

Quality of Life in Early-Stage Cervical Cancer Patients Undergoing Radical Hysterectomy via Minimally Invasive or Open Surgery: The LACC Trial

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**17TH BIENNIAL MEETING OF THE
INTERNATIONAL GYNECOLOGIC
CANCER SOCIETY**

In collaboration with the Japanese Society of Gynecologic Oncology
UNITING THE GLOBE IN THE FIGHT AGAINST
GYNECOLOGIC CANCER



KYOTO, JAPAN
SEPTEMBER 14-16, 2018

Faculty Disclosure

<input type="checkbox"/>	No, nothing to disclose
<input checked="" type="checkbox"/>	Yes, please specify:

<i>Company Name</i>	<i>Honoraria/ Expenses</i>	<i>Consulting/ Advisory Board</i>	<i>Funded Research</i>	<i>Royalties/ Patent</i>	<i>Stock Options</i>	<i>Ownership/ Equity Position</i>	<i>Employee</i>	<i>Other (please specify)</i>
Stryker	X	X	X					
Navidea			X					
Ipsen		X						
Genetech		X						
Johnson and Johnson	X							

Off-Label Product Use

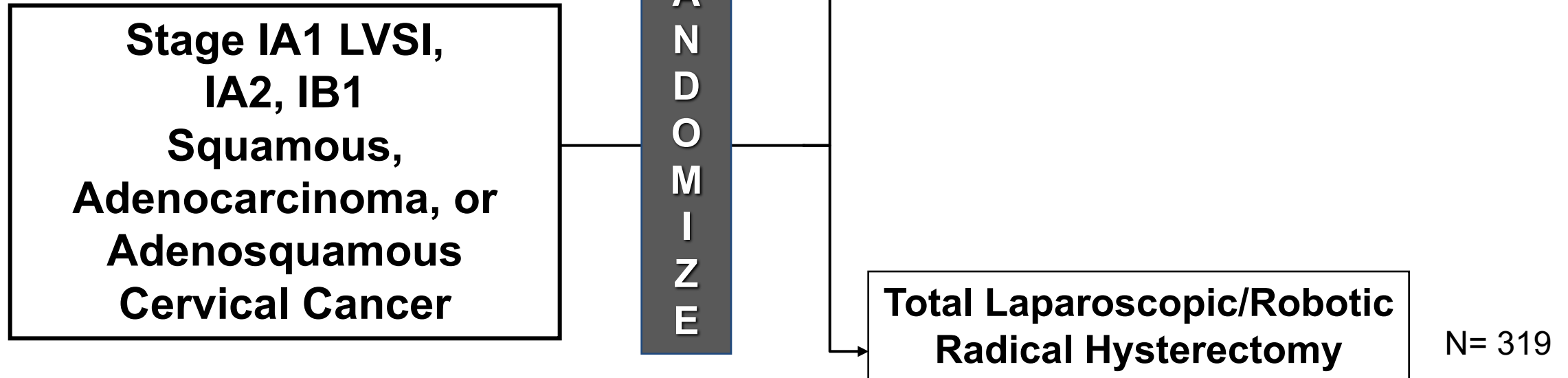
Will you be presenting or referencing off-label or investigational use of a therapeutic product?	
<input checked="" type="checkbox"/>	No
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LACC Study Schema

