGLE-PORT AND PERCUTANEOUS HYSTERECTOMY: COMPARISON OF PERIOPERATIVE OUTCOMES OF MINIMALLY INVASIVE APPROACHES IN GYNECOLOGIC SURGERY

Authors: C. Rossitto, S. Cianci, S. Alletti Gueli, E. Perrone, S. Pizzacalla, G. Scambia



MIS in GYNECOLOGIC SURGERY

CONCLUSIONS: Data show that the effort to minimize the impact of surgical invasiveness can be feasible and could improve the advantages, not only in terms of aesthetic outcomes, even if the differences among the endoscopic approaches have not a relevant clinical impact. The technology innovations like PSS maintain the same triangulation between instruments as standard LPS with an evident decrease of the invasiveness thanks to reduced instruments size, even if the lack of suitability of bipolar energy, that require a multifunction instrument, remain a limit of these instruments.

FIGURE 1: Standard laparoscopy

FIGURE 2: single site laparoscopy

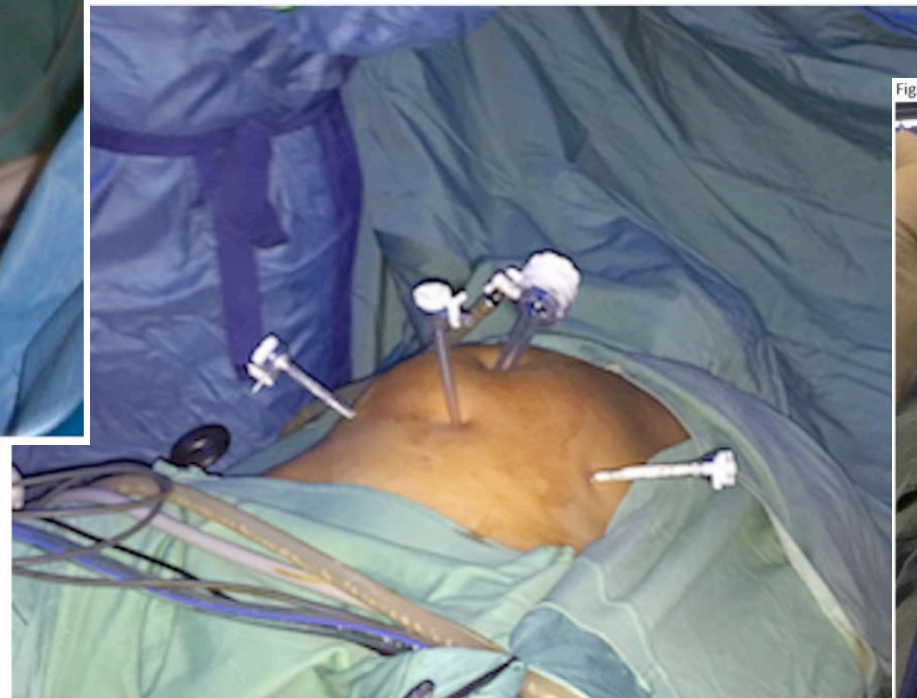
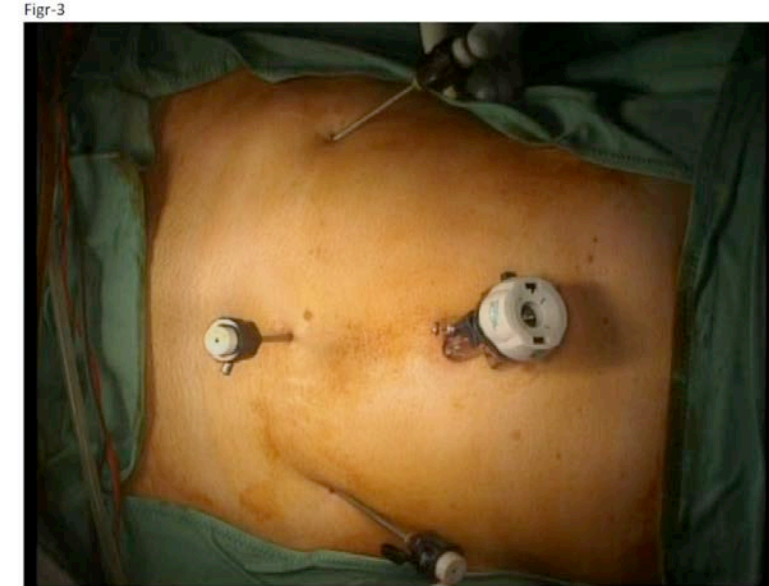
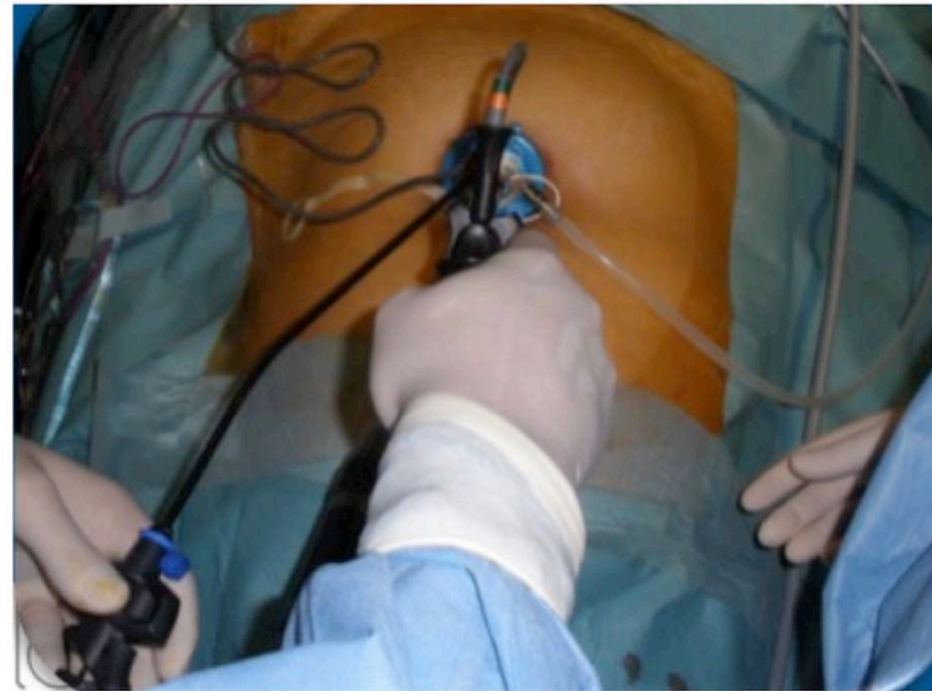
FIGURE 3: mini-laparoscopy

FIGURE 4: percutaneous surgical system

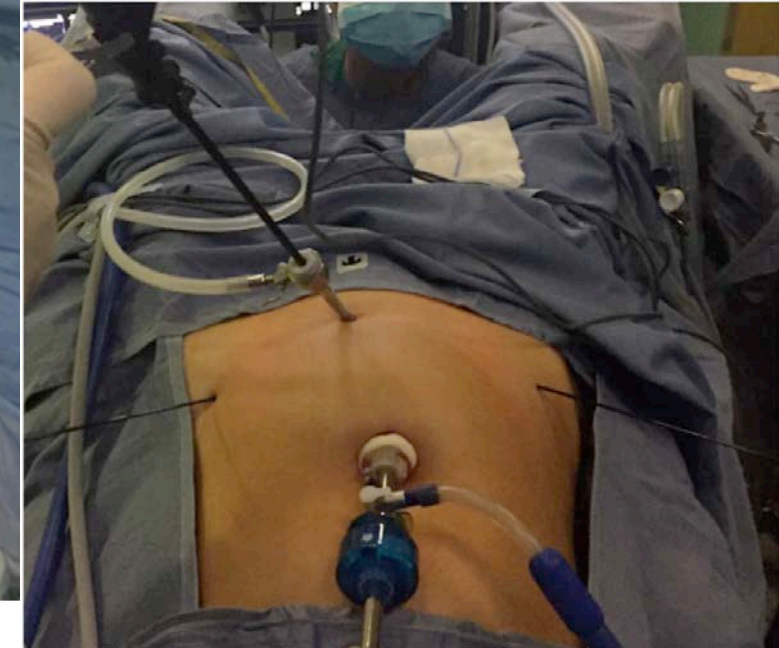
Title: LAPAROSCOPIC, MINILAPAROSCOPIC, SINGLE-PORT AND PERCUTANEOUS HYSTERECTOMY: COMPARISON OF PERIOPERATIVE OUTCOMES OF MINIMALLY INVASIVE APPROACHES IN GYNECOLOGIC SURGERY

