Dott. Marco Camanni

I tumori dell’endometrio:

Chirurgia open o mininvasiva?

3°Edizione

I tumori femminili

Dal gene profiling alla terapia personalizzata

22-23 Novembre 2023

Casale Monferrato, AL

Hotel Candiani

Elementare, Watson!

Stadi I/II

ESGO Guidelines and Quality Indicators 2021

Early stage disease

Surgical management of apparent stage I/II endometrial carcinomas

Minimally invasive approach

A	Minimally invasive surgery is the preferred surgical approach, including patients with high-risk endometrial carcinoma.
B	Any intra-peritoneal tumor spillage, including tumor rupture or morcellation (including in a bag), should be avoided.
B	If vaginal extraction risks uterine rupture, other measures should be taken (eg, mini-laparotomy, use of endobag).
B	Tumors with metastases outside the uterus and cervix (excluding lymph node metastases) are relative contra-indications for minimally invasive surgery.

Stadi I/II

NEOPLASIE DELL'UTERO:
ENDOMETRIO E CERVICE

LINEE GUIDA 2022

Certezza delle Prove	Raccomandazione clinica	Forza della raccomandazione clinica
Moderata	Nelle pazienti pazienti con carcinoma dell'endometrio in stadio clinico I – IIA, la chirurgia laparoscopica rispetto alla chirurgia laparotomica dovrebbe essere presa in considerazione in prima intenzione.	**Forte a Favore**

EPPURE….

Indicatori fase intraoperatoria: Aderenza alla raccomandazione ERAS per gruppo di studio

2019
2020

EASYNET

Effectiveness of audit and feedback strategies to improve healthcare practice and equity in various clinical and organizational settings

REGIONE PIEMONTE

P.O.I.S.
PeriOperative Italian Society

ERAS National Chapter Italy

ERAS®Society

Studio controllato randomizzato a cluster – stepped wedge – sull'implementazione del protocollo ERAS (Enhanced Recovery After Surgery) nella gestione perioperatoria delle pazienti sottoposte a isterectomia per patologia ginecologica benigna o per neoplasie del collo-corpo dell'utero in Regione Piemonte.
Uno studio del progetto EASY-NET.

	Pre ERAS	Post ERAS	Gruppo di controllo
Tecniche mininv. - Tumori benigni	57.87	54.86	58.70
Tecniche mininv. - Tumori maligni	62.89	56.13	76.76
Tecniche mininv. - Endometrio	66.96	59.59	81.30

