BGCS Position Statement on Surgery in Early Stage Cervical Cancer – Lay Summary

Surgery to remove the womb and the supporting tissue around the neck of the womb (radical hysterectomy) for the treatment of early stage cervical cancer (cancer of the neck of the womb) can be performed as an "open" or "keyhole" operation. Two important research papers have been published recently from the United States (Ramirez et al, NEJM 2018 and Melamed et al, NEJM 2018), showing that women with Stage 1 cervical cancer undergoing open surgery had better survival than women undergoing keyhole surgery. The Ramirez clinical trial showed similar surgical complications from both forms of surgery, whilst many other reports have suggested that women undergoing keyhole surgery have quicker return to normal activities and fewer complications.

In response, the British Gynaecological Cancer Society (BGCS) requested the National Cancer Registration and Analysis Service (NCRAS) to analyse outcomes for women with Stage 1 cervical cancer who underwent radical hysterectomy in England during 2013 – 2016 by either the keyhole (laparoscopic or robotic) or open technique. The Executive Summary (May 2019) prepared by NCRAS with BGCS input, on behalf of NHS England and Public Health England, also showed a survival advantage for women having open surgery. Importantly, the cancer survival outcomes for women treated by both techniques have been shown to be very good, with more than 93% of women alive 4.5 years from diagnosis. Women who have had radical hysterectomy by either form of surgery should be reassured that they have a very high chance that the cancer will have been cured by this operation. However, more women who underwent open surgery were alive after 4.5 years (97.2%) than women who underwent keyhole surgery (93.1%). Notwithstanding the overall very good prognosis, the analysis suggests that for every 100 women treated with radical hysterectomy for early stage cervical cancer during 2013-2016, 4 more would have survived after 4.5 years if the radical hysterectomy was performed as an open rather than as a keyhole operation.

In England, we have a world class cancer registration service which collects extensive data on every patient who undergoes cancer treatment. This has enabled this analysis to look at the NHS treatment of all women in England with cervical cancer during the study period quickly and accurately. However, the reasons for the differences in survival between keyhole surgery and open surgery are unclear, and this study is unable to provide this information. The BGCS supports further research into this area as a matter of urgency. We call for an ongoing detailed audit of surgery for cervical cancer, and believe that a detailed analysis of the cases identified by this NCRAS review would provide additional valuable information. The BGCS also supports an ongoing review of the NICE Guidance regarding surgery for cervical cancer.

The BGCS stresses that this recommendation specifically relates to the procedure of radical hysterectomy for cervical cancer, and does not apply to the management of the much more common endometrial and uterine (womb) cancers for which keyhole surgery has confirmed high success rate equivalent to open surgery with reduced hospital stay (https://www.cochrane.org/CD006655/GYNAECA_laparoscopy-versus-laparotomy-management-presumed-early-stage-endometrial-cancer) .

In light of this analysis from English data, the BGCS recommends that clinicians and patients exercise caution when considering undergoing keyhole surgery for cervical cancer. We recommend that gynaecological cancer surgeons and nurse specialists discuss in detail the potential risks and benefits of the different surgical options with patients to enable women to make an informed choice.

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