Open: June 2008

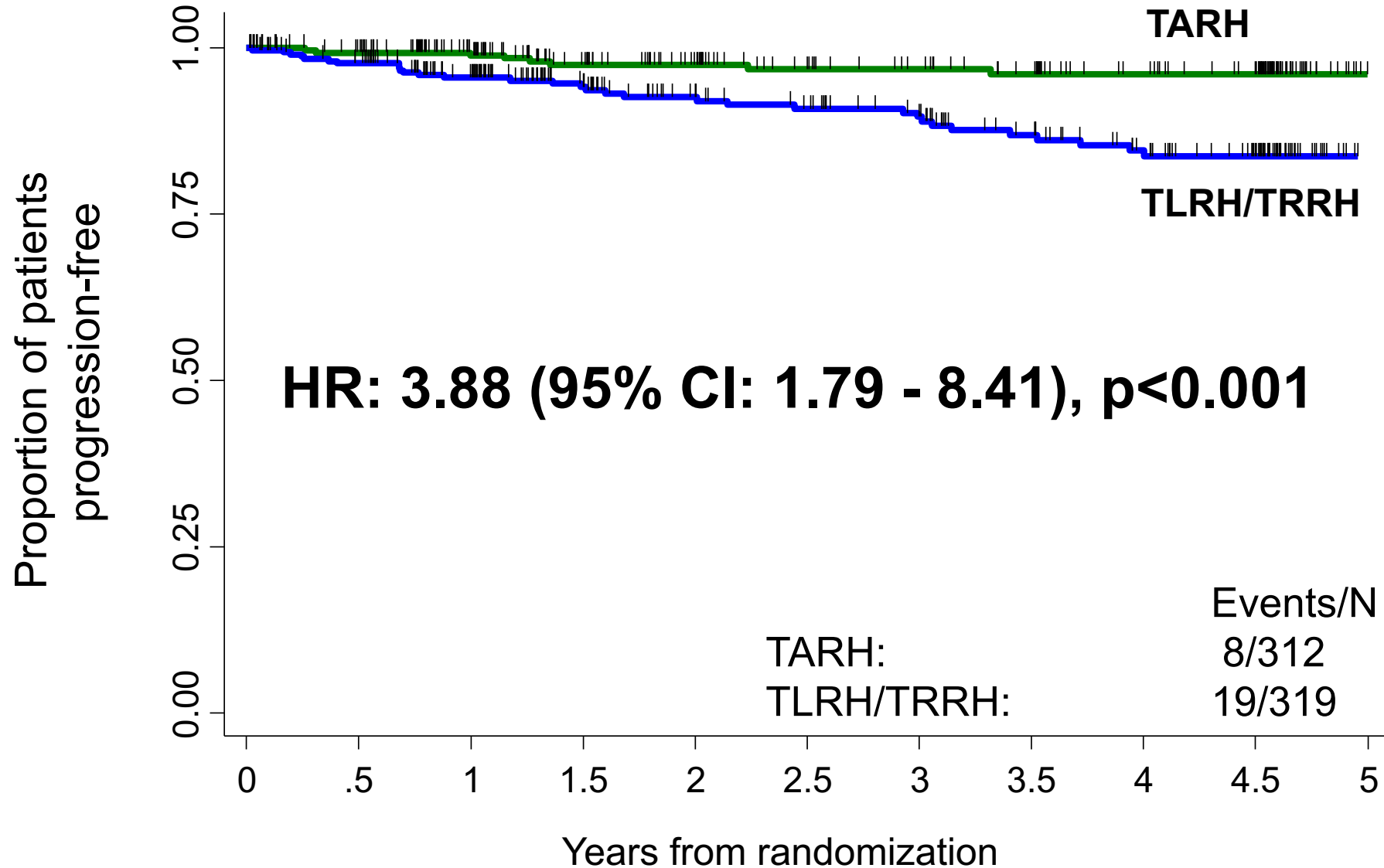
Accrual: 631

Closed: June 2017*

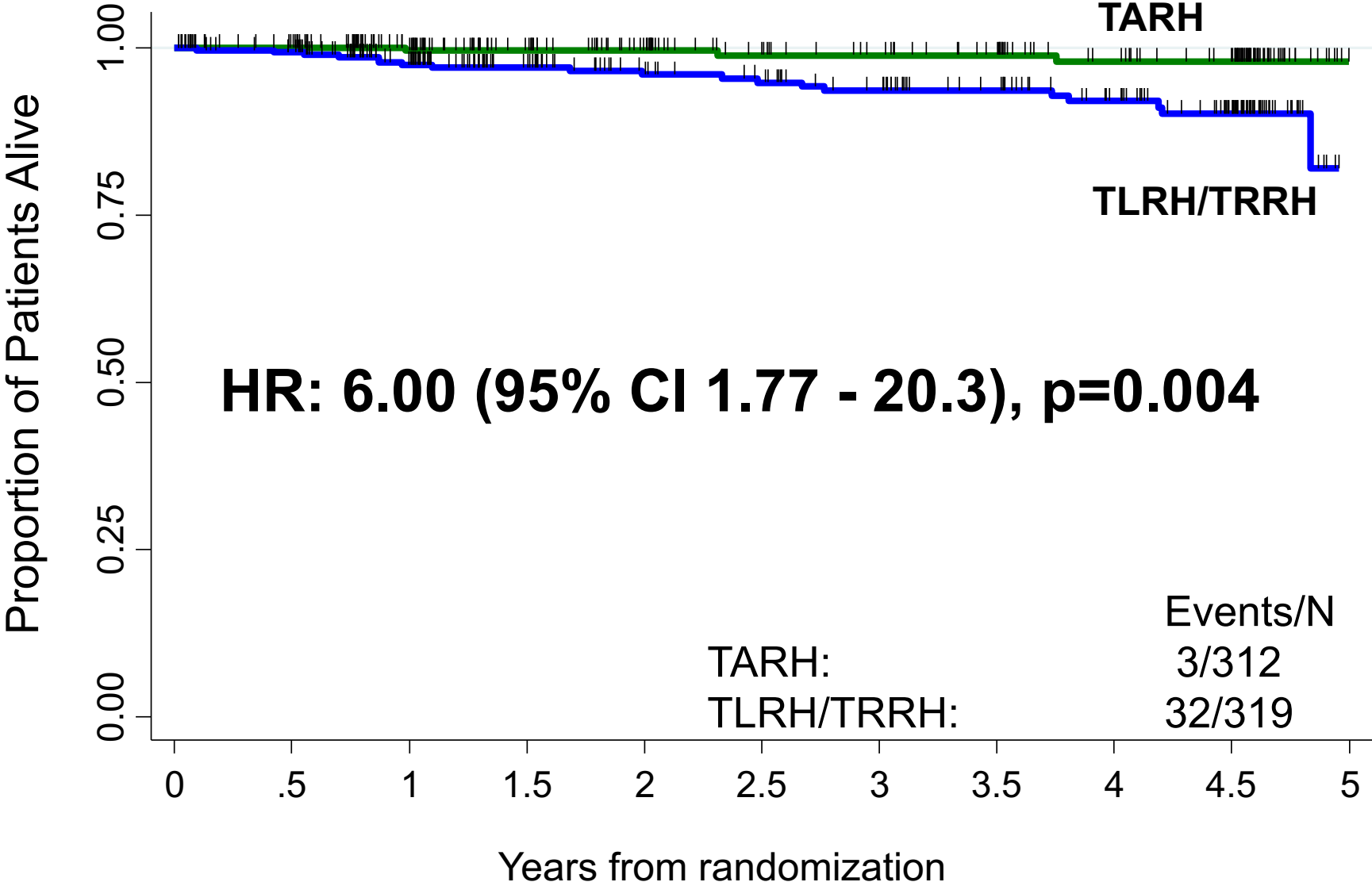


*Recommendation of study termination by DSMC

Progression-Free Survival (PFS)



Overall Survival (OS)



LACC Trial Objectives

Primary: Disease Free Survival

Secondary: Overall Survival

Patterns of Recurrence

Treatment-Associated Morbidity

Cost-Effectiveness

Pelvic floor Dysfunction

Feasibility of Sentinel Nodes

Quality of Life

Quality of Life Instruments

- Functional Assessment of Cancer Therapy – Cervix (FACT-Cx)
 - Cancer specific (cervical) conditions or symptoms
- Short Form-12 (SF-12)
 - Generic health concepts
- MD Anderson Symptom Index (MDASI)
 - General symptoms and their effect on overall well-being
- EuroQol -5D (EQ-5D)
 - General health outcomes

