Effective in Controls

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ported hot flashes during 84 months of follow-up, compared with 57% on placebo. Most were rated mild to moderate. But 12% of affected women in the tamoxifen group had severe hot flashes, a rate twice that in the placebo group, said Dr. Sestak of Cancer Research UK, London.

Menstrual irregularities and night sweats were also 33%-54% more common among tamoxifen-treated women than placebo-treated women. Nevertheless, these vasomotor symptoms were much less of an issue than the hot flashes, as they affected only 11% and 4%, respectively, of women on tamoxifen.

Physicians will need to come up with an effective therapy for tamoxifen-induced vasomotor symptoms to improve adherence.

HT was effective in curbing hot flashes in the placebo group. For example, among placebo-treated women who were current HT users at study entry, the prevalence of hot flashes at the 6-month follow-up visit was 23%, compared with 34% among HT-nonusers. Similarly, women in the placebo group using HT at study entry and still using it during months 6-12 had a 20% rate of hot flashes at the 12-month follow-up visit, compared with a 39% rate among women who entered IBIS-I on HT but discontinued it during the first 6 months.

In contrast, women in the tamoxifen arm who entered the trial on HT and continued using it during months 6-12 had a 48% prevalence of hot flashes at 12 months, which wasn't significantly different than the 51% rate among tamoxifen users who were on HT at entry but who quit using it during the first 6 months.

Among 2,658 women in the tamoxifen group who had never used HT or stopped prior to study entry, 43% were experiencing hot flashes 6 months into the study.

Among those who went on HT at that point, the rate of hot flashes at 12 months was 74%, which was not significantly different than the 67% rate among non-HT users.

It was quite a different story in the placebo group. One-quarter of the 2,613 women not on HT at entry had hot flashes at 6 months.

Among those who went on HT at that point, the rate of hot flashes at 12 months was 43%, compared with 65% in those who didn't.

"A possible explanation for our results is based upon saturation of the estrogen receptor by tamoxifen. This view is supported by the results of the combined-therapy arm of the ATAC [Arimidex, Tamoxifen, Alone or in Combination] trial, which showed no effect of anastrozole in the presence of tamoxifen," Dr. Sestak observed.

Physicians will need to come up with an effective therapy for tamoxifen-induced vasomotor symptoms to improve adherence to the chemopreventive agent in women at elevated risk for breast cancer.

Agents worthy of further study by dint of having mechanisms of action not mediated solely by estrogen levels include progestins, clonidine, tibolone, some of the selective serotonin reuptake inhibitors, and black cohosh, she added. ■

Suggest Preservation of Fertility Before Chemo Or Radiation Therapy

MONTREAL — Most female cancer patients appear to have normal reproductive capacity before cancer therapy, making them excellent candidates for fertility preservation, according to results of one of the first studies to compare ovarian stimulation outcomes in cancer patients and controls.

"We need to get this message out to oncologists so they can better inform their patients," Rodolfo Quintero, M.D., said at the joint annual meeting of the American Society for Reproductive Medicine and the Canadian Fertility and Andrology Society.

Dr. Quintero reviewed the ovarian stimulation outcomes of 32 cancer patients seeking oocyte or embryo cryopreservation for fertility preservation before chemotherapy or radiation, and compared them with 31 age-matched controls who were undergoing ovarian stimulation for in vitro fertilization because of male factor infertility.

The most common single cancer diagnosis was breast cancer (10 patients). The average age of the cancer patients was 30.8 years, compared with 31.5 years in the control group. Cancer patients underwent a combined total of 35 ovarian stimulation cycles, compared with 42 cycles in the control group, said Dr. Quintero, a fellow in reproductive endocrinology and infertility at Stanford (Calif.) University Medical Center.

The study found no significant differences between groups in terms of the number of stimulation days, the amount of gonadotropins used, or the number of eggs retrieved, Dr. Quintero said. However, there were two cycle cancellations and one failed oocyte retrieval in the cancer group, versus none in the controls.

—Kate Johnson

In Vitro Fertilization Successful Following Essure Sterilization

CHICAGO — Pregnancy with in vitro fertilization is possible in women who have previously undergone Essure hysteroscopic sterilization, Dr. John F. Kerin said at the annual meeting of the AAGL (formerly the American Association of Gynecologic Laparoscopists).

Four women who had been previously sterilized with the device underwent in vitro fertilization, and three became pregnant. All three pregnancies were normal, and two of the women have delivered healthy babies without complications. The third patient is due in early 2006.