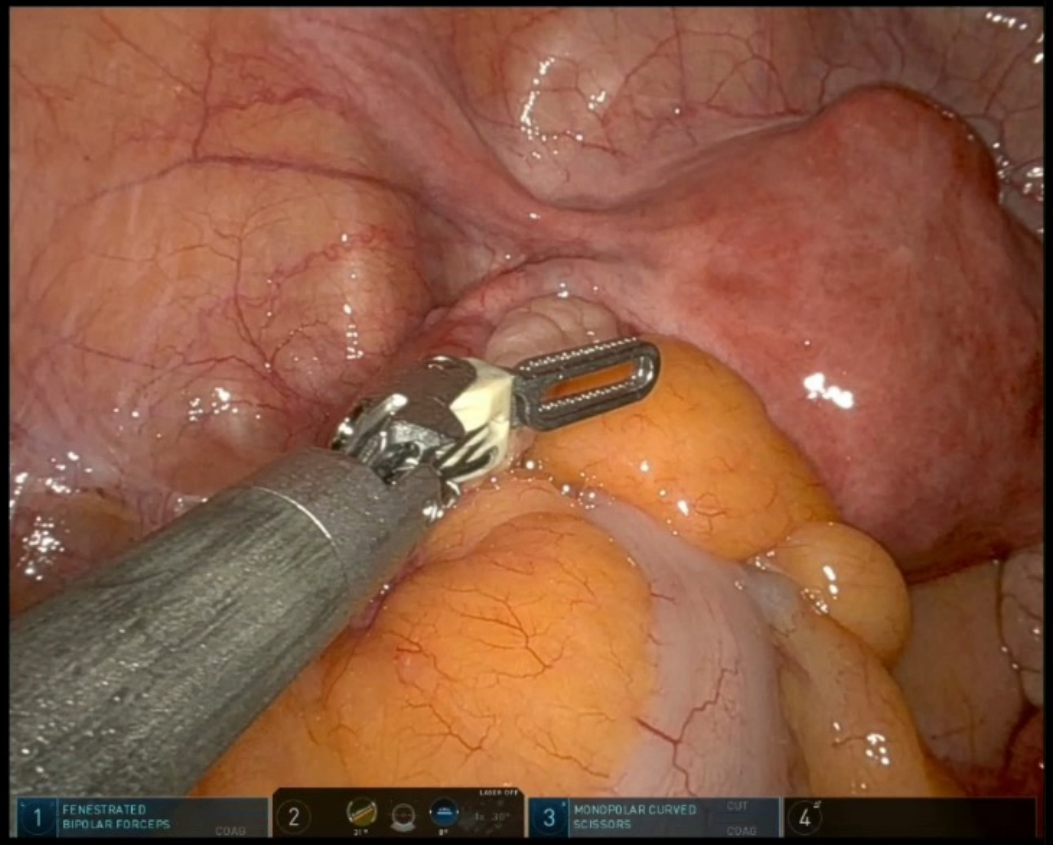
Programma Nazionale Esiti

Edizione 2023 **Versione 1.1.2**

				% di pazienti trattate in	
2023	n° pazient	n° ospeda	n° centri alto volume (>90c/y)	alto volume	basso volume
Abruzzo	113	9	0	0,0	100,0
Basilicata	56	2	0	0,0	100,0
Bolzano	175	8	2	71,4	28,6
Calabria	161	16	2	66,5	33,5
Campania	857	51	1	21,4	78,6
Emilia Ror	960	28	2	38,1	61,9
Friuli	340	12	1	30,6	69,4
Lazio	1729	46	2	68,2	31,8
Liguria	244	9	1	25,0	75,0
Lombardia	2431	69	6	43,2	56,8
Marche	245	13	1	33,9	66,1
Molise	109	3	1	96,3	3,7
Piemonte	911	30	3	43,9	56,1
Puglia	740	27	3	49,2	50,8
Sardegna	222	11	1	33,3	66,7
Sicilia	787	48	2	37,4	62,6
Toscana	826	30	2	37,9	62,1
Umbria	156	11	1	35,3	64,7
Veneto	1044	38	2	20,6	79,4
Totale	12106	461	33	44,2	55,8

In Italia <50% delle pazienti viene trattata in centri ad alto volume con reti oncologiche e gruppi multidisciplinari

Basso tasso di LPS potrebbe essere legato a bassa centralizzazione


1
FENESTRATED
BIPOLAR FORCEPS
COAG
2
LASER OFF
3
MONOPOLAR CURVED
SCISSORS
CUT
COAG
4


Ma sei sicuro? Nelle pazienti oncologiche non è meglio fare una LPT?

ESGO/ESTRO/ESP guidelines for the management of patients with endometrial carcinoma

Surgical management of apparent stage I/II endometrial carcinomas

Minimally invasive approach

Two randomized prospective studies comparing minimally invasive with open surgeries showed similar survival with quicker recovery with the minimally invasive approach.[104 105] More recently, pooled analyses of randomized prospective studies including, notably, these two studies and multiple retrospective and prospective studies also support the use of minimally invasive surgery for patients including those with high-risk endometrial carcinoma.[106–171]

Surgical management of apparent stage I/II endometrial carcinomas

A

Minimally invasive approach

Minimally invasive surgery is the preferred surgical approach, including patients with high-risk endometrial carcinoma.

JOURNAL OF CLINICAL ONCOLOGY MARCH 1 2012

Recurrence and Survival After Random Assignment to Laparoscopy Versus Laparotomy for Comprehensive Surgical Staging of Uterine Cancer: Gynecologic Oncology Group LAP2 Study

Joan L. Walker, Marion R. Piedmonte, Nick M. Spirtos, Scott M. Eisenkop, John B. Schlaerth, Robert S. Mannel, Richard Barakat, Michael L. Pearl, and Sudarshan K. Sharma

JAMA | Original Investigation March 28, 2017

Effect of Total Laparoscopic Hysterectomy vs Total Abdominal Hysterectomy on Disease-Free Survival Among Women With Stage I Endometrial Cancer