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Figr-2



Figr-4

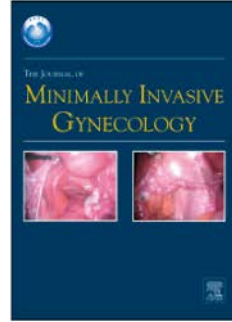


ROBOTIC SURGERY in GYNECOLOGIC CANCER

Accepted Manuscript

Robot-assisted surgery in Gynecologic cancers

V. Zanagnolo, MD, A. Garbi, MD, M.T. Achillarre, MD, L. Minig, MD PHD



learning curve for robotic-assisted surgery. However robotic-assisted surgery appears to be more expensive than laparotomy and traditional laparoscopy. In conclusion, robotic-assisted surgery appears to facilitate the surgical approach for complex operations to treat women with gynecological cancers. Although randomized controlled trials are lacking to further elucidate the equivalence of robot-assisted surgery to conventional methods in terms of oncologic outcome and patients' quality of life, the technology appears to be safe and effective, and could offer minimally invasive approach to a much larger group of patients.

ELDERLY and VERY ELDERLY

Title: Robotic Surgery in Elderly and Very Elderly Gynecologic Cancer Patients

Author: Valerio Gallotta, Carmine Conte, Marco D'Indinosante, Alex Federico, Antonella Biscione, Giuseppe Vizzielli, Carolina Bottoni, Maria Vittoria Carbone, Francesco Legge, Stefano Uccella, Pierpaolo Ciocchetti, Andrea Russo, Lorenzo Polidori, Giovanni Scambia, Gabriella Ferrandina

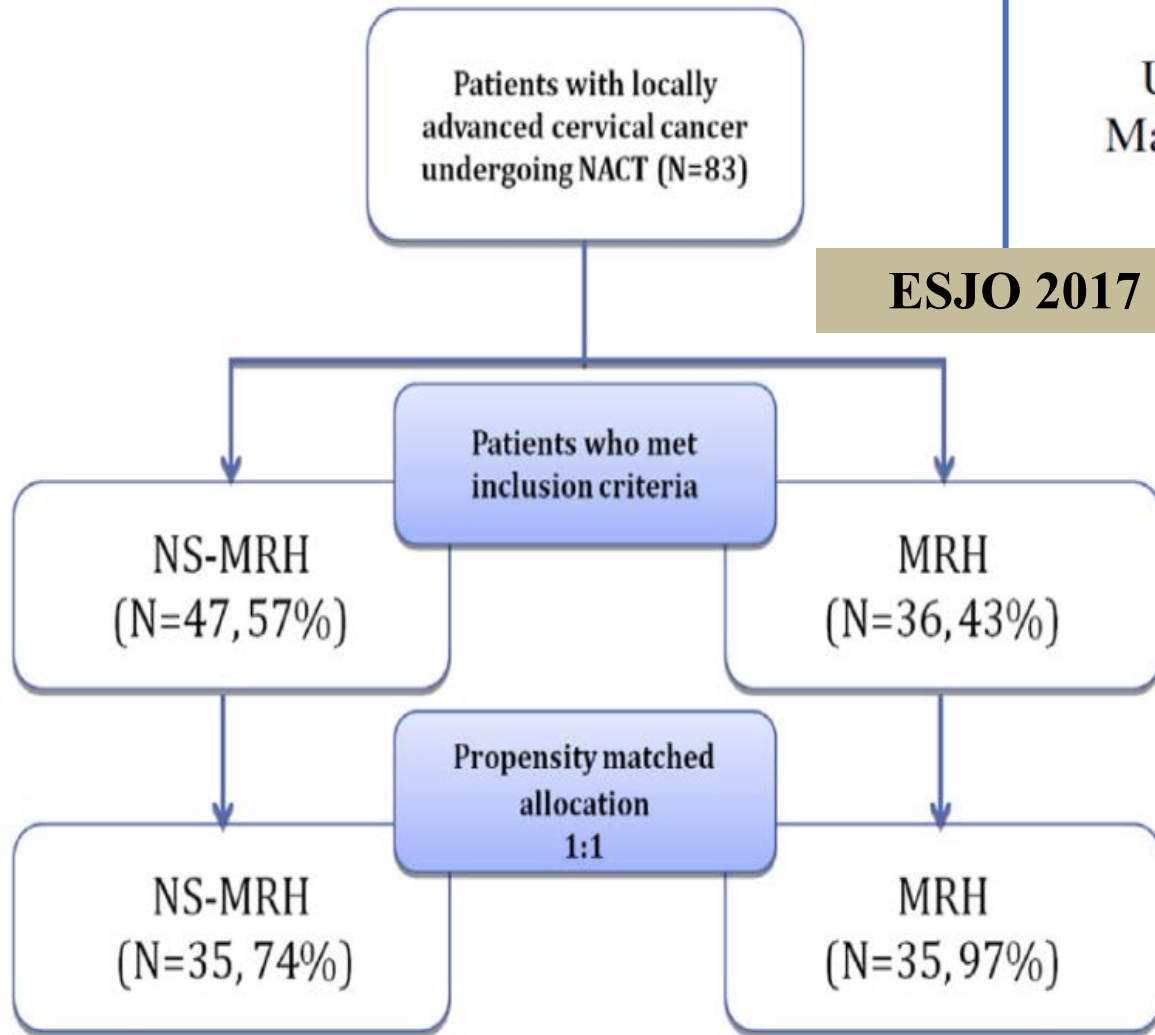
CONCLUSIONS: This study showed the feasibility, safety and good short-term outcomes of RS in elderly and very elderly gynecological cancer patients. No one can be considered too old for a minimally invasive robotic approach, but a multidisciplinary approach is the best pathway of managing; efforts reducing associated morbidity are essential.

CERVICAL CANCER

Introducing nerve-sparing approach during minimally invasive radical hysterectomy for locally-advanced cervical cancer: A multi-institutional experience

Francesco Raspagliesi ^a, Giorgio Bogani ^{a,*}, Arsenio Spinillo ^b,
Antonino Ditto ^a, Stefano Bogliolo ^b, Jvan Casarin ^c,
Umberto Leone Roberti Maggiore ^{a,d}, Fabio Martinelli ^a,
Mauro Signorelli ^a, Barbara Gardella ^b, Valentina Chiappa ^a,
Cono Scaffa ^a, Simone Ferrero ^d, Antonella Cromi ^c,
Domenica Lorusso ^a, Fabio Ghezzi ^c

ESJO 2017



The implementation of NS approach in the setting of LACC improves patients' outcomes, minimizing pelvic dysfunction rates.

NS approach has not detrimental effects on survival outcomes.

