

# Gynaecological Oncology News

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Prof. Andreas Obermair

[www.obermair.info](http://www.obermair.info)

## Battle Against Ovarian Cancer

In the current economic climate, State and Federal funding for clinical, medical research has come to an all-time low. Despite non-funding from governments the Qld Center for Gynaecological Cancer together with the Cherish Women's Cancer Foundation achieved remarkable successes. For details see <http://obermair.info/research/fundraising/what-difference-the-cherish-women-s-cancer-foundation-made-in-2013/>

The Cherish Women's Cancer Foundation is a Queensland-based charity that raises funds for research projects that have an immediate impact on the lives of people who need it the most. These projects find better, kinder and more effective treatments.

The Battle Against Ovarian Cancer 2014 will be held on 23 February 2014, at Natalie Cook's Sandstorm Beach Club in Nathan (Brisbane). It is a friendly Beach Volleyball competition with teams of five players in each team. Last year, 71 teams competing in the Battle raised more than \$120,000. For this year Cherish was able to secure sponsorship of Lexus of Brisbane who donated a wonderful hybrid car to be raffled off on 7 March 2014.



### What you can do ...

You can create a team ([www.battleagainstovariancancer.org](http://www.battleagainstovariancancer.org)) of five or as family, colleagues or friends play in honour of a patient.

You can support one of the many teams. My team will be the Mozart Quintet and I will be hitting the sand with Nickita Pillay, an 18-year old ovarian cancer patient who you may hear about in the next few weeks.

You can purchase a raffle ticket to win a Lexus CT 200h Prestige, the world's first Luxury Hybrid Hatch. Limited tickets will give each ticket a super-great chance to win!!!

Go to [cherishfoundation.com.au](http://cherishfoundation.com.au) to make your move.



## Robotic Surgery A CRITICAL APPRAISAL

In Australia the initial uptake of robotic surgery has focussed on urology for radical prostatectomies. In urology, robotic surgery has been a game changer similar to the introduction of laparoscopic surgery in gynaecology: It allowed patients to avoid a laparotomy, recover better, quicker and with fewer complications than with open radical prostatectomy. Laparoscopic radical prostatectomy is not feasible in a narrow, male pelvis.

In gynaecology, the robot has not taken off in Australia as yet. Most gynaecological surgery has been laparoscopic for some years already. There is hardly a hysterectomy, resection of endometriosis, or resection of a benign ovarian mass that requires a laparotomy.

Why is the uptake of robotic surgery slow in gynaecology?

Costs: Above all, the costs are prohibitive. A robotic surgical procedure will cost the patient an additional \$3,500 to \$5,000 out-of-pocket. This is in addition to other gap payments and is paid to cover the costs of expensive robotic instruments and maintenance of the robot. Such a cost is not rebatable by health funds at present.

Lack of an advantage: Generally, most robotic and laparoscopic procedures have less short-term morbidity, blood loss and shorter hospital stay and quicker recovery than open surgery. A large number of studies (Wright et al, JAMA 2013) have found no major consistent differences between robotic and laparoscopic procedures.

Longer operating and anaesthetic time: Fewer operations can be done because the operating time is significantly longer with the robot as is the anaesthetic time (Liu et al. Cochrane Database Syst Rev. 2012). "Docking time" is required to connect the robot to the patient. Even for experienced robotic surgeons longer operating time will reduce the number of patients who will have surgery.

Better for the surgeon: Robotic surgery may be better for the surgeon because many of us suffer from back problems and robotic surgery can be done while comfortably sitting on a chair. During surgery the surgeon can stand up, stretch and walk.

In gynaecology the use of robotic surgery is not the result of evidence-based benefits but mainly driven by marketing and enthusiastic surgeons. Critical review of the literature shows that robotic gynaecological surgery has identical surgical outcomes but is consistently more expensive than video-laparoscopy.

Presently, health funds don't pay for robotic surgery in gynaecology. Since there is not one study that shows the benefit of robotic hysterectomy over a traditional laparoscopic approach, I am also not sure if I want my health fund to cover those extra costs. I don't want my premiums to pay for marketing of unnecessary expenses; instead I'd prefer my health fund to cover the cost for novel tumour markers, PET CT scans or targeted biological agents that truly benefit patients.

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**Prof. Andreas Obermair** MDVIE, FRANZCOG, CGO

Gynaecological Oncology

Laparoscopic & Pelvic Surgery

Suite 5A, Greenslopes Private Hospital Newdegate Street Greenslopes QLD 4120

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