Robotic Surgery Works for Staging Endometrial Ca

BY MICHELE G. SULLIVAN

VITALS

Major Finding: Robotic surgery was associated with significantly less blood loss and shorter hospital stays than laparotomy for the surgical staging of endometrial cancer.

Data Source: A retrospective study of 97 patients.

Disclosures: None reported.

KISSIMMEE, FLA. — Robotic laparoscopic surgery is an acceptable alternative to laparotomy for the surgical staging of endometrial cancer, based on results of a retrospective study of 97 patients.

While node retrieval numbers were similar for the two procedures, robotic surgery was associated with significantly less blood loss and shorter hospital stays. Moreover, patients undergoing robotic surgery had fewer intraoperative complications, despite being significantly more overweight than those undergoing laparotomy, Dr. Meenu Goel said at the annual meeting of the AAGL.

Dr. Goel of Indiana University, Indianapolis, examined outcomes for 97 patients who underwent surgical staging for endometrial cancer from 2003 to 2008. The 38 patients who had laparotomies underwent surgery from 2003 to 2005, when this was the standard approach at the hospital. From 2006 to 2008, all endometrial cancer staging was performed with robotic laparoscopy; this cohort included 59 patients.

Patients in the open surgery group were significantly older than those in the robotic surgery group (66 vs. 59 years). But those in the robotic group were significantly heavier, with a mean body mass index of 39 kg/m^2, compared with 32 kg/m^2 for the open group; 46% of patients in the robotic group were morbidly obese, compared with 16% of those in the open group.

Operative times were 175 vs. 185 minutes, respectively, for the open and robotic groups. The number of pelvic nodes retrieved was similar (9 in the open group vs. 11 in the robotic group), as was the number of aortic nodes (3 in the open group vs. 2 in the robotic group). Half of the patients in each group were diagnosed with stage III cancer, "probably due to the fact that we are a referral hospital," Dr. Goel said.

The open group had a significantly longer mean hospital stay (3 days vs. 1 day).

The rate of complications was significantly less in the robotic group than in the open group (3% vs. 13%). There were two complications in the robotic group: a tear in the right external iliac vein that required open management and a transfusion, and a pelvic abscess, which was treated with postoperative antibiotics. There were five complications in the open surgery group: two cases of wound dehiscence, one intraoperative small bowel resection, one cardiac arrhythmia that required a pacemaker, and one pulmonary embolism. ■

Condoms Provide Partial Protection Against HSV-2

BY BRUCE JANCIN

BERLIN — Consistent use of condoms has a moderate protective effect against acquisition of herpes simplex virus 2, the leading cause of genital ulcer disease worldwide.

A recent pooled analysis of six prospective studies concluded that men and women who used condoms 100% of the time during sex had a 30% lower risk of HSV-2 acquisition than people who never used condoms, Dr. Laurence Le Cleach said at the annual congress of the European Academy of Dermatology and Venereology.

The study showed that men and women who used condoms 100% of the time during sex had a 30% lower risk of HSV-2 acquisition.

The pooled analysis by investigators at the University of Washington, Seattle, showed that the relationship between condom usage and HSV-2 acquisition was roughly linear. Thus, individuals who used condoms one-quarter of the time they engaged in vaginal or anal intercourse had a 7% lower relative risk of HSV-2 acquisition than never users, while those who used condoms half the time had roughly a 15% risk reduction, noted Dr. Le Cleach of Central Hospital South in Corbeil-Essonnes, France.

The analysis included three HSV-2 candidate vaccine trials, an antiviral drug study, a behavioral intervention trial, and an observational study. Collectively, the studies involved 5,384 participants who were HSV-2–negative at baseline. During more than 2 million days of follow-up, 415 laboratory-confirmed cases of HSV-2 infection occurred (Arch. Intern. Med. 2009;169:1233-40).

The impetus for the pooled analysis was a report by a National Institute of Allergy and Infectious Diseases panel that there was insufficient evidence to conclude condoms protect against HSV-2 acquisition. Physician recommendations to both men and women in serodiscordant relationships that they consistently use condoms to reduce their risk of HSV-2 acquisition would have a substantial public health benefit, given the importance of asymptomatic viral shedding as a cause of HSV-2 transmission, she said.