A Randomized Clinical Trial

Monika Janda, PhD; Val Gebski, MStat; Lucy C. Davies, MSc; Peta Forder, MBiost; Alison Brand, FRANZCOG; Russell Hogg, FRANZCOG; Thomas W. Jobling, FRANZCOG; Russell Land, FRANZCOG; Tom Manolitsas, FRANZCOG; Marcelo Nascimento, FRANZCOG; Deborah Neesham, FRANZCOG; James L. Nicklin, FRANZCOG; Martin K. Oehler, FRANZCOG; Geoff Otton, FRANZCOG; Lewis Perrin, FRANZCOG; Stuart Salfinger, FRANZCOG; Ian Hammond, FRANZCOG; Yee Leung, FRANZCOG; Peter Sykes, FRANZCOG; Hextan Ngan, MD; Andrea Garrett, FRANZCOG; Michael Laney, FRANZCOG; Tong Yow Ng, MD; Karfai Tam, MB, BS; Karen Chan, MB, BChir; C. David Wrede, MD; Selvan Pather, FRANZCOG; Bryony Simcock, FRANZCOG; Rhonda Farrell, FRANZCOG; Gregory Robertson, FRANZCOG; Graeme Walker, MD; Nigel R. Armfield, PhD; Nick Graves, PhD; Anthony J. McCartney, FRANZCOG; Andreas Obermair, MD, FRANZCOG

«Preferred surgical approach»

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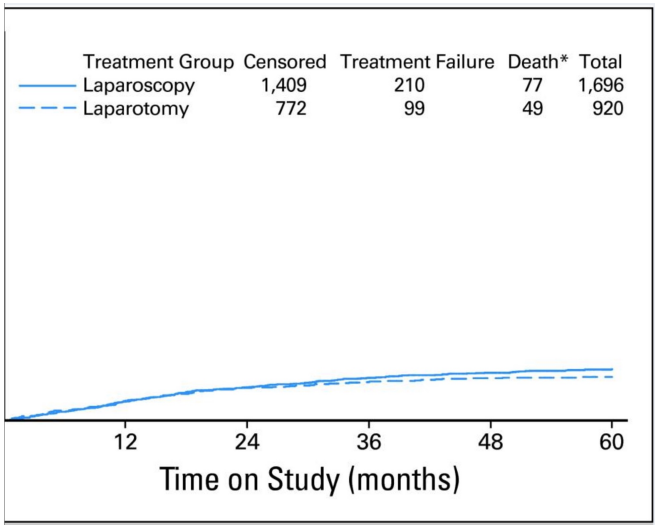
Recidive a 3 aa:

- LPS 11,4%
- LPT 10,2%

HR 1,14

(non inferiorità se < 1,4)



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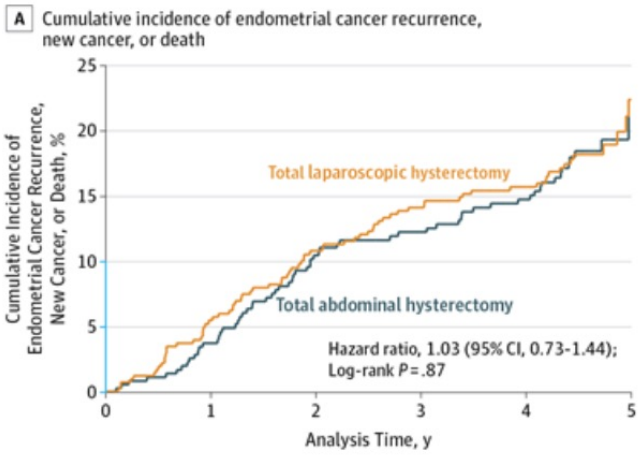
DSF a 4,5 aa:

