LAPAROSCOPIC VS. OPEN ABDOMINAL STAGING IN WOMEN OLDER THAN 75 YEARS WITH EARLY STAGE ENDOMETRIAL CANCER

Objective: Older age represents a relevant risk factor for developing endometrial cancer (EC), and it has been traditionally regarded as a relative contraindication to laparoscopy. Our aim was to analyze the safety and the effectiveness of laparoscopic staging in elderly women affected by EC.

Methods: Consecutive women aged 75 and over who underwent laparoscopic staging for EC between May 2002 and October 2012 were compared with consecutive women aged 75 and over who had abdominal staging before the adoption of the laparoscopic approach at our Institution. Postoperative complications were graded per the Accordion severity classification.

Results: 59 patients >=75 years old who underwent laparoscopy were compared with a cohort of 66 patients >75 years old who underwent open staging before the incorporation of laparoscopy. Demographic and disease characteristics as well as Charlson comorbidity score were balanced between groups. Patients undergoing laparoscopy had similar operative time (p=0.14), lower blood loss (p=0.005) and shorter length of stay (p<0.001) in comparison with patients undergoing open surgery. Overall, patients undergoing laparoscopy experienced less postoperative complications than patients in the control group (p<0.001). Additionally, focusing only on grade>=3 complication a trend toward a decrease complications rate in laparoscopic group was observed (p=0.06). No differences 3- and 5-year survival outcomes (including time and site of recurrences, disease-free and overall survival) were recorded (p>0.05).

Conclusion: Our findings suggest that EC patients aged >75 years may benefit from minimally invasive surgery and they should not be denied laparoscopy on the basis of the mere chronological age.