A video presentation of robotic-assisted infrarenal aortic lymphadenectomy and pelvic lymphadenectomy for endometrial staging using a single docking procedure

Ahmet Göçmen, <u>Fatih Şanlıkan</u> Ümraniye Eğitim ve Araştırma Hastanesi





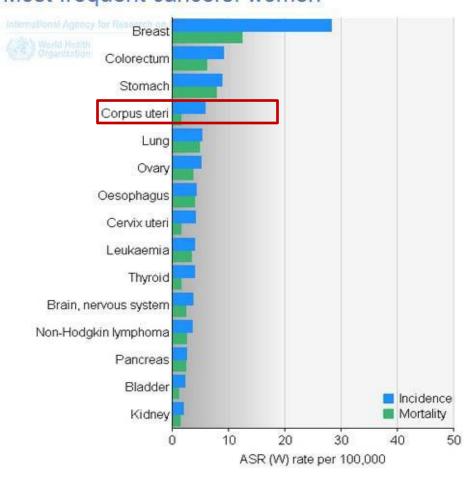
ENDOMETRIAL CANCER

- The most common gynecologic cancer
- 75% of diagnosis at stage I-II
- Overall 5 year survival rate → 75%
- About 2% to 3% of women develop endometrial cancer during their lifetimes.



The Most Frequent Cancers in Women: Incidence and Mortality

Most frequent cancers: women



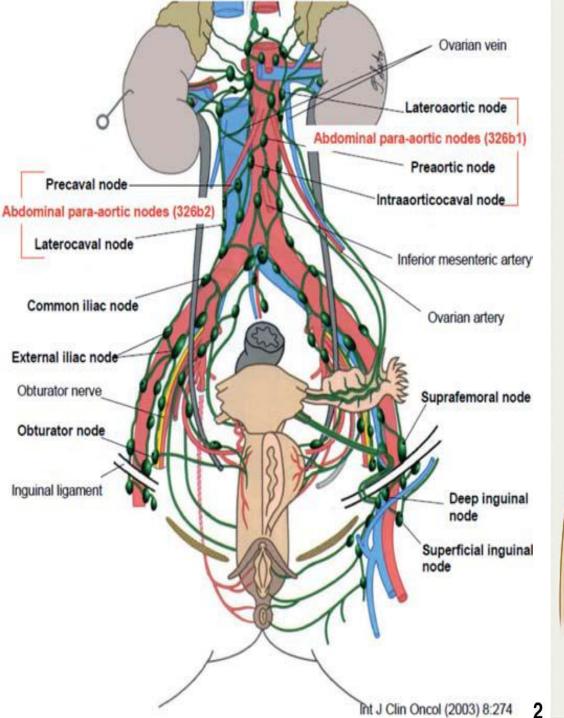
Turkey (Globocan 2008*)

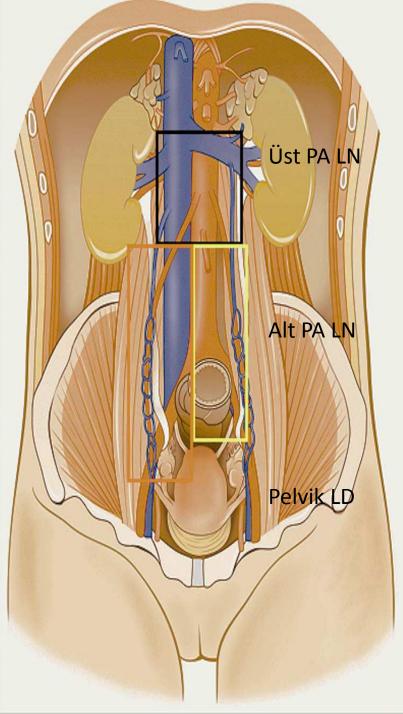
Cancer	Incide	nce	Mortality			
Califer	Number ASR (W)			Number ASR (W)		
Lip, oral cavity	543	1.6	217	0.6		
Nasopharynx	169	0.5	94	0.3		
Other pharynx	108	0.3	83	0.2		
Oesophagus	1490	4.3	1394	4.0		
Stomach	3013	8.8	2705	7.9		
Colorectum	3116	9.1	2136	6.2		
Liver	509	1.5	490	1.5		
Gallbladder	648	1.9	620	1.8		
Pancreas	880	2.6	854	2.5		
Larynx	168	0.5	83	0.2		
Lung	1784	5.2	1639	4.8		
Melanoma of skin	380	1.1	165	0.5		
Breast	10065	28.3	4311	12.4		
Cervix uteri	1443	4.2	556	1.6		
Corpus uteri	1937	5.8	519	1.6		
Ovary	1804	5.2	1247	3.7		
Kidney	673	2.0	466	1.4		
Bladder	822	2.3	426	1.2		
Brain, nervous system	1322	3.7	850	2.4		
Thyroid	1465	4.0	551	1.6		
Hodgkin lymphoma	349	0.9	234	0.6		
Non-Hodgkin lymphoma	1265	3.6	918	2.6		
Multiple myeloma	429	1.3	369	1.1		
Leukaemia	1402	4.0	1228	3.5		
All cancers excl. non-melanoma skin cancer	39311	112.8	24512	71.1		