- LPS 81,3%
- LPT 81,6%

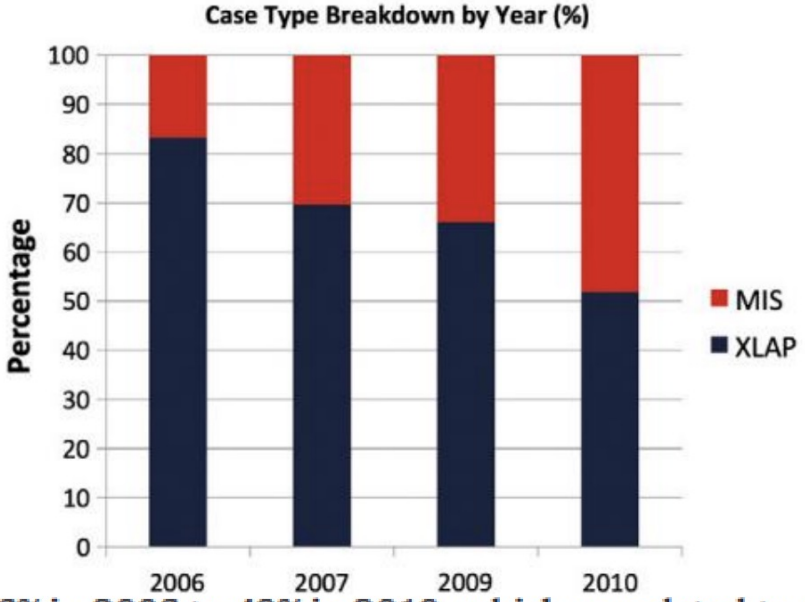
(equivalenza se < 83%)

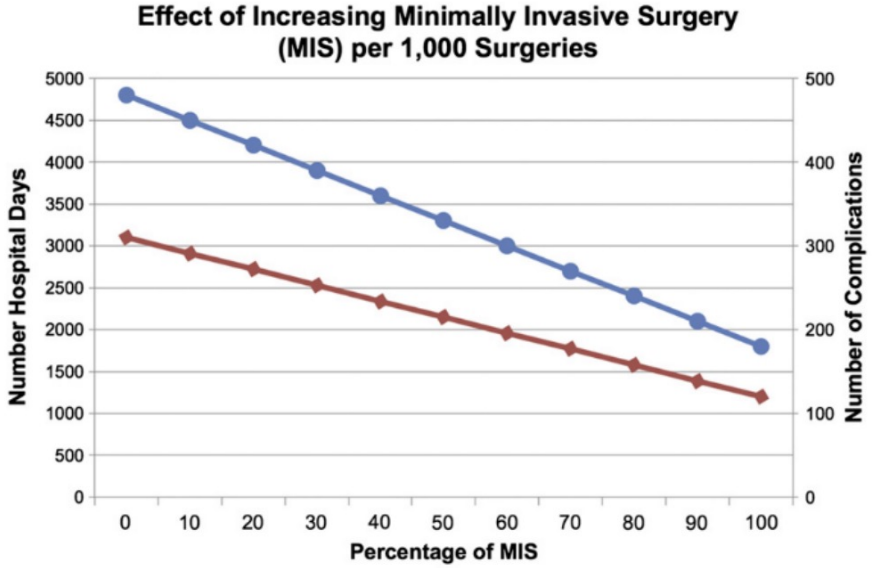


The trend towards minimally invasive surgery (MIS) for endometrial cancer: An ACS–NSQIP evaluation of surgical outcomes

Jennifer Scalici [a], Brittney B. Laughlin [a], Michael A. Finan [a], Bin Wang [b], Rodney P. Rocconi [a,*]

[a] University of South Alabama Mitchell Cancer Institute, Mobile, AL, United States
[b] Department of Mathematics and Statistics, University of South Alabama, Mobile, AL, United States





from 16% in 2006 to 48% in 2010, which correlated to decreases in complications and hospital stays. Each 10% increase in MIS would save $2.8 million and 41 postoperative complications. If used exclusively, MIS would save 6434 hospital days and 416 complications.

Un passo in avanti: chirurgia Robot-assisted

Vantaggi:

1. Visione 3D HD
2. Destrezza dell'operatore, anche in spazi ristretti (7 gradi di libertà)
3. Comfort ergonomico
4. Rapida curva di apprendimemento

Chirurgia Robot-assisted e Ca dell'endometrio

Review > J Cancer Res Clin Oncol. 2016 Oct;142(10):2173-83. doi: 10.1007/s00432-016-2180-
Epub 2016 May 23.

Robot-assisted surgery versus conventional laparoscopic surgery for endometrial cancer: a systematic review and meta-analysis

Weimin Xie [1], Dongyan Cao [1], Jiaxin Yang [2], Keng Shen [1], Lin Zhao [1]

Metanalisi 19 studi, 3056 pazienti

Conclusions: *RAS is a feasible and effective surgical approach that may be superior to LPS for the treatment of endometrial cancer, with lower estimated blood loss and lower conversion rate*

Meta-Analysis > Ann Surg. 2023 Mar 1;277(3):387-396. doi: 10.1097/SLA.0000000000005698.
Epub 2022 Sep 8.