Nerve Sparing Radical Hysterectomy

Title: Nerve Sparing Approach Improves Outcomes of Patients Undergoing Minimally Invasive Radical Hysterectomy: a Systematic Review and Meta-Analysis

Author: Giorgio Bogani, Diego Oreste Rossetti, Antonino Ditto, Mauro Signorelli, Fabio Martinelli, Lavinia Mosca, Cono Scaffa, Umberto Leone Roberti Maggiore, Valentina Chiappa, Ilaria Sabatucci, Domenica Lorusso, Francesco Raspagliesi

Table 1. Main characteristics of the included studies

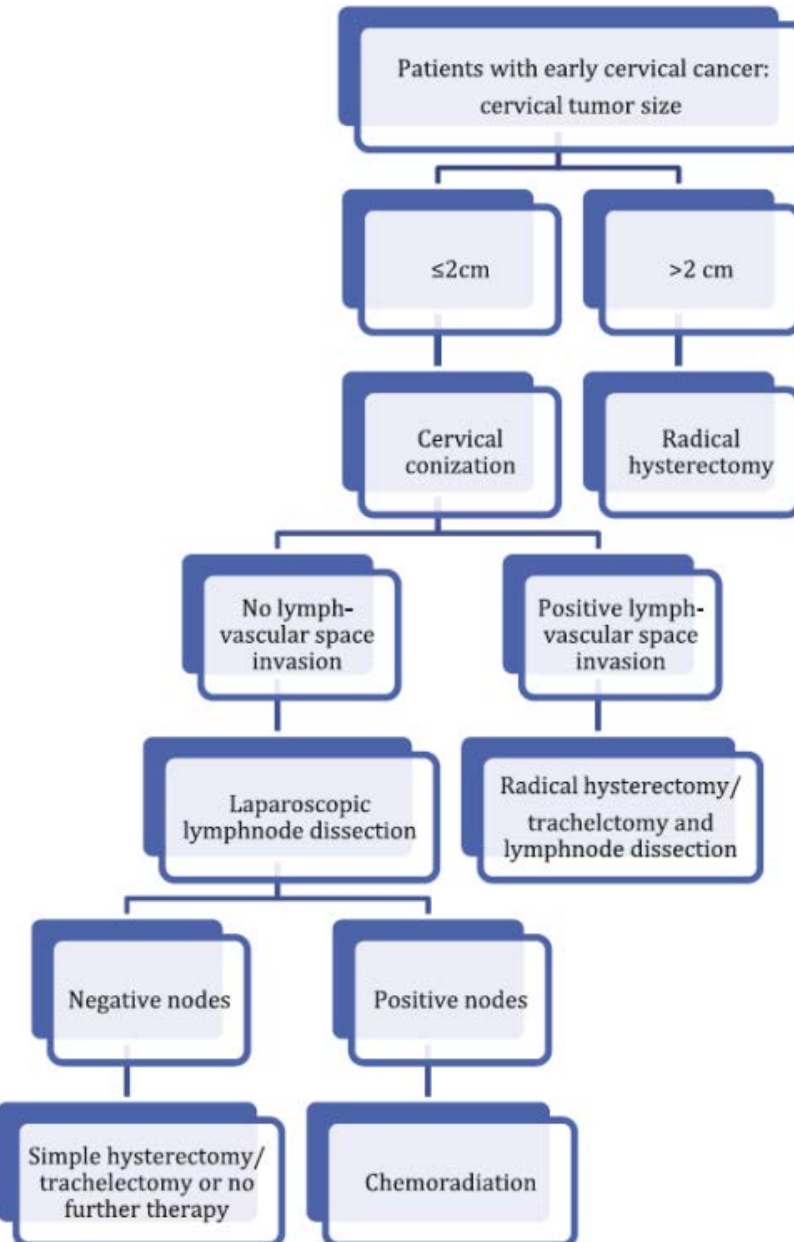
Authors [Ref.]	Year of publication	Principal Institution(s) involved	Study design	Study period	Patients n	Patients undergoing MRH n (%)	Patients undergoing NS-MRH n (%)	Level of recommendation on <i>GRADE</i> system	Level of evidence <i>ACOG</i> guidelines
Possover [13]	2000	Friedrich Schiller University, Germany	RS	1997-1999	66	28 (42.4%)	38 (57.6%)	MQ	B
Querleu [14]	2002	University of Lille II, France	RS	1991-1996	95	48 (50.5%)	47 (49.5%)	MQ	B
Liang [15]	2010	Southwest Hospital, Third Military Medical University, Chongqing, China	PS	2006-2009	163	81 (49.7%)	82 (50.3%)	MQ	B
Bogani [16]	2014	University of Insubria, Varese, Italy	RS	2003-2010	96	63 (65.6%)	33 (34.4%)	MQ	B
Chen [17]	2014	Sichuan University, Chengdu, Sichuan, China	PS	2010-2014	65	35 (53.8%)	30 (46.2%)	MQ	B
Liu [18]	2016	PLA General Hospital, Fu Xing St, Beijing	PS	2011-2012	120	60 (50%)	60 (50%)	MQ	B
Raspagliesi [19]	2017	IRCCS National Cancer Institute, Milan, Italy; University of Insubria, Varese, Italy; University of Genoa, Italy; University of Pavia, Italy	PS	2009-2016	70	35 (50%)	35 (50%)	MQ	B

Legend: ACOG = American College of Obstetricians and Gynecologists; GRADE = Grading of Recommendations, Assessment, Development, and Evaluation; MQ = medium quality; MRH = conventional minimally invasive radical hysterectomy; NS-MRH = nerve sparing minimally invasive radical hysterectomy; PS = prospective; RS = retrospective

Parametrectomy

Can parametrectomy be avoided in early cervical cancer? An algorithm for the identification of patients at low risk for parametrial involvement

O. Gerner^{a,k}, R. Eitan^{b,*k}, M. Gdalevich^a, A. Mamanov^a, B. Piura^c, A. Rabinovich^c,
H. Levavi^b, B. Saar-Ryss^a, R. Halperin^d, S. Finci^e, U. Beller^e, I. Bruchim^f, T. Levy^g,
I. Ben Shachar^h, A. Ben Arieⁱ, O. Lavie^j



Using a pre-operative triage algorithm, patients with early small lesions, no LVSI and no nodal involvement may be spared radical surgical procedures and parametrectomy. Further prospective data are urgently needed.

CERVICAL CANCER and LESS

Minilaparoscopic radical hysterectomy (mLPS-RH) vs. laparoendoscopic single-site radical hysterectomy (LESS-RH) in early stage cervical cancer: a multicenter retrospective study

Anna Fagotti, Fabio Ghezzi, David M. Boruta, Giovanni Scambia, Pedro Escobar, Amanda N. Fader, Mario Malzoni, Francesco Fanfani

Table 2. Perioperative outcomes in ultra minimally invasive RH.

Variable	All cases Nr. (%)	LESS-RH Nr. (%)	mLPS-RH Nr. (%)	<i>p</i> value ^a
All cases	46 (100)	19 (41.3)	27 (58.7)	-
Radical hysterectomy Type B1/2 Type C1/2	22 (47.9) 24 (52.1)	10 (57.9) 9 (42.1)	12 (44.4) 15 (55.6)	0.275
Median lymph nodes removed (range) ^b	23 (4-52)	22 (4-34)	19 (6-52)	0.832
Median operative time (min) (range) ^b	200 (90-380)	270 (149-380)	180 (90-240)	0.001
Median estimated blood loss (ml) (range) ^b	50 (10-400)	60 (25-350)	50 (10-400)	0.229
Intra-operative complications	2 (4.3)	1 (5.3)	1 (3.7)	1.000
Post-operative complications	4 (8.6)	2 (10.5)	2 (7.4)	1.000
Conversion to LPS/LPT	2 (4.3)	2 (10.5)	0 (0.0)	0.165
Median duration of hospital stay (days) (range) ^b	2 (1-10)	1 (1-4)	2 (1-10)	0.020
One day to discharge	17	11 (57.9)	6 (22.2)	0.030
Readmission	2 (4.3)	1 (5.3)	1 (3.7)	1.000

^aCalculated by Fisher's exact test.

^bCalculated by Kruskal-Wallis non parametric test.

GYNECOLOGY

Surgical outcomes among elderly women with endometrial cancer treated by laparoscopic hysterectomy: a NRG/Gynecologic Oncology Group study

Erin A. Bishop, MD; James J. Java, PhD; Kathleen N. Moore, MD; Nick M. Spirtos, MD; Michael L. Pearl, MD; Oliver Zivanovic, MD; David M. Kushner, MD; Floor Backes, MD; Chad A. Hamilton, MD; Melissa A. Geller, MD, MS; Jean Hurteau, MD; Cara Mathews, MD; Robert M. Wenham, MD, MS; Pedro T. Ramirez, MD; Susan Zweizig, MD; Joan L. Walker, MD

**ENDOMETRIAL
CANCER**

CONCLUSION: Laparoscopic staging for uterine cancer is associated with decreased morbidity in the immediate postoperative period in patients ≥ 60 years old. These results allow for more accurate preoperative counseling. A minimally invasive approach to uterine cancer staging may decrease morbidity that could affect long-term survival.

