Joint Statement on the role of Minimally Invasive Radical Hysterectomy for Cervical Cancer by the European Society for Gynaecological Endoscopy (ESGE) and the Society of European Robotic Gynaecological Surgery (SERGS)

Common Working Group in Oncology

ESGE: Mereu Liliana, Rovira Negre Ramon, Habib Nassir, Scambia Giovanni

SERGS: Ind Thomas, Kimming Rainer, Zanagnolo Vanna, Verheijen Rene HM

Approved by the Executive Boards of ESGE & SERGS after open review in the websites of both societies

July 2019

The surgical management of cervical cancer is described in detail in a guideline from European Society of Gynaecological Oncology (ESGO) / European Society for Radiotherapy and Oncology (ESTRO) /European Society of Pathology (ESP).

The general recommendations for the management of cervical cancer are that;

- Treatment planning should be made on a multidisciplinary basis (generally at a tumour board meeting) and based on prognostic factors for oncological outcome, morbidity and quality of life.
- Patients should be carefully counselled about the suggested treatment plan as well as potential alternatives. This should include the risks and benefits of all the available options.
- Treatment should be undertaken by a team of specialists dedicated to the diagnosis and management of gynaecological cancers.

- The lead surgeon for a radical hysterectomy for a cervical cancer procedure should be someone who participates in such procedures regularly and has a wealth of experience.
- Centres who perform radical hysterectomy for cervical cancer should audit their outcomes.

- A minimally invasive approach to radical hysterectomy either by standard laparoscopy or robotics can still be considered.
- When considering a Minimally Invasive Surgery (MIS) radical hysterectomy for cervical cancer, women should be informed of all the evidence concerning the route of surgery in terms of complications and survival. The present evidence is;
  - Many observational studies have shown no differences in survival between MIS and open surgical approaches.
  - Three recent studies, one randomised study by Ramirez et al and two epidemiologic study by Melamed et al and by National Cancer Registration and Analysis Service (NCRAS) found that MIS radical hysterectomy for cervical cancer was associated with shorter overall survival than open surgery.
  - Al the studies were unable to find a difference in survival between MIS and an open surgical approach in the subgroup of women with tumours < =2 cm.
  - The randomised study by Ramirez et al has shown a significantly better survival using open surgery for cervical cancer for large tumours (>2cm).
  - Both recent studies were unable to explain why MIS was associated with shorter survival.
  - Many observational studies have shown an improved complication rate for MIS compared to an open surgical approach.
  - A recent randomised controlled study showed no difference in complication rates between an open and minimally invasive approach.
- During a radical hysterectomy, every effort should be made to avoid tumour cell spillage and contamination of the peritoneum during surgery. Techniques that have been employed include sewing closed the vagina prior to disconnection of the uterus, using a vaginal stapling device, and bringing the cervix into a vaginal tube using a suture. Futhermore, areas for consideration include techniques such as reducing unnecessary uterine manipulation; avoiding excessive

intra-abdominal carbon dioxide pressures; and placing lymph nodes in bags rather than leaving them free in the pelvic peritoneum.

- The societies support the concept of confirmatory controlled trials.
- The societies support the concept of a standardised methodology for MIS radical hysterectomy for cervical cancer.

References

1. Cibula D, Potter R, Planchamp F, Avall-Lundqvist E, Fischerova D, Haie Meder C, et al. The European Society of Gynaecological Oncology/European Society for Radiotherapy and Oncology/European Society of Pathology Guidelines for the Management of Patients With Cervical Cancer. IJGC. 2018;**28**:641-55.

2. Melamed A, Margul DJ, Chen L, Keating NL, Del Carmen MG, Yang J, et al. Survival after Minimally Invasive Radical Hysterectomy for Early-Stage Cervical Cancer. NEJM. 2018.

3. Ramirez PT, Frumovitz M, Pareja R, Lopez A, Vieira M, Ribeiro R, et al. Minimally Invasive versus Abdominal Radical Hysterectomy for Cervical Cancer. NEJM. 2018.