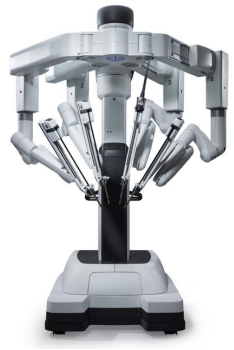
The RECOURSE Study: Long-term Oncologic Outcomes Associated With Robotically Assisted Minimally Invasive Procedures for Endometrial, Cervical, Colorectal, Lung, or Prostate Cancer: A Systematic Review and Meta-analysis

Mario M Leitao Jr [1] [2], Usha S Kreaden [3], Vincent Laudone [4], Bernard J Park [5], Emmanouil P Pappou [6], John W Davis [7], David C Rice [8], George J Chang [9], Emma C Rossi [10], April E Hebert [3], April Slee [11], Mithat Gonen [12]

Metanalisi, 199 studi

Conclusions: *Long-term outcomes were similar for robotic versus laparoscopic surgery, with no safety signal or indication requiring further research*

Nelle pazienti obese:



- Minor tempo operatorio (*p*=0.0004)
- Minori perdite ematiche (p<0.0001)
- Minor degenza post-operatoria (p=0.01)
- Maggior numero di LN pelvici asportati con linfoadenectomia, minor numero con lomboaortica → tecnica migliorabile
- **Minor conversione in pz con BMI >40**

What is the optimal minimally invasive surgical procedure for endometrial cancer staging in the obese and morbidly obese woman?

Paola A. Gehrig *, Leigh A. Cantrell, Aaron Shafer, Lisa N. Abaid, Alberto Mendivil, John F. Boggess

Division of Gynecologic Oncology, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599, USA

Received 30 April 2008
Available online 9 August 2008

Laparoscopic and robotic hysterectomy in endometrial cancer patients with obesity: a systematic review and meta-analysis of conversions and complications

Maria C. Cusimano, MD; Andrea N. Simpson, MD MSc; Fahima Dossa, MD; Valentina Liani, BSc; Yuvreet Kaur, BSc; Sergio A. Acuna, MD PhD; Deborah Robertson, MD; Abheha Satkunaratnam, MD; Marcus Q. Bernardini, MD, MSc; Sarah E. Ferguson, MD; Nancy N. Baxter, MD, PhD