Title: Robotic, Laparoscopic, or Open Hysterectomy - Surgical Outcomes by Approach in Endometrial Cancer

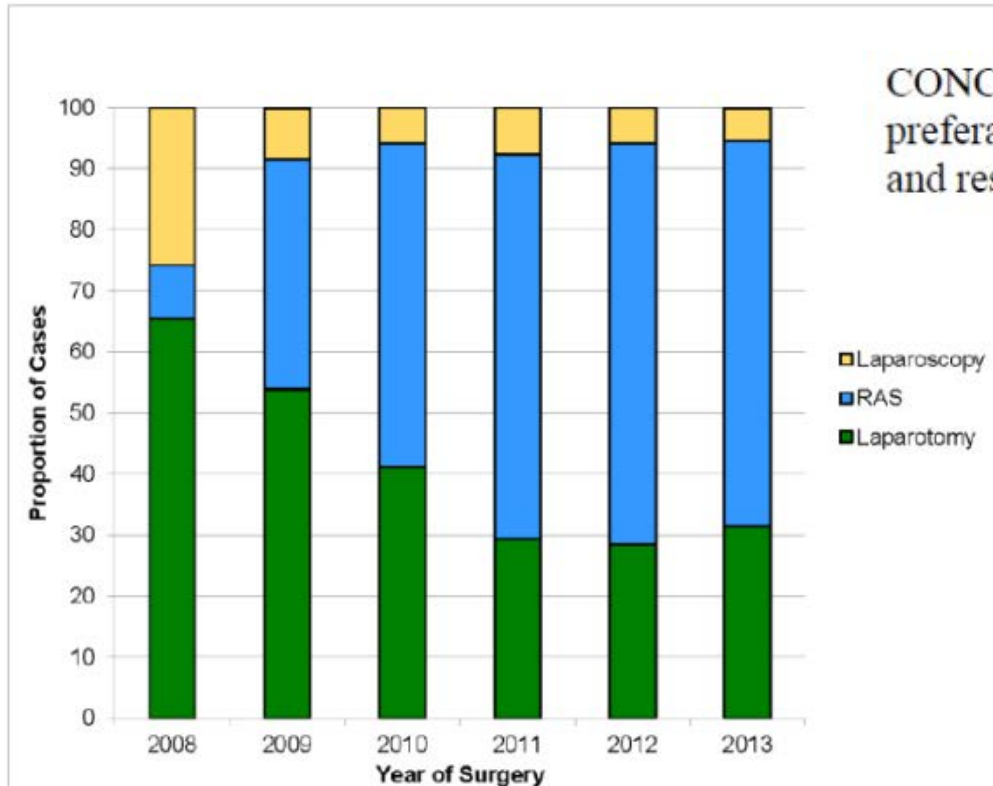
Author: Tiffany L. Beck, Melissa A. Schiff, Barbara A. Goff, Renata R. Urban

PII: S1553-4650(18)30044-X



ENDOMETRIAL CANCER

Figure 1: Surgical trends in the management of endometrial cancer in Washington State 2008-2013.



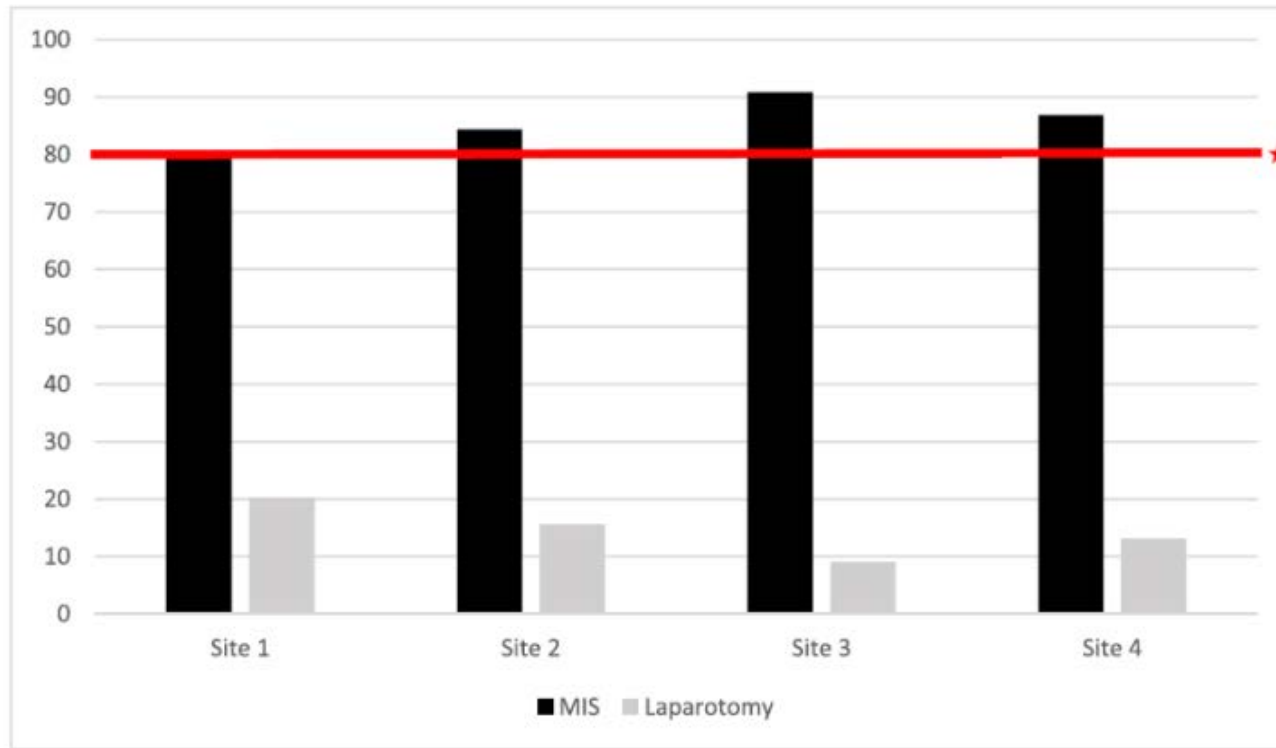
CONCLUSIONS: RAS is as an alternative to LS in the treatment of endometrial cancer, and preferable to laparotomy. The use of RAS resulted in fewer early readmissions compared to LS and resulted in an increased proportion of cases via minimally invasive surgery.

Minimally invasive hysterectomy surgery rates for endometrial cancer performed at National Comprehensive Cancer Network (NCCN) Centers☆

Jennifer Bergstrom^{a,1}, Alessia Aloisi^b, Shannon Armbruster^c, Ting-Tai Yen^a, Jvan Casarin^d, Mario M. Leitao Jr^{b,e}, Edward J. Tanner^a, Rayna Matsuno^f, Karime Kalil Machado^a, Sean C. Dowdy^d, Pamela T. Soliman^c, Stephanie L. Wethington^a, Rebecca L. Stone^a, Kimberly L. Levinson^a, Amanda N. Fader^{a,*}

ENDOMETRIAL CANCER

J. Bergstrom et al. / Gynecologic Oncology xxx (2018) xxx–xxx



★ Proposed 80% MIS benchmark

Fig. 1. Route of surgical procedure.