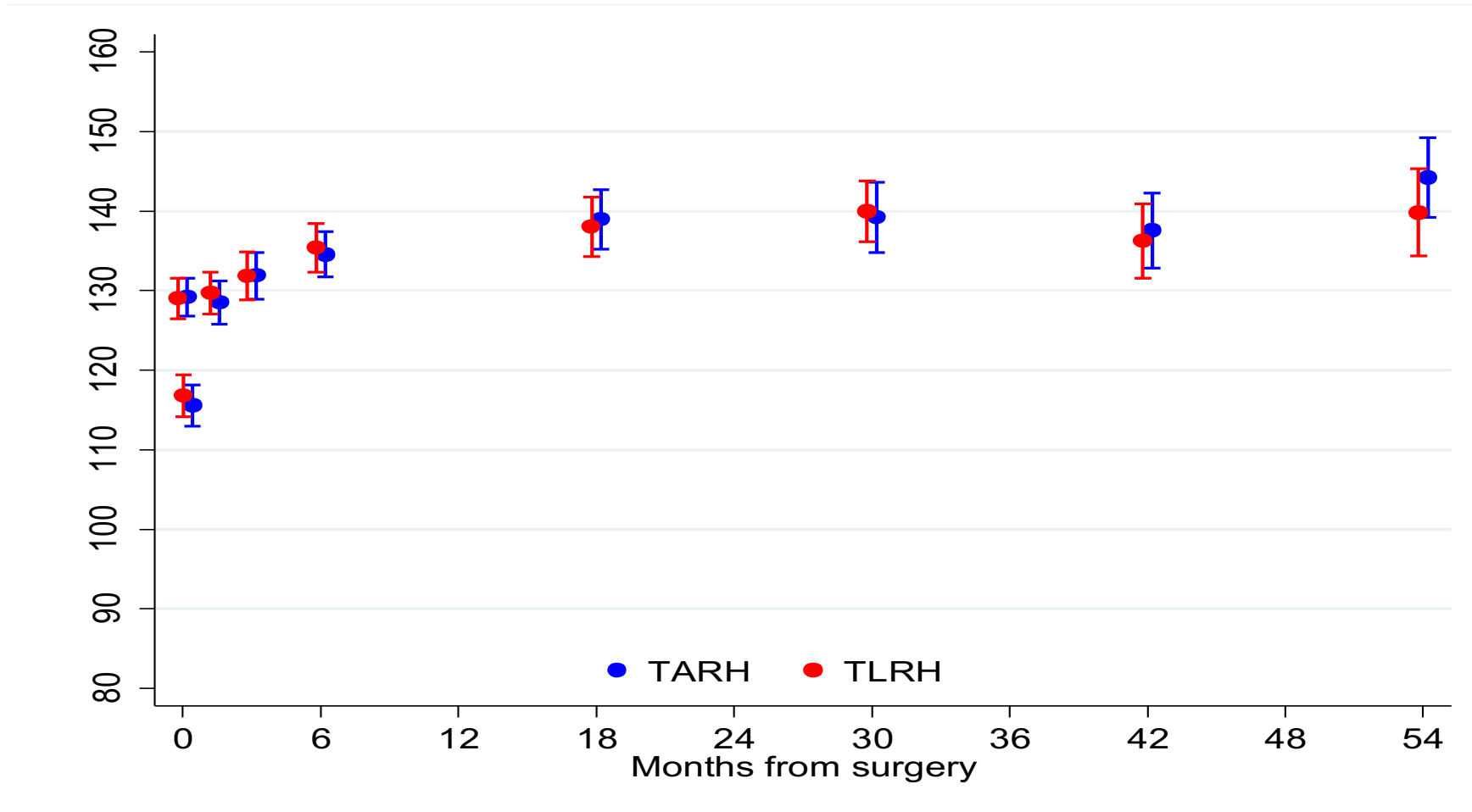
Methods

- Self administered
 - 78 total items
 - Timepoints: Preoperatively (baseline)
 - 1 week postoperatively
 - 6 weeks postoperatively
 - 3 months postoperatively
 - 6 months postoperatively
 - q 12 months thereafter (FACT-Cx only)
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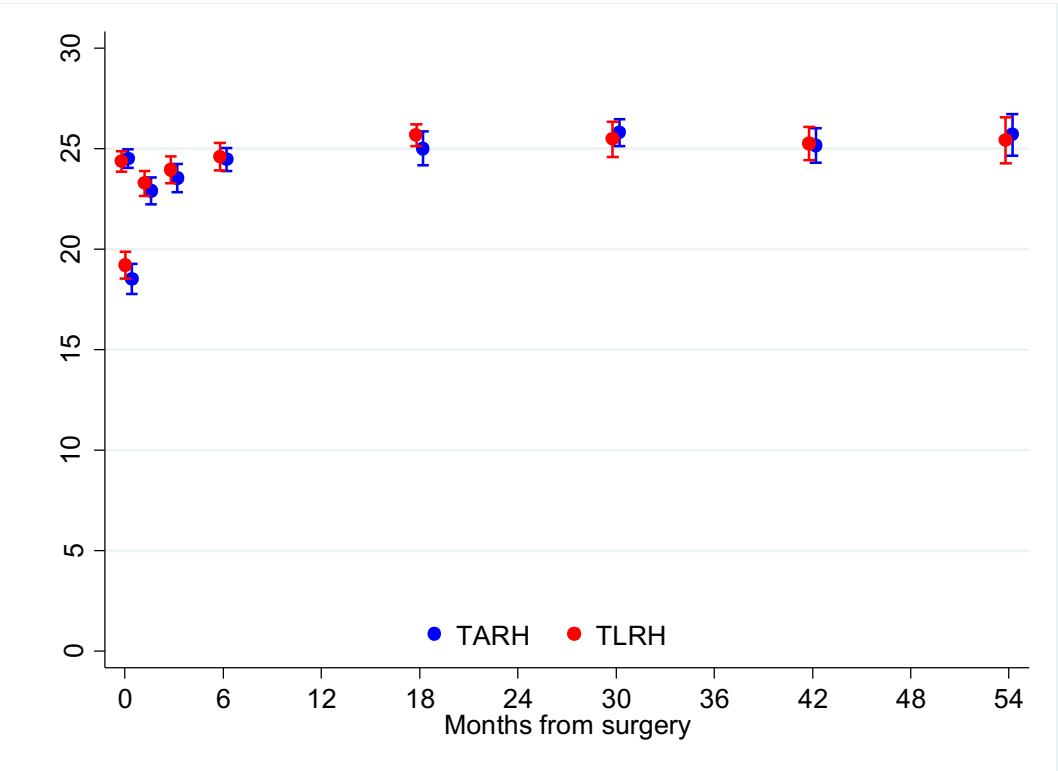
Demographics

