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Gynaecological Oncology News

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The cost effectiveness of Laparoscopic Hysterectomy

Compared to Abdominal Hysterectomy through an abdominal incision, Total Laparoscopic Hysterectomy (TLH) is associated with quicker recovery from surgery, quicker return to normal function and significantly lower rates of postsurgical complications.

TLH is not only better than a hysterectomy through an open incision but also cheaper (Graves et al, BMJ Open 2013). While the operating theatre costs are $510 higher, patients stay in hospital 3.5 days shorter (~$1000 per day) and have a 35% lower surgical complication rate. Thus, the total costs for every TLH are $3,500 less compared to an open hysterectomy.

TLH can be safely performed in obese and morbidly obese women, as well as in women who had previous surgery, such as caesarean section(s). TLH can also be offered to women who have very large uteri and in women with endometrial cancer.

In QLD, 6000 women require a hysterectomy every year. Of these, 2600 (43%) hysterectomies are performed through on open incision (crosswise; vertical midline incision). While effective it leads to significant pain, slow recovery, surgical complications all of which results in unnecessary costs. Laparoscopic hysterectomy or minimally invasive surgery is an alternative that has been evaluated and found to be feasible, safer and cheaper than open hysterectomy.

For the population of QLD the widespread adoption of laparoscopic hysterectomy would lead to annual health service cost savings of $10 Million and extra quality of life years for Queensland's women. Unfortunately, only one in ten hysterectomy is performed laparoscopically at present.

A decision not to increase the numbers of laparoscopic hysterectomy will continue to waste money and harm patients at the same time. This could well be a 'win win' situation for both; health services decision makers and women.

New Endometrial Cancer Trial – (feMME Trial)

The QLD Centre of Gynaecological Cancer (QCGC) launched a new clinical trial to treat "early" endometrial cancer. We aim to save young women to retain the uterus and their fertility and give morbidly obese, elderly and medically compromised women with endometrial cancer a chance of successful treatment without major surgery.

In 2012 we published a meta-analysis on Mirena and its efficacy to treat endometrial cancer (EC) and endometrial hyperplasia with atypia (EHA). We found that 70% of women with EC/EHA responded with a complete pathological response, which means the disappearance of any disease.

The new trial will run through QCGC and has been partly funded by Cancer Australia. Similar to the LACE trial all other gynaecological cancer centres in Australia and New Zealand will participate, provided funding can be secured.

Inclusion criteria: Endometrial Hyperplasia with atypia or stage 1 grade 1 endometrioid cell type endometrial cancer; obese (BMI > 30 kg/m2); CA125<30 U/ml; clear CT scan of the pelvis, abdomen and chest; less than 50% myometrial invasion on MRI; no contraindications to Mirena or metformin.

Exclusion criteria: uterine anomalies distorting the uterine cavity; acute pelvic inflammatory disease; concurrent other cancer; IUD in past 2 years (patients can have a Mirena inserted up to 6 weeks prior to enrolment).

Public and private patients are welcome for the trial. All gynaecological oncologists in Queensland support the trial and can enrol patients into the trial.

At QCGC we believe that this trial may be attractive for women who …

1. Are young and do not yet wish to relinquish fertility;
2. Are at increased risk to develop surgical complications (excessively obese patients and patients with multiple medical co-morbidities);
3. Wish to pursue an alternative to major surgery.

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