Indocyanine green fluorescence imaging of lymph nodes during robotic-assisted laparoscopic operation for endometrial cancer. A prospective validation study using a sentinel lymph node surgical algorithm☆

Bjørn Hagen ^{a,*}, Marit Valla ^{b,c}, Guro Aune ^a, Merethe Ravlo ^a, Anne Britt Abusland ^b, Elisabeth Araya ^a, Marit Sundset ^a, Solveig Tingulstad ^a

TOOLS:
indocyanine green,
NBI,
IOUS

Prospective Comparative Study of Laparoscopic Narrow Band Imaging (NBI) Versus Standard Imaging in Gynecologic Oncology

Alessia Aloisi, MD¹, Yukio Sonoda, MD¹, Ginger J. Gardner, MD¹, Kay J. Park, MD², Sarah L. Elliott, MD³, Qin C. Zhou, MS⁴, Alexia Iasonos, PhD⁴, and Nadeem R. Abu-Rustum, MD¹

Title: Role of Intraoperative Ultrasound to Extend the Application of Minimally Invasive Surgery for Treatment of Recurrent Gynecological Cancer

Author: Floriana Mascilini, Lorena Quagliozzi, Francesca Moro, Maria Cristina Moruzzi, Valerio Gallotta, Salvatore Gueli Alletti, Giovanni Scambia, Antonia Carla Testa, Anna Fagotti

Indocyanine green fluorescence imaging of lymph nodes during robotic-assisted laparoscopic operation for endometrial cancer. A prospective validation study using a sentinel lymph node surgical algorithm☆

Bjørn Hagen ^{a,*}, Marit Valla ^{b,c}, Guro Aune ^a, Merethe Ravlo ^a, Anne Britt Abusland ^b, Elisabeth Araya ^a, Marit Sundset ^a, Solveig Tingulstad ^a

TOOLS:
indocyanine green.

Conclusions. We have reproduced the high total and bilateral SLN mapping using cervical ICG injection and NIR fluorescence. Practical application of the MSKCC algorithm allowed high lymph node metastasis detection in combination with a low extent of lymph node removal.

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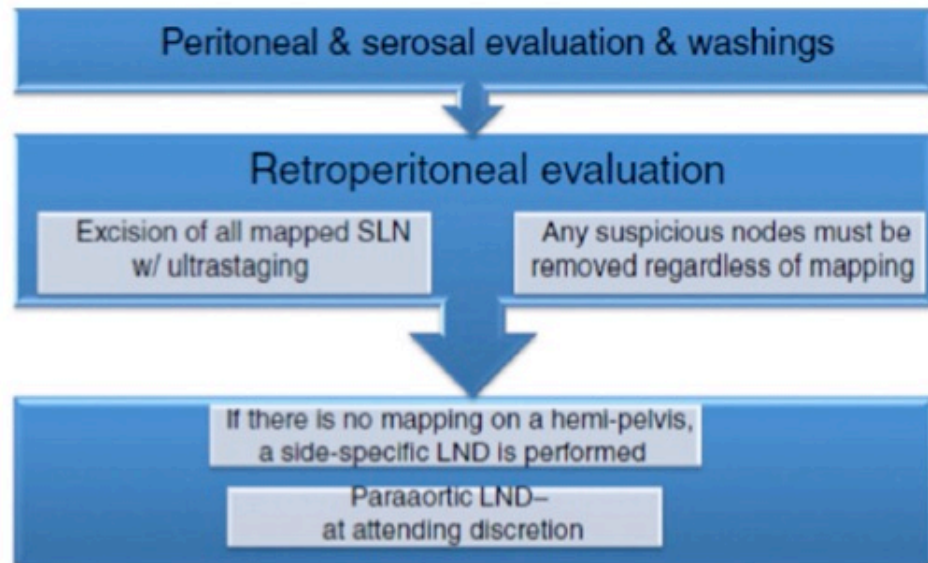
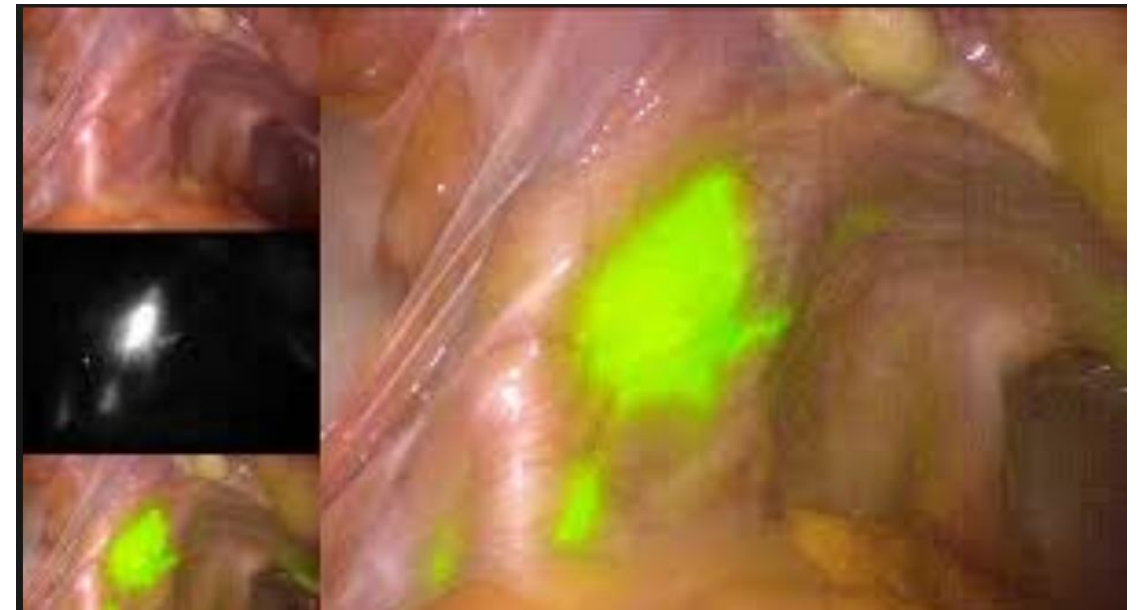


Fig. 1. The sentinel lymph node surgical algorithm. From Barlin JN et al.: The importance of applying a sentinel lymph node mapping algorithm in endometrial cancer staging: Beyond removal of blue nodes. Gynecol Oncol 2012;125:534; with permission.



Il linfonodo sentinella nelle neoplasie ginecologiche

di Alberto Mattei, Gianni Bargelli, Federica Perelli, Giovanni Scambia

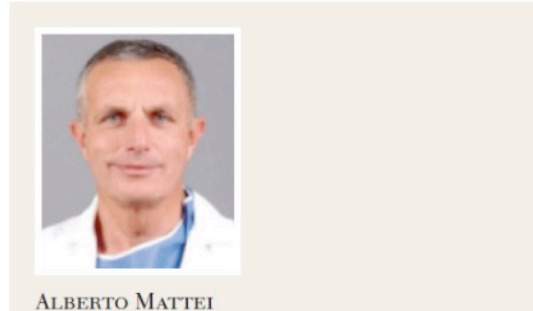


Figura 1 – Linfonodo sentinella rilevato dopo la diffusione del verde di indocianina in sede iliaca esterna destra.

Il fatto di non ricorrere alla linfadenectomia sistematica nelle pazienti affette da neoplasia endometriale o della cervice uterina è un ottimo risultato per la riduzione della morbidità postoperatoria, in particolare per la riduzione di complicanze che si possono associare alla linfadenectomia quali linfedema, linfocele e compromissione dei nervi pelvici.

TOOLS: indocyanine green.



Figura 2 – Linfonodo sentinella dopo la sua asportazione.

Prospective Comparative Study of Laparoscopic Narrow Band Imaging (NBI) Versus Standard Imaging in Gynecologic Oncology

Alessia Aloisi, MD¹, Yukio Sonoda, MD¹, Ginger J. Gardner, MD¹, Kay J. Park, MD², Sarah L. Elliott, MD³, Qin C. Zhou, MS⁴, Alexia Iasonos, PhD⁴, and Nadeem R. Abu-Rustum, MD¹

TOOLS:
NBI.