	Open	MIS
Characteristic	(n=312)	(n=319)
Mean age, yr (SD)	46.0 (10.6)	46.1 (11.0)
Mean BMI, kg/m ² (SD)	26.2 (5.3)	27.2 (5.6)
Geographic Region, n (%)		
Asia	63 (20)	63 (20)
Australia/New Zealand	48 (15)	46 (14)
Europe	27 (9)	32 (10)
North America	49 (16)	45 (14)
South America	125 (40)	133(42)
Type of incision, n (%)		
Vertical midline	156 (50)	
Low transverse	118 (38)	
Did not undergo open surgery	38 (12)	

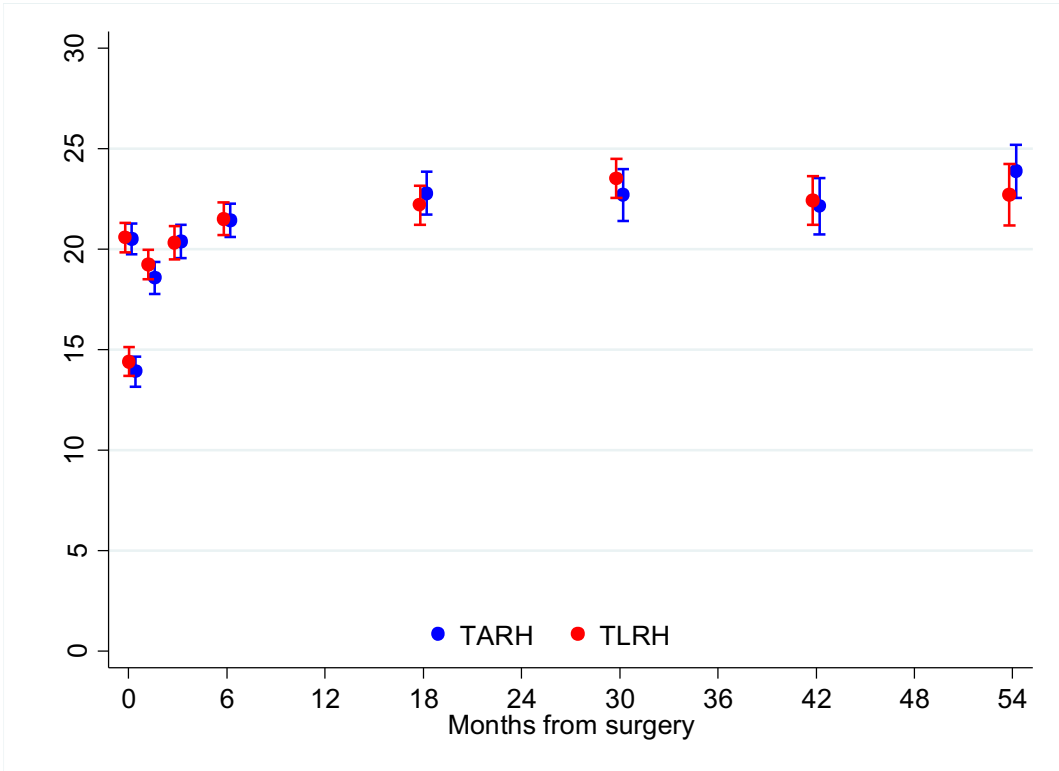
FACT-Cx Total Score



FACT-Cx Subscales

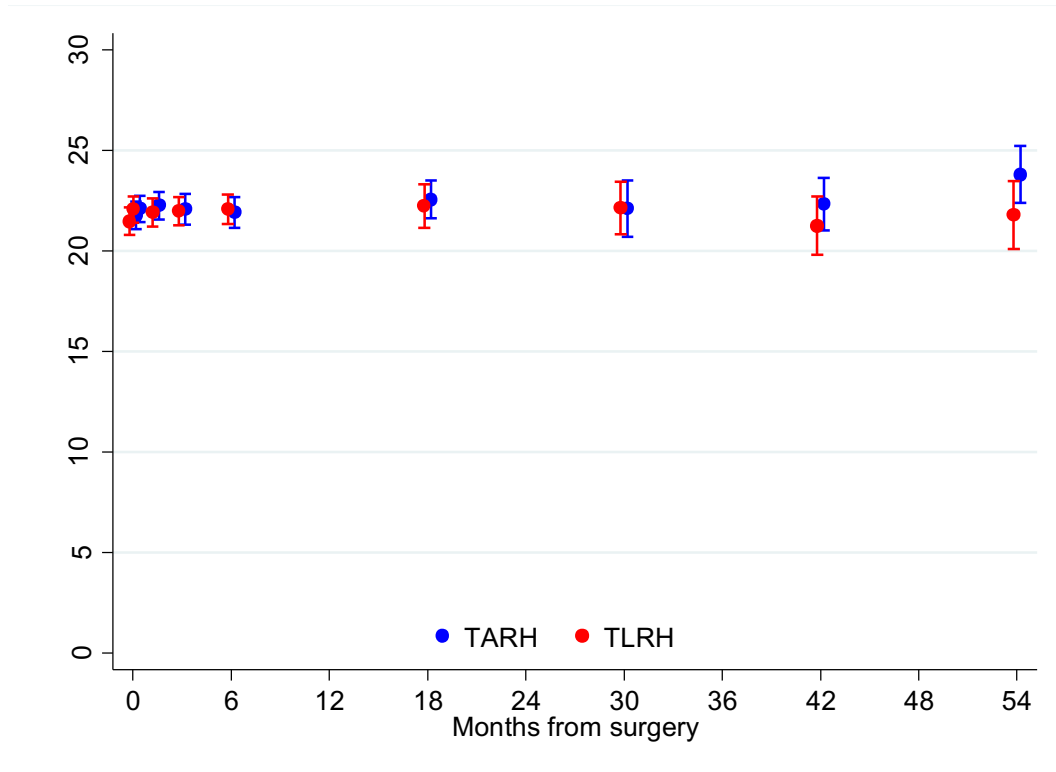


Physical Well-Being Subscale

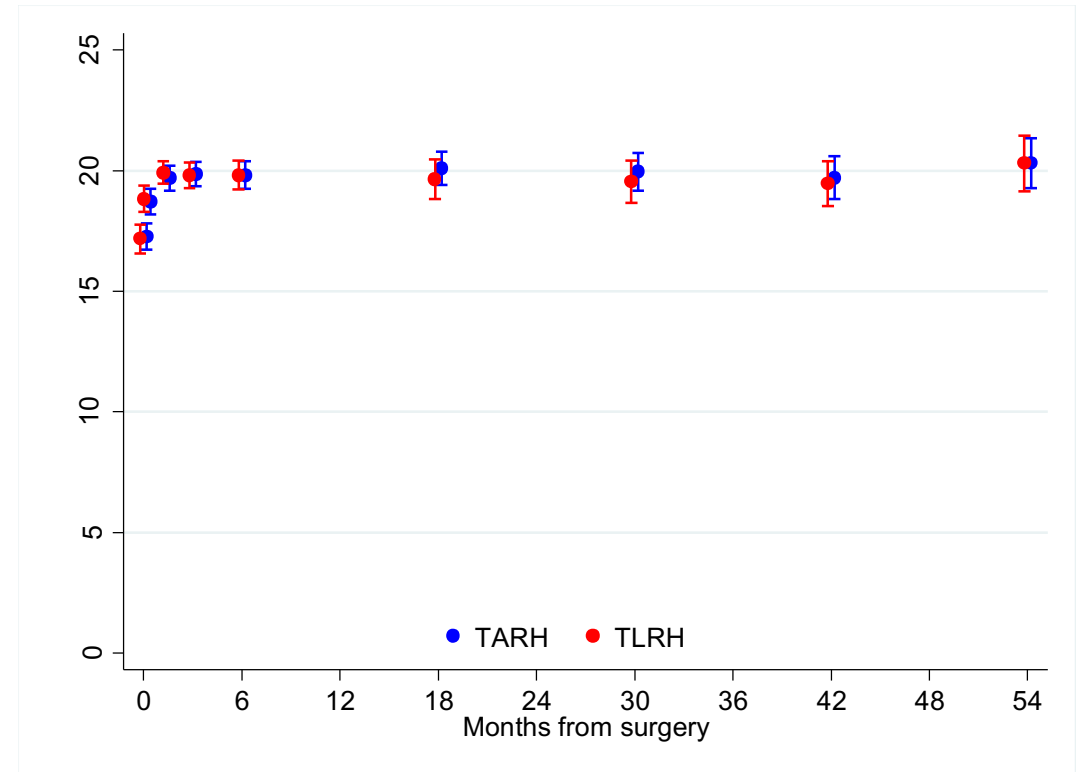


