

## Similar Surgical Outcomes Seen for Endometrial Cancer

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SAN FRANCISCO — Surgical outcomes for patients with endometrial cancer were similar regardless of whether they received robotically assisted laparoscopic surgery or standard transperitoneal laparoscopic surgery, but the robotically assisted approach lessened the postoperative hospitalization time, according to a poster presented at the annual meeting of the Society of Gynecologic Oncologists.

### VITALS

**Major Finding:** The median length of hospital stay was 1 day for robotically assisted laparoscopies and 2 days for standard laparoscopies. This difference was significant, with 71% of RBT patients discharged on postoperative day 1, vs. only 20% of LSC patients.

**Data Source:** A study comparing 153 RBTs and 214 LSCs in women with endometrial cancer.

**Disclosures:** Dr. Leitao is a consultant for Genzyme. He has also received financial support from Intuitive Surgical Inc.

Dr. Mario M. Leitao Jr. and colleagues at Memorial Sloan-Kettering Cancer Center in New York compared 153 robotically assisted laparoscopies (RBTs) and 214 standard laparoscopies (LSCs) in women with endometrial cancer. The surgeries were performed between May 2007 and August 2009, and demographics were similar between the two groups.

The median pelvic, para-aortic, and total nodal counts for RBTs were 14, 6, and 21, re-

spectively, compared with 16, 5, and 23 for LSCs.

Conversions to laparotomy were similar between the RBT and LSC groups (10% vs. 14%).

Operating room time (ORT) was measured from patient arrival to exit from the OR, and operative time was measured from skin incision to full surgical closure. The median ORT was significantly longer in the RBTs vs. LSCs (315 minutes vs. 268 minutes). Similarly, the median operative time was significantly longer in the RBTs vs. LSCs (235 minutes vs. 194 minutes).

But the investigators did see a learning curve with regard to RBTs. “More experienced RBT surgeons had significantly shorter ORTs,” Dr. Leitao and associates noted.

The median length of hospital stay was 1 day for RBTs and 2 days for LSCs. This difference was significant, with 71% of RBT patients discharged on postoperative day 1, vs. only 20% of LSC patients.

In addition, transfusion rates were similar for both groups, but the median estimated blood loss was significantly lower in the RBT patients vs. LSC patients (75 mL vs. 100 mL). The median change from preoperative to postoperative hemoglobin was significantly lower in RBT patients vs. LSC patients (−0.5 g/dL vs. −0.7 g/dL), and the median change from preoperative to postoperative hematocrit was significantly lower in RBT patients vs. LSC patients (−1.35% vs. −2.3%). These changes are not likely clinically significant, but they may reflect the additional precision achieved in the RBT procedures, they noted.

“Both RBT and LSC approaches are feasible and result in good outcomes in patients with endometrial cancer,” they said. ■

## Robotic Surgery May Be Option in Elderly Women

SAN FRANCISCO — Robotic surgery for endometrial cancer is a safe option for patients in their 80s and 90s, based on data from a study comparing outcomes from 27 octogenarians and nonagenarians with 395 younger controls.

“Age should not be a contraindication to robotic surgical management of patients with endometrial cancer,” said Dr. M. Patrick Lowe of Northwestern University in Chicago and his colleagues in a poster presentation at the annual meeting of the Society of Gynecologic Oncologists.

The investigators created a multi-institutional HIPAA-compliant database and analyzed all adult women who underwent robotic-assisted surgery with staging for endometrial cancer between April 2003 and January 2009.

They compared perioperative outcomes for patients aged 80-95 years with those of controls younger than 80 years. The median age of the study population was 84 years, and the median body mass index was 28 kg/m<sup>2</sup>.

Approximately half of the patients reported a prior abdominal surgery, and a final analysis showed that 75% had stage I or stage II disease.

No statistically significant differences were seen between the older patients and the controls in operative time (192 minutes vs. 167 minutes), blood loss (55 cc in both groups), and node count (16 in both groups).

None of the patients received a blood transfusion, and the average hospital stay was 1 day for both groups.

### VITALS

**Major Finding:** Intraoperative complication rates for the older and younger groups were similar at around 7%.

**Data Source:** A study comparing endometrial cancer outcomes after robotic surgery in 27 octogenarians and nonagenarians with 395 younger controls.

**Disclosures:** Dr. Lowe has served as a consultant for Intuitive Surgical Inc.

The overall intraoperative and postoperative complication rates in the older group were 7% and 33%, respectively.

The intraoperative rate was similar to that seen in the younger control group.

The postoperative complication rate was higher in the elderly group, but the difference was not significant.

“Patients 80 years and older who undergo robotic surgery for endometrial cancer can expect surgical outcomes similar to those of the general population,” Dr. Lowe and his associates wrote. ■

## Drinking Coffee Tied to Lower Risk of Endometrial Cancer

SAN FRANCISCO — Women who drank more than 2.5 cups of coffee daily had a significantly lower risk of endometrial cancer, compared with women who didn't drink coffee, according to a study of more than 20,000 postmenopausal women.

Previous studies have shown that coffee has an inverse association with endometrial cancer risk, said Dr. Stefano Uccella of the Mayo Clinic in Rochester, Minn.

In a poster presented at the annual meeting of the Society of Gynecologic Oncologists, Dr. Uccella and his colleagues reviewed the impact of coffee and other sources of caffeine on endometrial cancer risk among participants in the Iowa Women's Health Study, a large, prospective cohort investigation of postmenopausal women that has been ongoing since 1986.

The study population included 23,356

women, 5,218 of whom met criteria for obesity.

The women completed a 126-item food frequency questionnaire at enrollment.

The researchers identified 471 cases of endometrial cancer through 2005, using information from the Iowa SEER (Surveillance Epidemiology and End Results) cancer registry.

Overall, women who consumed more than 2.5 cups of coffee daily were significantly less likely to develop endometrial cancer, compared with women who drank no coffee (odds ratio, 0.65), after investigators controlled

for variables including smoking, diabetes, hypertension, estrogen use, reproductive history, body mass index, body fat distribution, alcohol use, and caloric intake.

Overall caffeine intake greater than 385 mg/day also was significantly asso-



**In the study, consuming more than 2.5 cups of coffee daily significantly lowered endometrial cancer risk.**

ciated with a reduced risk of endometrial cancer, compared with a daily caffeine intake of less than 30 mg (OR, 0.80).

However, no significant associations were found between endometrial cancer

risk and the consumption of tea, regular or diet cola, chocolate candy, or chocolate baked goods.

“The association appeared to be related to coffee per se, and not other sources of caffeine,” the researchers noted.

When the results were separated by BMI, the association between coffee and a reduced risk of endometrial cancer remained significant in the subset of obese women (BMI 30 kg/m<sup>2</sup> or higher) who consumed more than 2.5 cups of coffee daily, compared with obese women who did not drink coffee (OR, 0.57).

The significance of the association between coffee consumption and the risk of endometrial cancer was somewhat attenuated in women with a BMI less than 30 (OR, 0.77).

The results support findings from previous studies, and suggest that more research is needed to assess coffee's potential protective effect against endometrial cancer, the researchers wrote. ■

**Disclosures:** None was reported.