Ann Surg Oncol 2018

TABLE 2 Results of white light and NBI compared with histological findings (N = 79)

Laparoscopic technique	Histology		NPV % (95% CI*)	PPV % (95% CI*)	Diagnostic accuracy % (95% CI*)
	Benign	Malignant			
White light					
Benign	40	3	93% (75.8–99.3%)	61.1% (43.5–76.9%)	78.5% (63.8–89.2%)
Malignant	14	22			
NBI					
Benign	38	0	100%	61% (44.5–75.8%)	79.7% (68.1–88.6%)
Malignant	16	25			

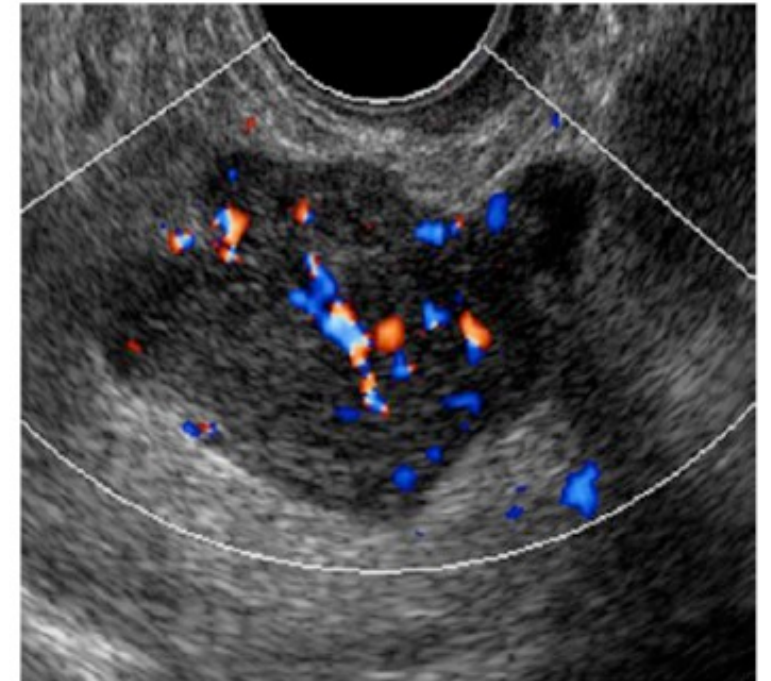
Conclusions. NBI imaging provides a unique contrast between peritoneal surface and microvascular patterns. However, the results of this study suggest that NBI-enhanced laparoscopy does not provide superior detection of peritoneal surface malignancy compared with standard white light high-definition laparoscopy.

Title: Role of Intraoperative Ultrasound to Extend the Application of Minimally Invasive Surgery for Treatment of Recurrent Gynecological Cancer

Author: Floriana Mascilini, Lorena Quagliozzi, Francesca Moro, Maria Cristina Moruzzi, Valerio Gallotta, Salvatore Gueli Alletti, Giovanni Scambia, Antonia Carla Testa, Anna Fagotti

**TOOLS:
IOUS.**

Conclusions: About one of four patients (25%) with single gynecological cancer recurrence needs IOUS to benefit from MIS for complete secondary cytoreduction.



MIS in OVARIAN CANCER

REVIEW OF LITERATURE

Current Recommendations for Minimally Invasive Surgical Staging in Ovarian Cancer

Curr. Treat. Options in Oncol. 2016

- ***Early Stage Ovarian Cancer***
- ***Advanced Ovarian Cancer***
 - Primary Debulking***
 - Interval Debulking***
- ***Recurrent Ovarian Cancer***

Anna Fagotti, MD, PhD^{1,}*
Federica Perelli, MD²
Luigi Pedone, MD³
Giovanni Scambia, MD³

LEVEL OF EVIDENCE

MINIMALLY INVASIVE SURGERY is currently used to stage and treat ovarian cancer patients, at different stages of disease. However, the higher level of evidence from existing studies is IIB.

Therapy/Prevention/Etiology/Harm:

- 1a:** Systematic reviews (with homogeneity) of randomized controlled trials
- 1b:** Individual randomized controlled trials (with narrow confidence interval)
- 1c:** All or none randomized controlled trials
- 2a:** Systematic reviews (with homogeneity) of cohort studies
- 2b:** Individual cohort study or low quality randomized controlled trials (e.g. <80% follow-up)
- 2c:** "Outcomes" Research; ecological studies
- 3a:** Systematic review (with homogeneity) of case-control studies
- 3b:** Individual case-control study
- 4:** Case-series (and poor quality cohort and case-control studies)
- 5:** Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"

MIS IN OVARIAN CANCER

Timing of surgery	Reference [Author, year]	Level of evidence
Staging [Early stage]	Lawrie 2013, Gallotta 2014, Tozzi 2004, Ghezzi 2007, Nezhat 2009, Lee 2011, Cress 2011, Brockbank 2013	IIB
Staging [Advanced stage]	Petrillo 2014, Fagotti 2013, Vizzielli 2014	IIB
Primary Debulking	Nezhat 2010, Fanning 2011, Rabinovic 2015, Sinno 2014	IIIB
Interval Debulking	Favero 2015, Corrado 2015, Gueli Alletti 2015	IIIB
Staging [Recurrence]	Fagotti 2008, Fanfani 2015	IIIB
Secondary Debulking	Passot 2013, Fish 2014, Gallotta 2014, Fagotti 2014, Fagotti 2015	IIIB

EARLY STAGE OVARIAN CANCER

Minimally invasive surgical staging in early stage ovarian carcinoma: a systematic review and meta-analysis

Giorgio Bogani, MD, PhD, Chiara Borghi, MD, Umberto Leone Roberti Maggiore, MD, Antonino Ditto, MD, Mauro Signorelli, MD, Fabio Martinelli, MD, Valentina Chiappa, MD, Carlos Lopez, MD, Ilaria Sabatucci, MD, Cono Scaffa, MD, PhD, Alice Indini, MD, Simone Ferrero, PhD, Domenica Lorusso, MD, PhD, Francesco Raspagliesi, MD

LPS staging is associated with a

- shorter time to chemotherapy than laparotomic procedures
- survival outcomes were not influence by route of surgery
- MIS approach is equivalent to laparotomy for the treatment of eEOC and may be superior in terms of perioperative outcomes

Robotic Versus Laparoscopic Staging for Early Ovarian Cancer: A Case Matched Control Study

V. Gallotta, MD, C. Cicero, MD, C. Conte, MD, G. Vizzielli, MD, M. Petrillo, MD, A. Fagotti, MD, V. Chiantera, MD, B. Costantini, MD, G. Scambia, PhD, G. Ferrandina, PhD

CONCLUSIONS: The present study suggests that there is no relevant difference between robotic and laparoscopic approach in staging EOC. Further prospective trials are needed to confirm our results.

ADVANCED OVARIAN CANCER and INTERVAL DEBULKING SURGERY

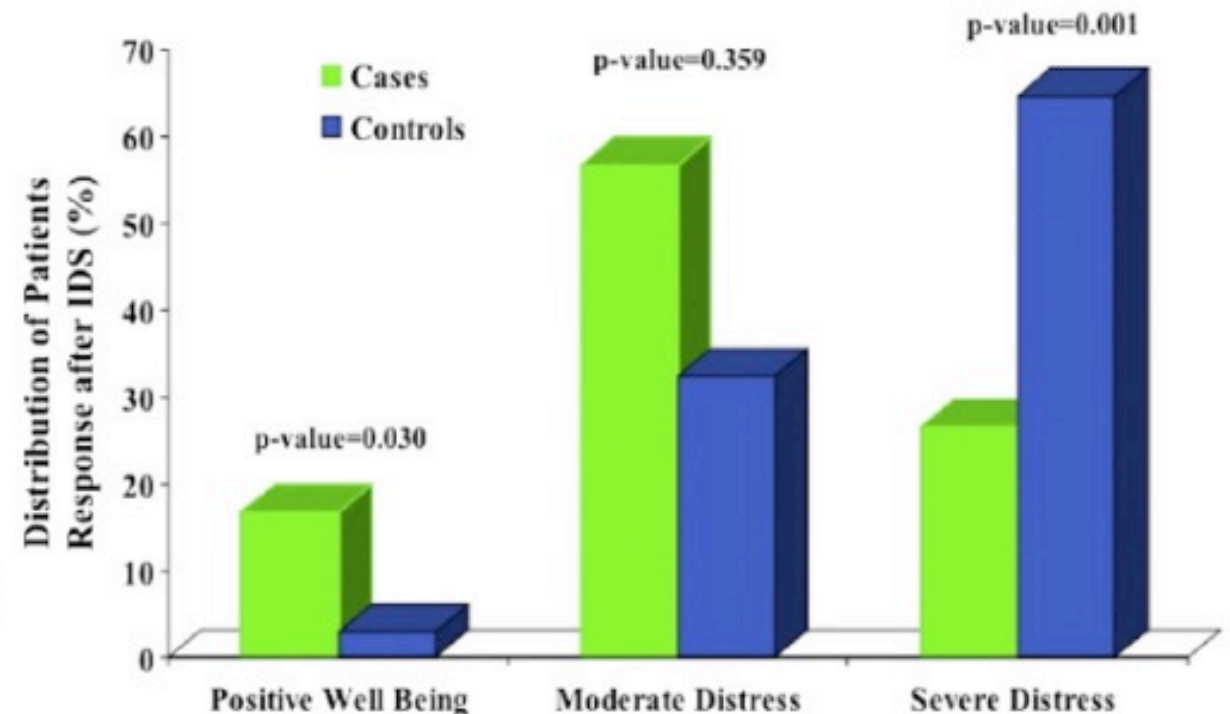
Minimally invasive versus standard laparotomic interval debulking surgery in ovarian neoplasm: A single-institution retrospective case-control study