Functional Well-Being Subscale

FACT-Cx Subscales

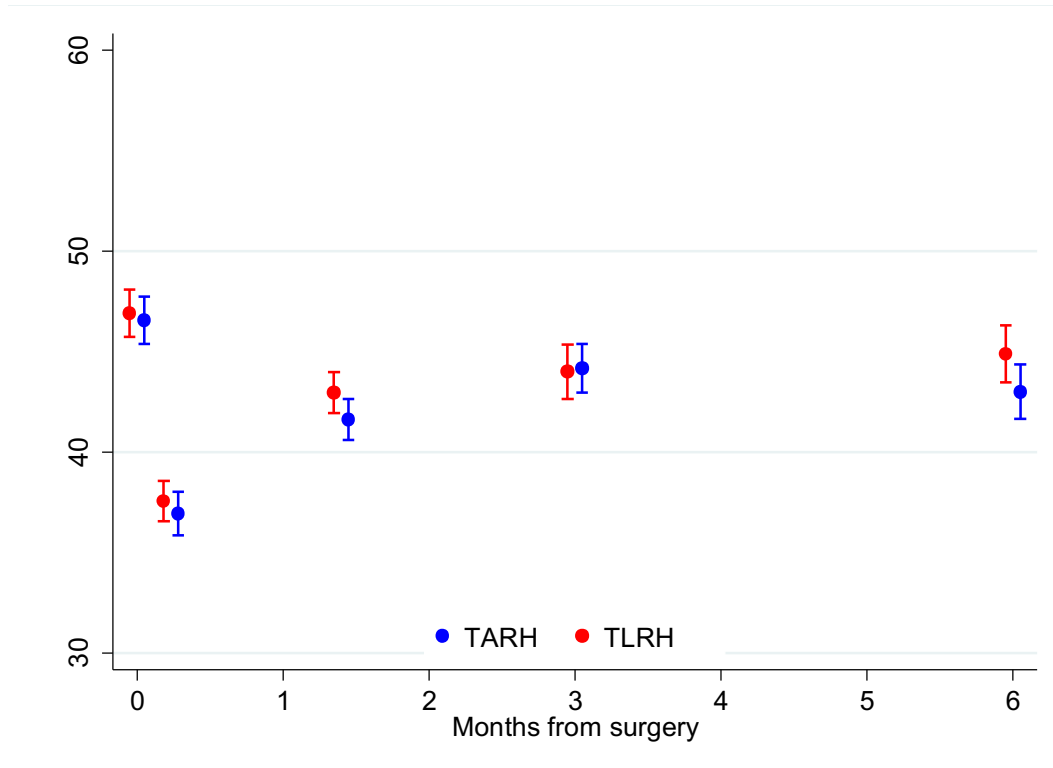


Social/Family Well-Being Subscale

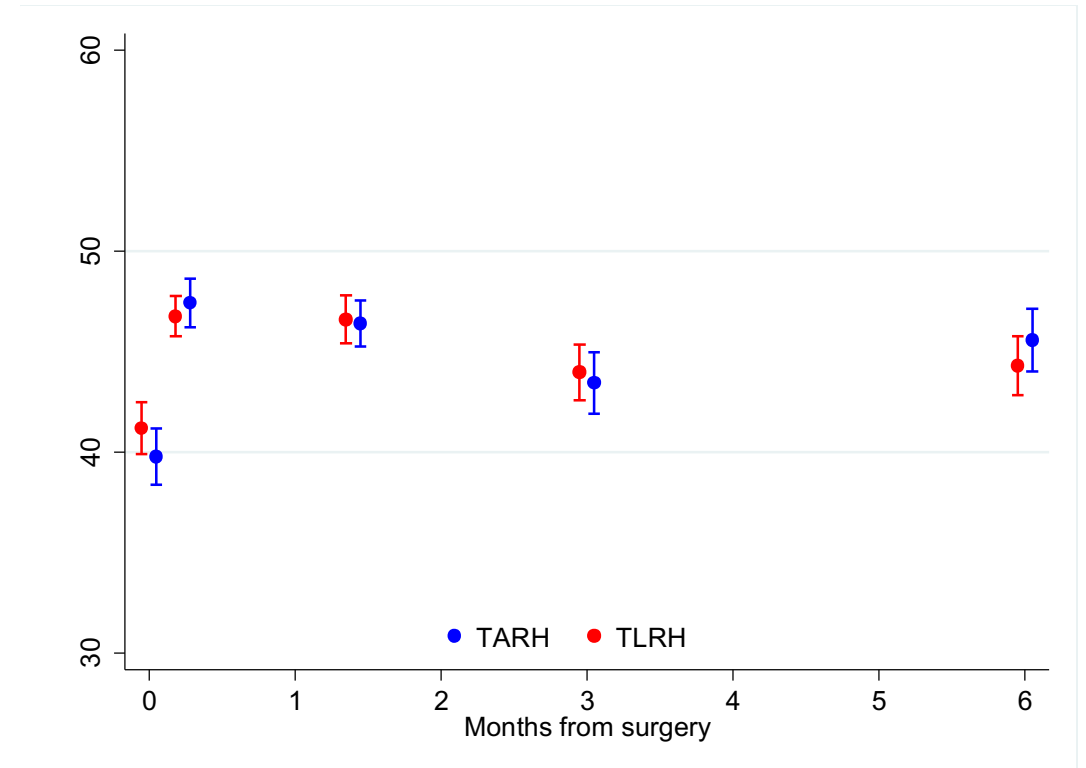


Emotional Well-Being Subscale

SF-12 Scores

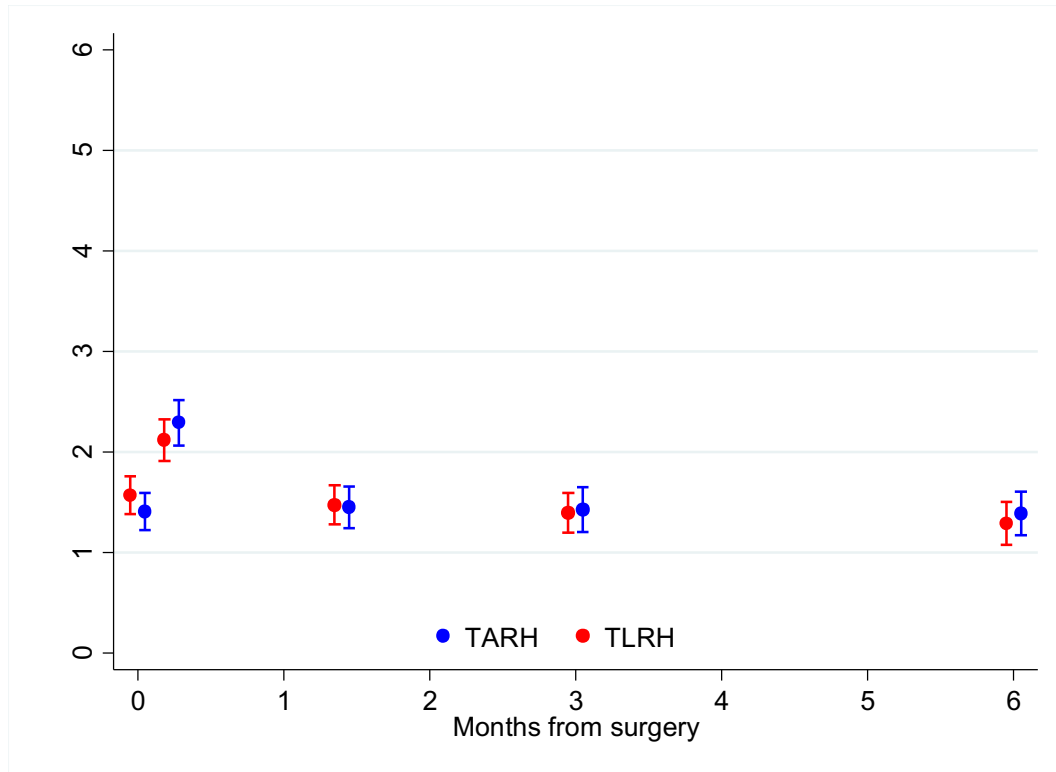


Physical Component Score (PCS)

