

MIRO trial: 3-year outcomes favour laparoscopic surgery for oesophageal cancer

September 5 2017

Patients requiring surgery for oesophageal cancer fare better after undergoing a hybrid minimally invasive oesophagectomy (HMIO) compared to an open oesophagectomy (OO), according to long-term results of the MIRO trial to be presented at the ESMO 2017 Congress in Madrid.

Mature results of the phase 3 study, with follow-up to a median of 48.8 months, demonstrate that the reduced surgical trauma associated with a [laparoscopic approach](#), does not cut corners on safety, said investigator Dr. Guillaume Piessen, from University Hospital C. Huriez Place de Verdun in Lille, France.

"In addition to a 69 percent reduction in major intra- and postoperative morbidity, three-year overall survival was improved in the laparoscopic [group](#), showing that it is an oncologically sound procedure," he said.

While the survival difference between groups was not statistically significant, he called it "highly clinically relevant."

MIRO enrolled 207 adult patients from 13 centres with with resectable cancers of the middle or lower third of the oesophagus.

They were randomised to undergo either HMIO or an OO.

At 30-days, major postoperative morbidity occurred in significantly fewer patients in the HMIO compared to the OO group (35.9 percent

versus 64.4 percent, odds ratio [OR] 0.31, 95 percentCI 0.18-0.55; p

Citation: MIRO trial: 3-year outcomes favour laparoscopic surgery for oesophageal cancer (2017, September 5) retrieved 4 May 2024 from <https://medicalxpress.com/news/2017-09-miro-trial-year-outcomes-favour.html>

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