S. Gueli Alletti ^{a,*}, M. Petrillo ^{b,c}, G. Vizzielli ^a, C. Bottoni ^a, F. Nardelli ^c, B. Costantini ^a, L. Quagliozzi ^a, V. Gallotta ^a, G. Scambia ^{a,c}, A. Fagotti ^c

Conclusions. Minimally invasive approach could represent an advantageous alternative surgical way to perform interval debulking surgery in this specific subset of patients, with no impact on PFS. Based on these findings a randomized clinical trial is now under evaluation in our Institution.

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Fig. 3. Title: Differences of distress level after IDS Legend: Minimally invasive approach determines a higher percentage of women with positive well-being compared to patients treated with the conventional approach.



ADVANCED OVARIAN CANCER and IDS – MIS and PSYCHOLOGICAL EFFECT

Title: Single-Institution Propensity-Matched Study to Evaluate the Psychological Effect of Minimally Invasive Interval Debulking Surgery vs Standard Laparotomic Treatment: From Body to Mind and Back.

Author: S. Gueli Alletti, Giuseppe Vizzielli, Letizia Lafuenti, Barbara Costantini, Anna Fagotti, Camilla Fedele, Stefano Cianci, Emanuele Perrone, Valerio Gallotta, Cristiano Rossitto, Giovanni Scambia

Conclusions

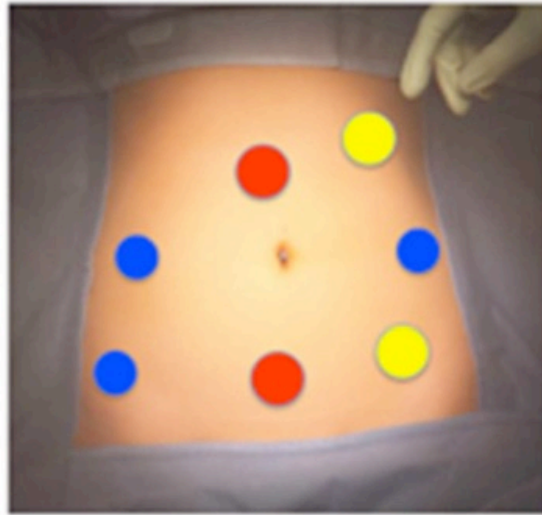
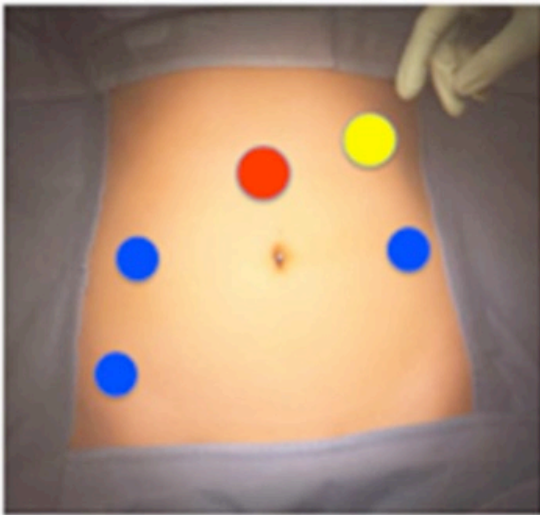
Minimally invasive interval debulking surgery seems to play an important role in the quality of life and oncological outcomes. Even if presented data testified a further evolutionary step in oncological patient cares, more experiences in larger groups of patients are desirable in order to deeply investigate and assess our results.

OVARIAN CANCER and ROBOTIC SURGERY

Role of Robotic Surgery in Ovarian Malignancy

A. Lucidi, V. Chiantera, V. Gallotta, A. Ercoli, G. Scambia, A. Fagotti

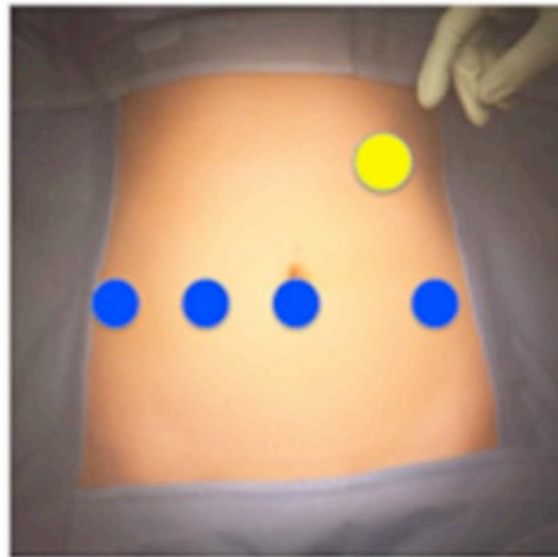
- Robotic Trocar (8mm)
- Telescope (12 mm)
- Assistant Trocar (12 mm)



A

B

- Robotic Trocar (8mm)
- Assistant Trocar (12 mm)



A

B

OVARIAN CANCER and ROBOTIC SURGERY

Role of Robotic Surgery in Ovarian Malignancy

A. Lucidi, V. Chiantera, V. Gallotta, A. Ercoli, G. Scambia, A. Fagotti

Table 2. Studies comparing robotic surgery with different approaches in ovarian cancer.

Reference	Study Design	Surgical Procedures	N. of patients	Clinical Setting	Operative Time (min)	Ematic Blood Loss (ml)	Hospital Stay (day)	Complications (%)	Maximal debulking (%)
Magrina et al. [19]	Retrospective case-control	RA	25	I-IV Figo	300	100	2	24	77.8
		LA	27		248	150	2	4	69.8
		LT	119		256	1000	7	33	53.9
Nezhat et al. [20]	Retrospective analysis	RA LA LT	20 50 11	I-IV Figo +Recurrence	NA	NA	NA	NA	NA
Gallotta et al. [21]	Retrospective case-control	RA	32	I-IIIB Figo	170	70	3	3.1	-
		LA	64		205	100	3	4.7	-
Feuer GA et al. [36]	Retrospective analysis	RA	63	I-IV Figo	138	94	2.3	33.3	73
		LT	26		95	385	6.2	34.6	50
Magrina et al. [38]	Retrospective analysis	RA	10	Recurrence	220	206	3.4	20	70
		LA	9		177	127	4.1	33.3	88.9
		LT	33		222	936	9.9	42.4	72.7
Fagotti et al. [40]	Retrospective analysis	MIS	11	Recurrence	125	50	4	18.2	-
		LT (+HIPEC)	11		295	500	8	33.3	-

FIGO, International Federation of Gynecology and Obstetrics; RA robotic assisted; LA laparoscopic assisted; LT, laparotomy; NA, not available.