This is the first report of successful in vitro fertilization and childbirth after Essure sterilization, said Dr. Kerin, who was instrumental in Essure's development and is a consultant and principal clinical investigator for Conceptus Inc. in San Carlos, Calif., manufacturer of the device. "We've showed that the devices stay well away from the pregnancy sac during pregnancy," he said in an interview.

Observations from 22 second-look hysteroscopies performed for incidental abnormal bleeding or polyps in women who had the Essure device placed 5 years earlier revealed that a progressive, consistent tissue encapsulation of the trailing portion of the device occurs so that it becomes totally encapsulated and compartmentalized away from the uterine cavity.

"We've done serial ultrasounds on the pregnancy sac, and the closest the proximal echogenic metallic device is to the sac is 10 mm away and separated by placental and decidual tissue," said Dr. Kerin, a professor of reproductive medicine at Flinders University, Adelaide, Australia.

—Patrice Wendling

Robotic Surgery's Applications Expanding

BY DOUG BRUNK
San Diego Bureau

SAN DIEGO — When precision matters, robotic surgery offers visual features that are "unparalleled by any other laparoscopic or open operation," William E. Kelley Jr., M.D., said at an international congress of the Society of Laparoendoscopic Surgeons.

But cost and patient benefits need to be considered before adopting robotic surgery on a widespread basis in any surgical discipline, advised Dr. Kelley, a general surgeon who practices in Richmond, Va.

Dr. Kelley, who chairs the society's special interest group committee on robotic surgery, considers the term to be an unfortunate one. "Robotic surgery is not performed by robots, which are independently operated, pre-programmed machines … This is computer-enhanced minimally invasive surgery. It's truly three-dimensional, and it's under the surgeon's control."

Computer-enhanced surgery has been used for the last 10-12 years in orthopedic surgery for drilling the femoral shaft with a precision that is "about 10 times" better than that achievable by a surgeon without computer assistance," he said.

In addition, the devices are equipped with electronic filtering, "which means no matter how late the surgeon's been up, no matter how many cups of coffee the surgeon's had that day, and no matter how many operations [he's] done, there is zero tremor in the instrument," Dr. Kelley said.

The devices also have motion scaling, "so the very forced movement of the surgeon's hand can become translated into a very fine motion at the incident tip," he explained. "There's forearm support, and it's a 3-D magnifying field with six degrees of freedom: up-down, side-to-side, in and out, rotation, pitch, and yaw."

Traditional surgery cannot achieve the flexibility of the instrumentation. "The movements are simultaneous and fluid. It's direct and intuitive. It also conveys true ambidexterity to almost any surgeon within minutes of sitting down at the instrument," he said.

In gynecology, most applications have been limited to infertility surgery for tuboplasty and tubal reanastomosis, although some centers use robots for laparoscopically assisted vaginal hysterectomy.

"Gynecologic experience has been relatively varied," he said. "We're at the safety and efficacy stage. Operating time, costs of start-up, and learning curves are higher with robotics, but those [factors] are expected to decrease with time."

In general surgery, robotic systems have enhanced laparoscopic Heller myotomy, esophagectomy, pancreatectomy, pyloroplasty when performed at the time of antireflux surgery, and fashioning the posterior suture lines of Toupet fundoplication. Dr. Kelley likened the technology's use in general surgery to "where we were in 1990 with laparoscopic surgery."

In vascular surgery, experience is growing with robot-assisted laparoscopic aortofemoral bypass and laparoscopic aortic aneurysmectomy. Dr. Kelley described one 54-year-old with a failed iliac stent that he treated with robot-assisted aortofemoral bypass. The patient stayed in the hospital for 2.5 days and was golfing at 2 weeks.

Cardiothoracic applications are "the most spectacular examples" of robotic surgery, with uses for mitral valve replacement and coronary artery bypass graft (CABG).

Robotic surgery is associated with shortened hospital stays and rapid resumption of normal activities. Consider sternotomy and minimally invasive surgery: Would you rather wait a month before being able to drive a car or have no postoperative driving restrictions?

The medical literature documents a clear length of stay advantage in vascular procedures, prostatectomy, and cardiac procedures, he said.

From the hospital's perspective, the first hospital in a community to offer robotic surgery can garner "huge media exposure," but the associated costs can be hard to recoup.

The reduced need for operating personnel in certain cases and the shorter hospital stays will cover some costs, but "that's not going to make a $1.3 million instrument cheaper," he acknowledged. ■