

Findings support use of less invasive hysterectomy for early-stage endometrial cancer

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Researchers found similar rates of disease-free survival and no difference in overall survival among women who received a laparoscopic or abdominal total hysterectomy for stage I endometrial cancer, according to a study published by *JAMA*.

Endometrial cancer is the most common gynecological cancer in developed countries. Standard treatment involves removal of the uterus, tubes, ovaries and [lymph nodes](#). Laparoscopic hysterectomy is associated with less morbidity and results in better recovery than open operations, but it is not known if the operation results in [survival outcomes](#) equivalent to abdominal hysterectomy.

Andreas Obermair, M.D., of the University of Queensland, Herston, Australia, and colleagues randomly assigned 760 women with stage I [endometrial cancer](#) to either total abdominal hysterectomy (TAH; n = 353) or total laparoscopic hysterectomy (TLH; n = 407).

Disease-free survival at 4.5 years was 81.6 percent with total laparoscopic hysterectomy vs 81.3 percent with total abdominal hysterectomy (between-group difference, 0.3 percent), meeting the prespecified criteria for equivalence (a margin of seven percent or less). There was no statistically significant between-group difference in recurrence of endometrial cancer (7.9 percent in the TAH group vs 8.1 percent in the TLH group) or in overall survival (6.8 percent in the TAH

group vs 7.4 percent in the TLH group).

"These findings support the use of [laparoscopic hysterectomy](#) for women with stage I endometrial cancer," the authors write.

More information: *JAMA*, [jamanetwork.com/journals/jama/ ...](https://jamanetwork.com/journals/jama/...)
[.1001/jama.2017.2068](https://jamanetwork.com/journals/jama/...)

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