

National Institute for Health and Clinical Excellence

811/1 Laparoscopic hysterectomy (including laparoscopic total hysterectomy and laparoscopic assisted vaginal hysterectomy) for endometrial cancer

Consultation Comments table

IPAC date: Thursday 15th July 2010

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 Chair Women's Health Forum at RCN	1	There should be some consideration for patient choice and the opportunity for women to be referred to a cancer unit or cancer centre that has a laparoscopic surgeon with the skills to perform the procedure for cancer treatment and adequate referral within an MDT to the appropriate surgeon.	Thank you for your comment. The lay version of the guidance will state that there may be other treatment options available and that the healthcare team should discuss these with the patient.
2	Consultee 2 NHS Professional	2.1	I would estimate that currently most endometrial cancers are actually treated by laparoscopic hysterectomy. The data suggesting that most are done abdominally is out of date probably. Certainly the majority treated in cancer centres are done laparoscopically	Thank you for your comment. Section 2.1.3 of the guidance will be changed.
3	Consultee 2 NHS Professional	2.2	A total laparoscopic hysterectomy (TLH) is where the surgery is done totally laparoscopically. The uterus can still be removed through the vagina. If a uterus containing cancer is removed whole through the abdominal incision that would be a total ABDOMINAL hysterectomy. Usually the definition of TLH is if the uterine arteries are divided laparoscopically. A laparoscopic assisted vaginal hysterectomy some surgery is done vaginally.	Thank you for your comment. Section 2.2.2 of the guidance will be changed. .

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4	Consultee 3 Researcher	2.2	"These tissues are removed either through one of the abdominal incisions (laparoscopic total hysterectomy)" This is a false statement. At Total Laparoscopic Hysterectomy, the uterus will be removed through the vagina. For referenmce see McCartney AJ, Obermair A: J Am Assoc Gynecol Laparosc. 2004 Feb11(1):79-82.	Thank you for your comment. Section 2.2.2 of the guidance will be changed.
5	Consultee 2 NHS Professional	2.3	On efficacy more needs to be said about recovery times. I tried to set up a multinational randomised trial and got approval from NCIS approval only to find that the surgeons could not find funding for the extra days spent in hospital by the abdominal hysterectomies. If the data is analysed carefully then NICE should be recommedning laparoscopic hysterectomy as the gold standard for endometrial cancer because of the quicker recovery	Thank you for your comment. The reported length of hospital stay will be included in section 2.3.3 of the guidance.
6	Consultee 2 NHS Professional	2.4	The huge conversion rate reptoted in the GOG trial was mainly because they insited on lymph nodes being removed even in early stage disease. 5% is a more realistic conversion rate although most experienced surgeons would hope to have figures of less than 1% as we do at Imperial.	Thank you for your comment. Section 2.4.1 of the guidance will be changed.
7	Consultee 3 Researcher	2.4	The soon to be published results of the LACE trial may aid this section (The Lancet Oncology, accepted for publication).	Thank you for your comment. At the time the Committee considered this procedure, this article was not published and an "in press" copy was not available. There are no major safety concerns associated with this procedure, and no new safety outcomes are expected to be reported on in this paper. The publication of this guidance will therefore not be delayed.

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8	Consultee 3 Researcher	general	I am the principal investigator of a prospective randomized clinical trial comparing Total Laparoscopic Hysterectomy and Total Abdominal Hysterectomy (LACE Trial). The trial has enrolled 755 women from OCT 2005. The first results on Quality of Life have been accepted for publication by the Lancet Oncology last week. The publication is meant to be fast-tracked. I was wondering if you would be willing to wait for those results to be published very soon so that they can be included in your report. Also, there is a minor error in one of your documents where you say that at a Total Laparoscopic Hysterectomy a small incision is made in the abdominal wall to remove the specimen. This is false, as the specimen is normally removed through the vagina. Best regards.	Thank you for your comment. Please see response to comment 7.

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