

Simple hysterectomy not inferior for pelvic recurrence in cervical cancer

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For patients with low-risk cervical cancer, simple hysterectomy is not inferior to radical hysterectomy with respect to the incidence of pelvic recurrence at three years, according to a study published in the Feb. 29 issue of the *New England Journal of Medicine*.

Marie Plante, M.D., from Centre Hospitalier Universitaire de Québec in

Canada, and colleagues conducted a multicenter noninferiority trial comparing radical hysterectomy to simple hysterectomy including lymph-node assessment in patients with low-risk [cervical cancer](#) (350 patients in each group). The prespecified noninferiority margin was 4 percentage points for the between-group difference in pelvic recurrence at three years.

The researchers found that the incidence of pelvic recurrence at three years was 2.17 and 2.52 percent in the radical hysterectomy and simple hysterectomy groups, respectively, with a median follow-up time of 4.5 years (absolute difference, 0.35 percentage points). In a per-protocol analysis, the results were similar.

Within four weeks after surgery and beyond four weeks, the incidence of urinary incontinence was lower in the simple versus the radical hysterectomy group (2.4 versus 5.5 percent and 4.7 versus 11.0 percent, respectively). The simple hysterectomy group also had a lower incidence of urinary retention within and beyond four weeks after [surgery](#) (0.6 versus 11 percent and 0.6 versus 9.9 percent, respectively).

"Among patients with low-risk cervical cancer, simple hysterectomy was noninferior to [radical hysterectomy](#) with respect to pelvic recurrence at three years and was associated with fewer urologic complications," the authors write.

More information: Marie Plante et al, Simple versus Radical Hysterectomy in Women with Low-Risk Cervical Cancer, *New England Journal of Medicine* (2024). [DOI: 10.1056/NEJMoa2308900](https://doi.org/10.1056/NEJMoa2308900)

Pedro T. Ramirez, When Less Is More—The Importance of Patient Selection, *New England Journal of Medicine* (2024). [DOI: 10.1056/NEJMe2400423](https://doi.org/10.1056/NEJMe2400423)

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