Un ulteriore vantaggio… Linfonodo sentinella

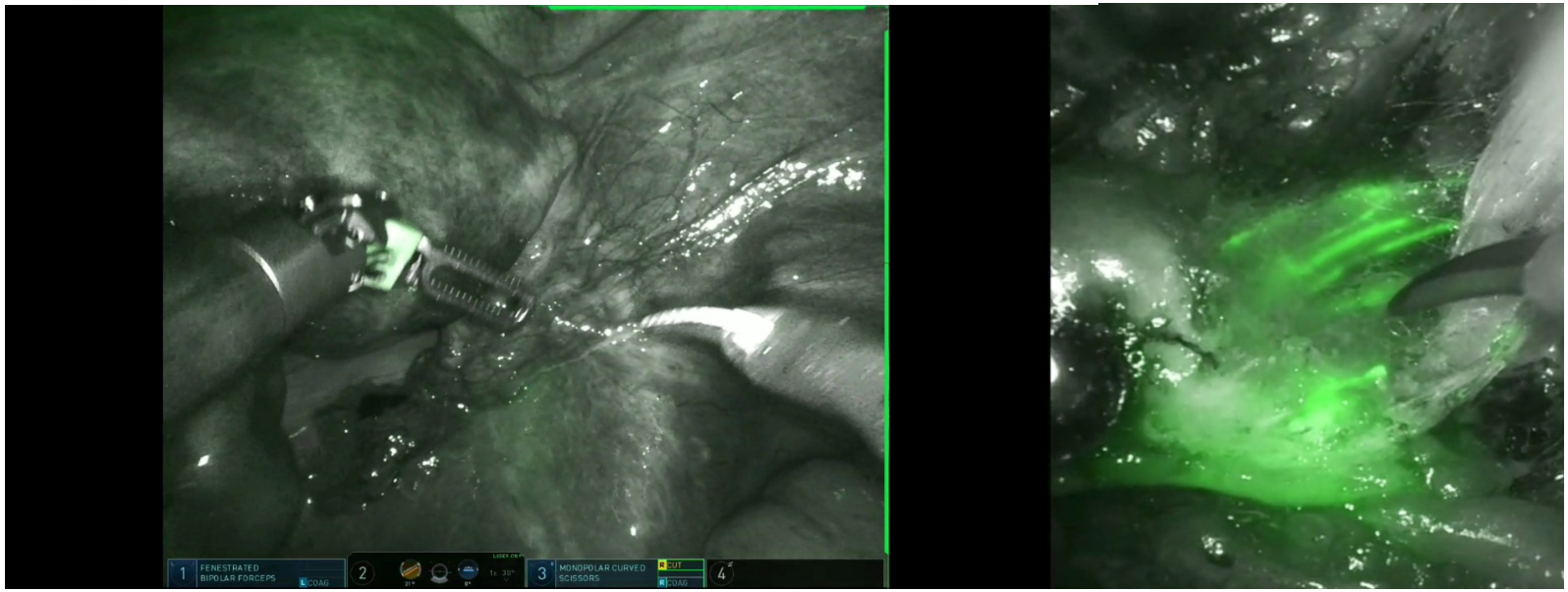
Lymph node staging

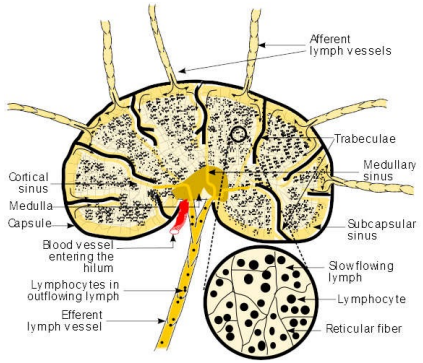
Sentinel lymph node biopsy can be considered for staging purposes in patients with low-risk/intermediate-risk disease. It can be omitted in cases without myometrial invasion. Systematic lymphadenectomy is not recommended in this group.

Surgical lymph node staging should be performed in patients with high–intermediate-risk/high-risk disease. Sentinel lymph node biopsy is an acceptable alternative to systematic lymphadenectomy for lymph node staging in stage I/II.

ESGO Guidelines and Quality Indicators

2021





Forse ci impieghiamo più tempo?

Interventi per Ca endometrio Martini/OGB - 2019-2023

	Tempo chirurgico	Tempo totale di sala
LPS (n=87)	80 (45-210)	155 (90-300)
Robotica (n=87)	120 (59-315)	215 (100-465)
Robotica 2023	100 (59-110)	185 (115-200)
Addominale (n=16)	100 (50-225)	195 (90-385)
Vaginale (n=9)	40 (25-67)	100 (59-130)

Dal 18/10/2021: Chirurgia robot-assistita

Forse ci impieghiamo più tempo?

No!


Non ne abbiamo convertita nessuna, Watson!
Dobbiamo convertirle spesso!

Quindi quale spazio rimane per la LPT nel trattamento del Ca endometrio?

Stadi III/IV

ESGO Guidelines and Quality Indicators 2021

Advanced disease

Surgery for clinically overt stage III and IV disease

B	In stage III and IV endometrial carcinoma (including carcinosarcoma), surgical tumor debulking including enlarged lymph nodes should be considered when complete macroscopic resection is feasible with an acceptable morbidity and quality of life profile, following full pre-operative staging and discussion by a multi-disciplinary team.
A	Primary systemic therapy should be used if upfront surgery is not feasible or acceptable.
C	In cases of a good response to systemic therapy, delayed surgery can be considered.
B	Only enlarged lymph nodes should be resected. Systematic lymphadenectomy is not recommended.

LPS o LPT?

Advanced disease

Surgery for clinically overt stage III and IV disease

B	In stage III and IV endometrial carcinoma (including carcinosarcoma), surgical tumor debulking including enlarged lymph nodes should be considered when complete macroscopic resection is feasible with an acceptable morbidity and quality of life profile, following full pre-operative staging and discussion by a multi-disciplinary team.