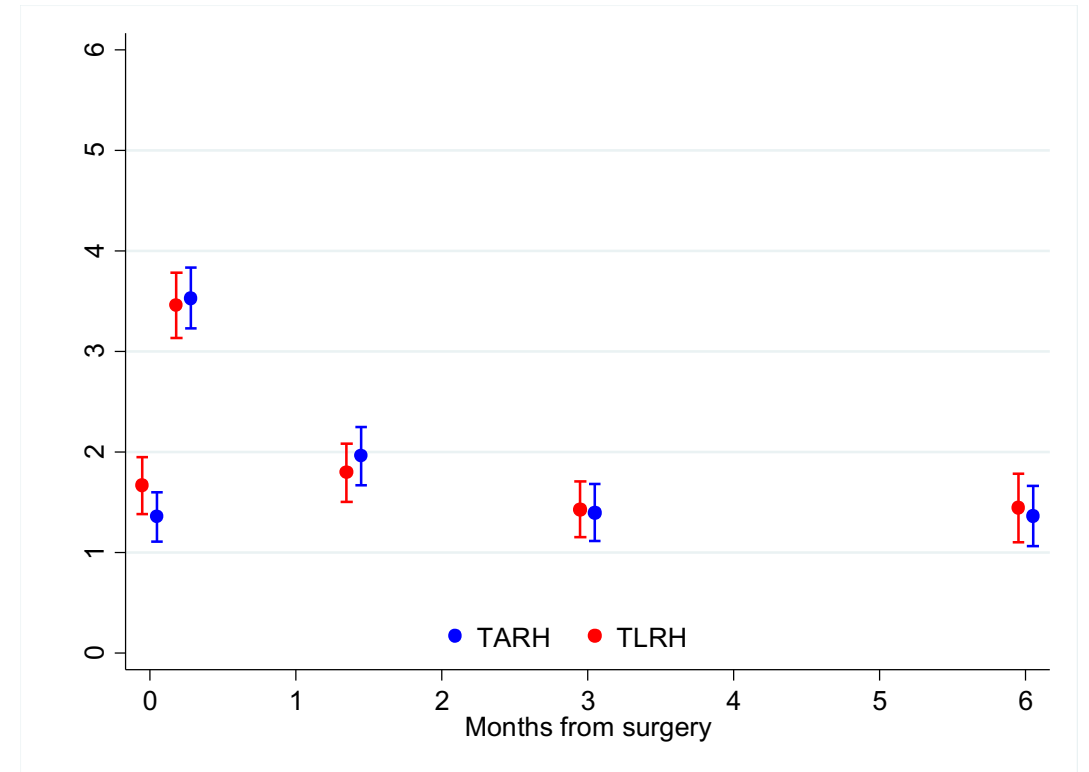


Mental Component Score (MCS)