A comparison of the old and new FIGO classifications (www.bgcs.org.uk)

New	FIGO	Old	
Tumor confined to corpus uteri	1	Tumor confined to corpus uteri	
Tumor limited to endometrium or invades less than one-half of myometrium	IA	Tumor limited to the endometrium	
Tumor invades one-half or more of the myometrium	IB	Tumor invades less than half of the myometrium	
	IC	Tumor invades one-half or more of the myometrium	
Tumor invades stromal connective tissue of the cervix but does not extend beyond the uterus*1	Ш	Tumor extends into the uterine cer- vix but does not extend beyond the uterus	
_	IIA	Tumor confined to the endocervical glands	
	IIB	Tumor invades the cervical stroma	
Local and/or regional spread	III	Local and/or regional spread	
Tumor involves serosa and/or adnexa*2	IIIA	Tumor involves serosa and/or adnexa and/or tumor cells in ascites or peritoneal lavage	
Involvement of the vagina and/or parametrium	IIIB	Involvement of the vagina	
Pelvic and/or para-aortic lymph node involvement	IIIC	Pelvic and/or para-aortic lymph node involvement	
Positive pelvic lymph nodes	IIIC1	_	
Positive para-aortic lymph nodes, with or without positive pelvic lymph nodes	IIIC2		
Infiltration of the vesical and/or rectal mucosa	IVA	Infiltration of the vesical and/or rectal mucosa	
Distant metastases	IVB	Distant metastases	

Only endocervical glandular involvement counts as FIGO Positive cytology should be noted separately but does not change the FIGO stage.





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Prospective assessment of lymphatic dissemination in endometrial cancer:

A paradigm shift in surgical staging

Andrea Mariani, Sean C. Dowdy, William A. Cliby, Bobbie S. Gostout, Monica B. Jones, Timothy O. Wilson, Karl C. Podratz*

- Tumor size >2 cm
- Grade 3
- Myometrial invasion >50%
- Non-endometrioid histology



Infrarenal paraaortic lymphadenectomy



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Ahmet Göçmen *, Fatih Şanlıkan, Mustafa Gazi Uçar

Ümraniye Education and Research Hospital, Department of Obstetrics and Gynecology Istanbul, Turkey

Table 1
Demographic and clinical data of the patients.

Patient number	1	2	3	4	5	6
Age (years)	39	65	54	59	67	50
BMI (kg/m ²)	19	22.6	30.5	44	34	31.2
Grade	ш	Ш	Ш	П	П	Ш
Operation time (min)	235	240	254	220	180	215
Console time (min)	218	220	229	195	160	190
PLND time (min)	88	99	85	80	65	93
Docking time (min)	3	3	4	3	3	3
EBL (ml)	40	30	80	50	70	50
Hospital stay (day)	2	3	4	3	2	3
Total LN count	41	86	68	60	36	52
Paraaortic LN count	15	32	37	37	11	21
Pelvic LN count	26	54	31	23	25	31
Paraaortic LN status	Ng	Ng	Ng	Ng	Ng	Ng
Complication	_	_	Chylous ascites	_		_

EBL: estimated blood loss, Ng: negative, LN: lymph node, PLND: para aortic lymph node dissection.