The 30% reduction in risk of HSV-2 acquisition with consistent use of condoms is a considerably less robust protective effect than shown in other studies involving the use of condoms to protect against other sexually transmitted infections. It is thought that HIV is transmitted through contact with bodily fluids, while HSV-2 can be transmitted through skin-to-skin or skin-to-mucosa contact involving surfaces not covered by the condom. ■

Disclosures: *None was reported.*

Extended Hormone Tx Better for Premenopausal Breast Ca

BY BRUCE JANCIN

VITALS

Major finding: Breast cancer patients who are premenopausal at diagnosis but become postmenopausal before or during tamoxifen therapy should routinely be considered for 5 years of extended aromatase inhibitor therapy.

Data Source: Prospective, placebo-controlled study of extended aromatase therapy.

Disclosure: Dr. Goss is on the speakers bureau for Novartis, Wyeth, and GlaxoSmithKline.

SAN ANTONIO — Women who were premenopausal at diagnosis of early-stage breast cancer and subsequently completed 5 years of adjuvant tamoxifen derived additional benefit from extended aromatase inhibitor therapy, according to a new secondary analysis of a landmark clinical trial.

Five years of extended aromatase inhibitor therapy led to significantly improved disease-free survival in the National Cancer Institute of Canada Clinical Trials Group MA 17 trial, even with a median 3-year and maximum 6-year delay between completion of the tamoxifen regimen and the start of letrozole, Dr. Paul E. Goss reported at the San Antonio Breast Cancer Symposium.

Previous results from MA 17 led to regulatory approval of 5 years of letrozole following 5 years of adjuvant tamoxifen in patients with early-stage breast cancer. However, since most trials of early adjuvant aromatase inhibitor therapy required participants to be postmenopausal at diagnosis of their breast cancer, up until now the common clinical practice in low-risk women with premenopausal breast cancer has been to give 5 years of tamoxifen and then stop.

The new MA 17 analysis found that extended aromatase inhibitor therapy is beneficial in women who are premenopausal at diagnosis and become postmenopausal before or during adjuvant tamoxifen therapy. Such patients actually derived greater benefit than did women who were postmenopausal at diagnosis, according to Dr. Goss, director of breast cancer research at Massachusetts General Hospital and professor of medicine at Harvard Medical School, Boston.

Indeed, breast cancer patients who are premenopausal at diagnosis but become postmenopausal before or during tamoxifen therapy should routinely be considered for 5 years of extended aromatase inhibitor therapy, he added.

The MA 17 trial included 889 women who were premenopausal and 4,277 who were postmenopausal at the time of their primary cancer diagnosis. There were 9 recurrences in 424 premenopausal-at-diagnosis patients randomized to letrozole after tamoxifen, which translated to an absolute 10.1% advantage in 4-year disease-free survival over the premenopausal-at-diagnosis group assigned to placebo following tamoxifen.

In contrast, there were 83 recurrences among 2,157 postmenopausal women who got extended adjuvant therapy with letrozole, for an absolute 3.3% improvement over placebo in terms of 4-year disease-free survival ($HR = 0.69$, $P = .0008$). Recurrence was 61% less likely in letrozole-treated women who were premenopausal at diagnosis of their primary breast cancer than in those who were postmenopausal at that time.

Particularly striking was the advantage conferred by extended aromatase inhibitor therapy in women with node-negative premenopausal breast cancer. Their 4-year disease-free survival was 100% compared to 88.5% in those on placebo, for an absolute 11.5% difference, which Dr. Goss called "remarkable."

The benefit of extended adjuvant therapy was similar in the 290 women with premenopausal breast cancer who didn't start adjuvant letrozole until a median of 3 and maximum of 6 years after they completed their tamoxifen regimen and in those who started letrozole directly after tamoxifen. The 5-year disease-free survival in the delayed-start group with premenopausal breast cancer was an absolute 8.2% better than in 135 others who elected not to go on the aromatase inhibitor.

The same trends seen in disease-free survival were noted in terms of the end point of 4-year distant disease-free survival.

Women with premenopausal breast cancer tolerated letrozole well. They had a 24% incidence of arthralgia compared to 16% with placebo, but only a 10% rate of vaginal bleeding vs. 16% with placebo. ■