MDASI Scores

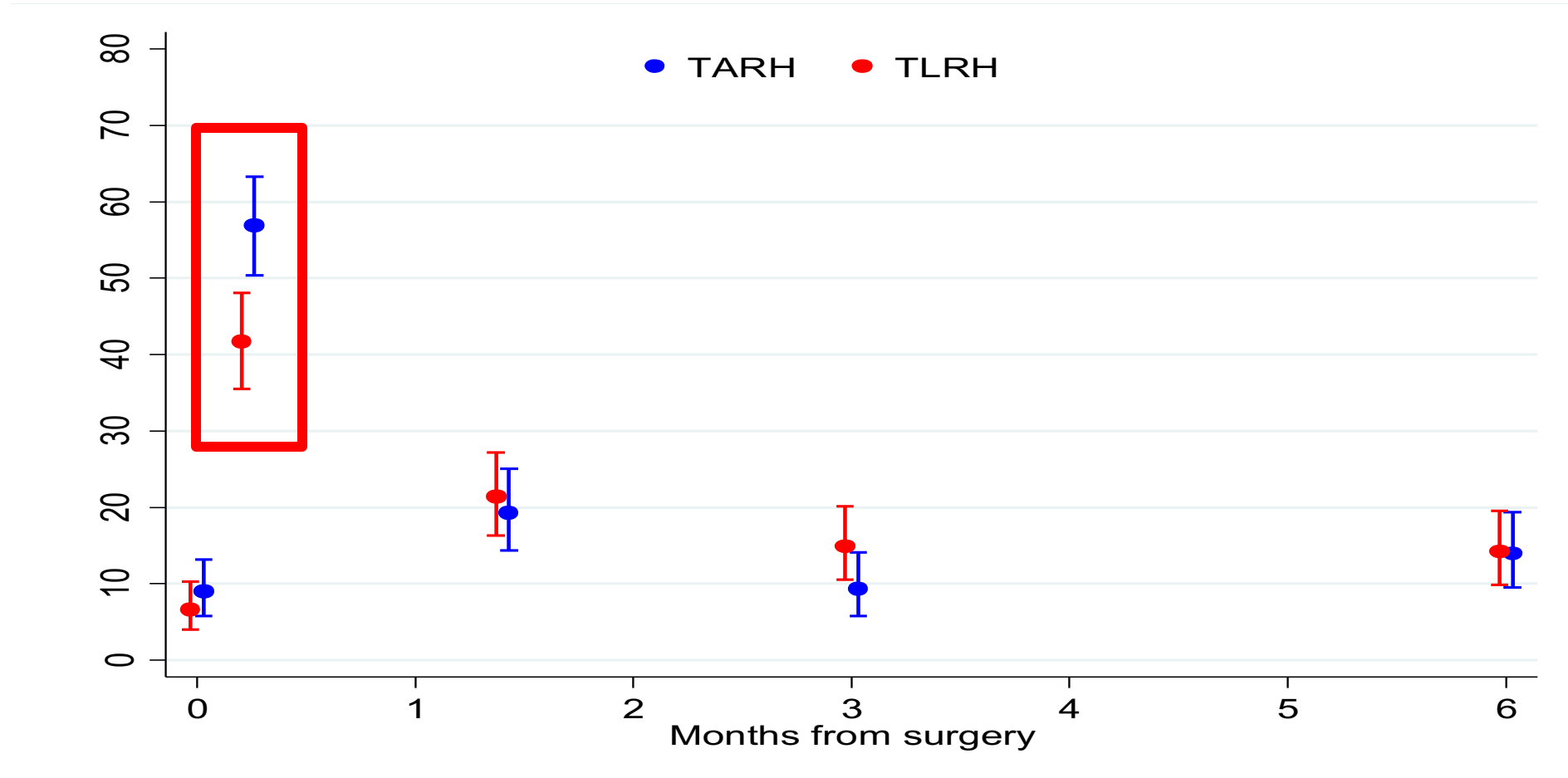


Symptom Score

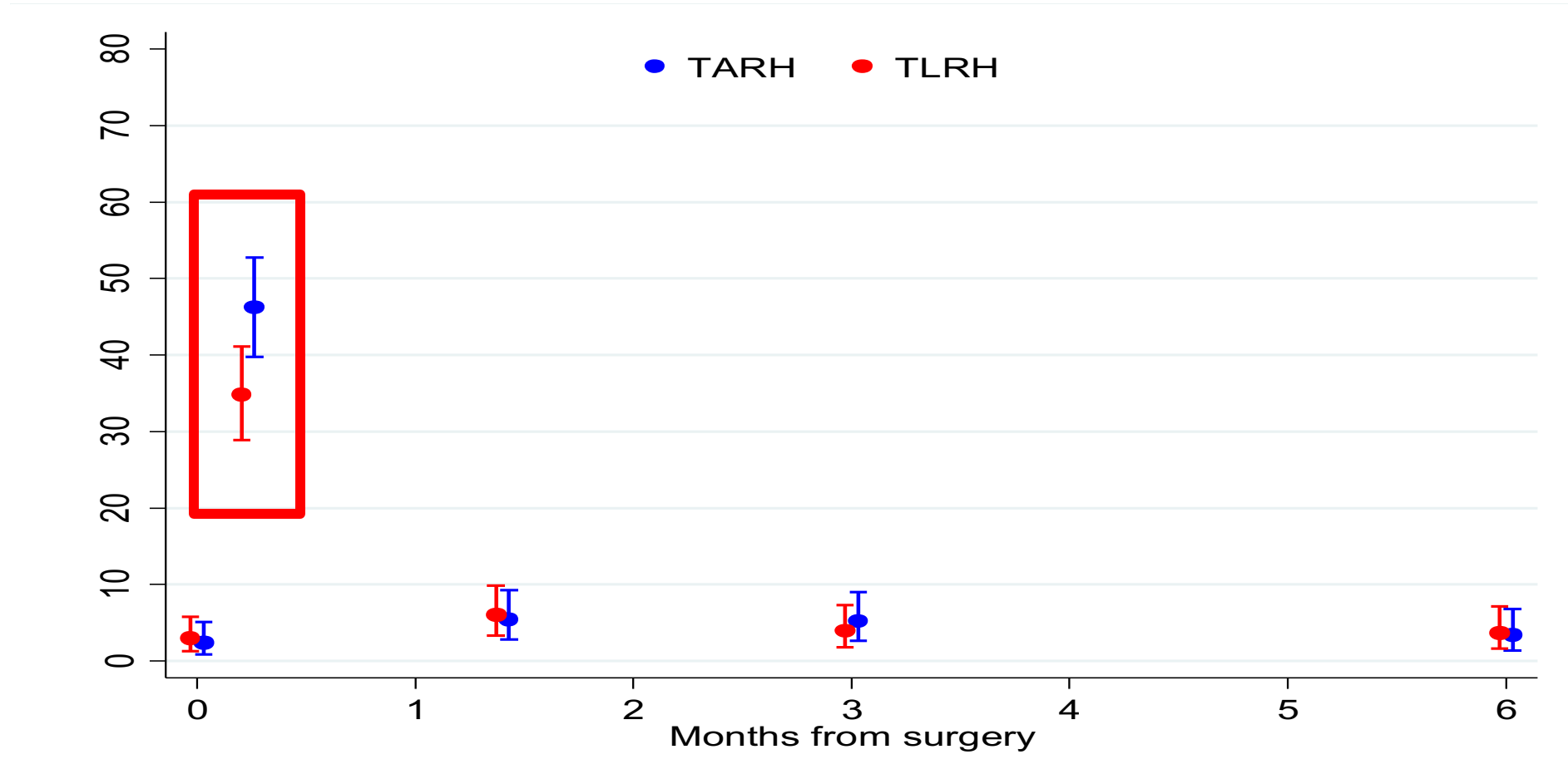


Interference Score

EQ-5D Mobility Score



EQ-5D Self-Care Score



Conclusions

- Almost all general and disease specific HRQoL similar for both groups at 1 week postoperatively and thereafter
- Mobility is decreased in open surgery group at 1 week
 - Difference resolves by 6 weeks postoperatively

How Are You Going to Counsel Your Patients?

- No difference in QoL at 1 week and beyond (except mobility)
- No difference in intraoperative complications
- No difference in short- or long-term morbidities
- Almost 4x more likely to recur with MIS radical hysterectomy
- 6x more likely to die after MIS radical hysterectomy

Thank You



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