

**MEETING ABSTRACT**

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# 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.

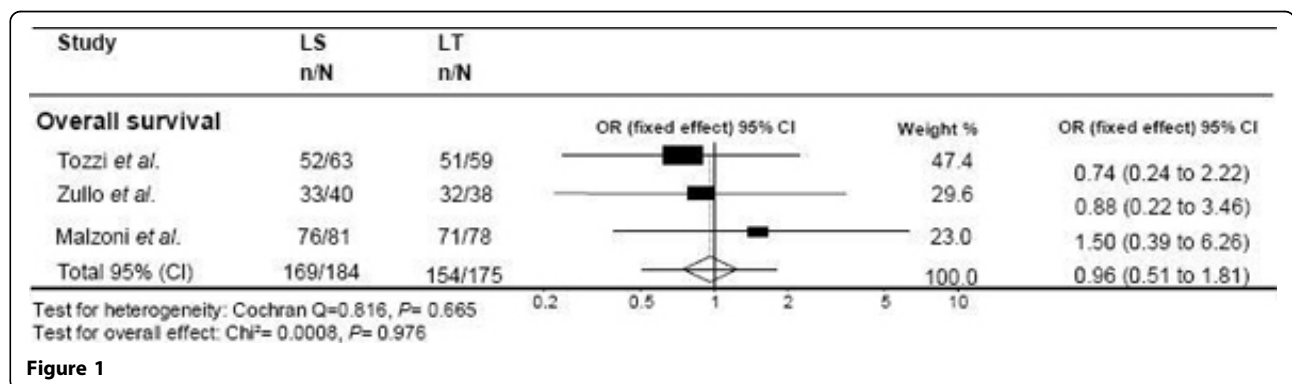
No significant difference in intra-operative complications (OR=1.5, 95%CI 0.7 to 3.5, P=0.442) was observed between laparoscopic and laparotomic approach to early stage endometrial cancer. Conversely, significant

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).



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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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