OVARIAN CANCER and S-LPS

Laparoscopy to Predict the Result of Primary Cytoreductive Surgery in Patients With Advanced Ovarian Cancer: A Randomized Controlled Trial

Marianne J. Rutten, Hannah S. van Meurs, Roelien van de Vrie, Katja N. Gaarenstroom, Christiana A. Naaktgeboren, Toon van Gorp, Henk G. Ter Brugge, Ward Hofhuis, Henk W.R. Schreuder, Henriette J.G. Arts, Petra L.M. Zusterzeel, Johanna M.A. Pijnenborg, Maarten van Haaften, Guus Fons, Mirjam J.A. Engelen, Erik A. Boss, M. Caroline Vos, Kees G. Gerestein, Eltjo M.J. Schutter, Brent C. Opmeer, Anje M. Spijkerboer, Patrick M.M. Bossuyt, Ben Willem Mol, Gemma G. Kenter, and Marrije R. Buist

Cost-effectiveness of laparoscopy as diagnostic tool before primary cytoreductive surgery in ovarian cancer

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Conclusion. In patients with suspected advanced stage ovarian cancer, a diagnostic laparoscopy reduced the number of futile laparotomies, without increasing total direct medical health care costs, or adversely affecting complications or quality of life.

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Conclusion

Diagnostic laparoscopy reduced the number of futile laparotomies in patients with suspected advanced-stage ovarian cancer. In women with a plan for PCS, these data suggest that performance of diagnostic laparoscopy first is reasonable and that if cytoreduction to < 1 cm of residual disease seems feasible, to proceed with PCS.

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Editorial

The costs of adding laparoscopy to the management of advanced stage epithelial ovarian cancer

Havrilesky 2017

These data, as well as recent reports on the efficacy of laparoscopy to predict the surgical resectability of advanced stage ovarian cancer, justified a prospective examination of laparoscopy as part of the primary surgical management of epithelial ovarian cancer.

A take-home message for this cost-effectiveness study is that the addition of diagnostic laparoscopy is unlikely to “break the bank” and should be considered whenever PCS is contemplated for AEOC.

OVARIAN CANCER

PDS vs IDS

Randomized

Clinical Trials

JCOG0602

Jpn J Clin Oncol 2008;38(1):74–77
doi:10.1093/jjco/hym145

Phase III Trial of Upfront Debulking Surgery Versus Neoadjuvant Chemotherapy for Stage III/IV Ovarian, Tubal and Peritoneal Cancers: Japan Clinical Oncology Group Study JCOG0602

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CHORUS

Primary chemotherapy versus primary surgery for newly diagnosed advanced ovarian cancer (CHORUS): an open-label, randomised, controlled, non-inferiority trial

Sean Kehoe, Jane Hook, Matthew Nankivell, Gordon C Jayson, Henry Kitchener, Tito Lopes, David Luesley, Timothy Perren, Selina Bannoo, Monica Mascarenhas, Stephen Dobbs, Sharadah Essapen, Jeremy Twigg, Jonathan Herod, Glenn McCluggage, Mahesh Parmar, Ann-Marie Swart

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ORIGINAL ARTICLE

Neoadjuvant Chemotherapy or Primary Surgery in Stage IIIC or IV Ovarian Cancer

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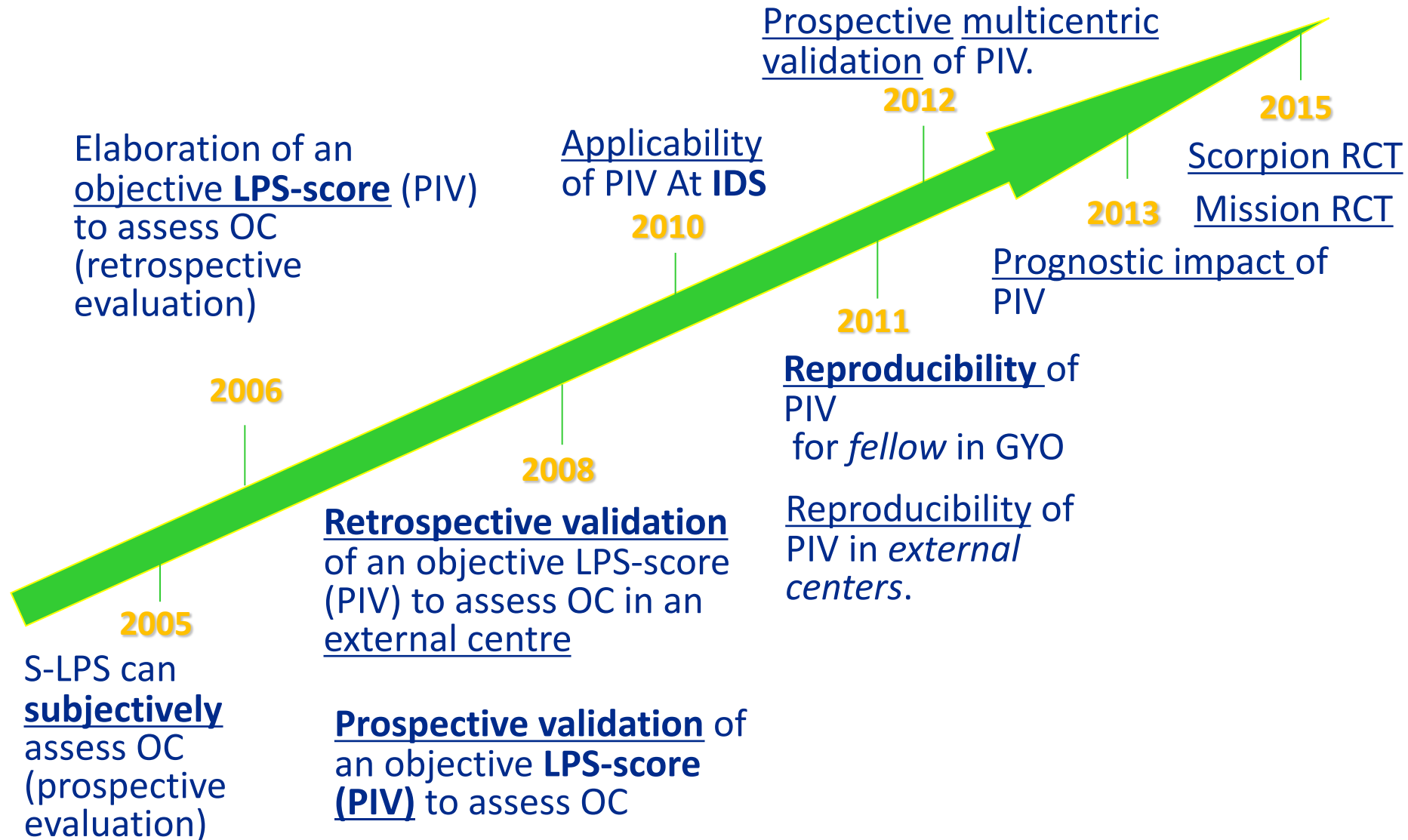
SCORPION

Clinical Trial

Phase III randomised clinical trial comparing primary surgery versus neoadjuvant chemotherapy in advanced epithelial ovarian cancer with high tumour load (SCORPION trial): Final analysis of peri-operative outcome

Anna Fagotti ^{a,*}, Gabriella Ferrandina ^b, Giuseppe Vizzielli ^b,
Francesco Fanfani ^c, Valerio Gallotta ^b, Vito Chiantera ^d,
Barbara Costantini ^b, Pasquale Alessandro Margariti ^b,
Salvatore Gueli Alletti ^b, Francesco Cosentino ^b, Lucia Tortorella ^b,
Giovanni Scambia ^b

EVOLUTION OF S-LPS AS A NEW DIAGNOSTIC TOOL IN AOC



RECURRENT OVARIAN CANCER and MIS HIPEC

Future Perspectives

HIPEC FOLLOWS THE EVOLUTION IN OVARIAN CANCER TREATMENT



CONVENTIONAL LPT



MIS



GRAZIE PER L'ATTENZIONE!