

## BGCS Position Statement on Laparoscopic Radical Hysterectomy for Cervical Cancer

The British Gynaecological Cancer Society (BGCS) welcomes the National Cancer Registration and Analysis Service (NCRAS) review of outcomes for women with FIGO Stage 1 cervical cancer who underwent radical hysterectomy by either the minimal access (laparoscopic or robotic) or open (laparotomy) route during 2013 - 2016. Officers of the BGCS requested this analysis from NCRAS following the publication of two important clinical papers from the United States: the LACC randomised controlled trial (Ramirez et al, NEJM 2018) and epidemiological SEER data analysis (Melamed et al, NEJM 2018) which both indicated a survival benefit for women who underwent surgery by the open route.

The Executive Summary (May 2019) prepared by NCRAS with input from the BGCS, on behalf of NHS England and Public Health England, compared overall survival for women who underwent radical hysterectomy for Stage 1 cervical cancer by minimal access and open techniques, and appears to confirm the findings of the US publications. Most importantly, the oncology outcomes for women treated by both techniques have been shown to be good, with survival in excess of 93% at 4.5 years. However, the survival following open radical hysterectomy was exceptionally good (97.2% at 4.5 years), significantly better than the 4.5 year survival of 93.1% for women having radical hysterectomy laparoscopically or using robotic techniques.

Based on routinely collected data, the strength of this analysis by NCRAS is the inclusion of data from all such operations in England. However, this epidemiological data does not enable specific detailed analysis beyond the parameters defined by the routinely collected data fields, and cannot identify whether the difference in outcomes seen between open and minimal access surgery relates to all tumour sizes or specifically relates to women undergoing radical hysterectomy for treatment of larger cervical cancers (e.g. greater than 2 cm in diameter). In retrospective studies, minimal access radical hysterectomy has been shown to be associated with less intra-operative blood loss, a shorter length of hospital stay, and a lower risk of post-operative complications than open abdominal radical hysterectomy, but there were no differences in intra-operative or early post-operative complications between the techniques in the LACC randomised trial. This NCRAS analysis of English data cannot identify whether there are specific subgroups, for example obese women, who may particularly benefit from reduced morbidity from a minimal access approach. The BGCS therefore supports further research, including patterns of disease recurrence and survival analysis for additional years of surgery. We call for a prospective detailed audit of radical surgery for cervical cancer, and believe that a detailed granular analysis of the cases identified by this NCRAS review would provide additional valuable insight. We also support a review of the NICE Interventional Procedures Guidance regarding minimal access radical hysterectomy for cervical cancer.

In light of this analysis, the BGCS recommends that clinicians and patients exercise caution when considering undergoing minimal access radical hysterectomy for the management of early-stage cervical cancer. We recommend gynaecological oncologists and nurse specialists counsel patients regarding the potential risks and benefits of short term morbidity versus long term survival in surgery for early-stage cervical cancer, to enable women and their families to make a fully informed choice regarding the surgical options.

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