ESGO Guidelines and Quality Indicators

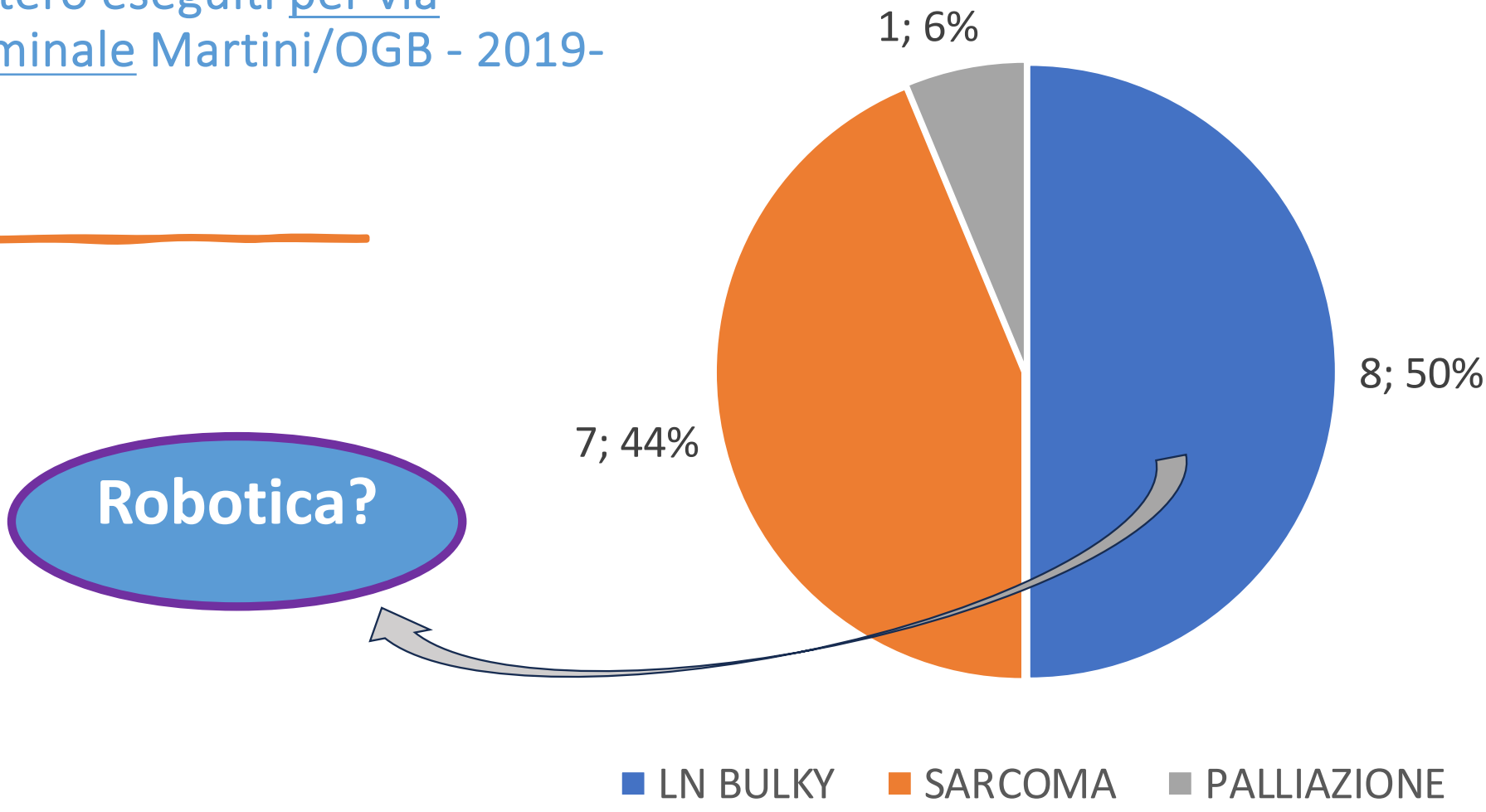
LPS o LPT?

Elementi da considerare:

- Negli stadi III/IV si tratta di una **chirurgia di salvataggio**
- Necessità di **inizio precoce** di terapia medica
- **Chirurgia locale**, non coinvolge addome alto

Indicazioni degli interventi per Ca dell'utero eseguiti per via addominale Martini/OGB - 2019-2023

N= 16



Robotica?


Quindi quale spazio rimane per la LPT nel trattamento del Ca endometrio?
Praticamente nessuno, Watson!

Grazie per l’attenzione