Call for Papers

Strengths and limitations of the laparoscopic vs robotic approach to predict the value of obesity and comorbidities on endometrial cancer surgical outcomes

Guest Editors:
Prof. Violante Di Donato, violante.didonato@uniroma1.it; Department of Maternal and Child Health and Urological Sciences, Sapienza University of Rome, Policlinico Umberto I, Rome, Italy
Dr. Andrea Giannini, andrea.giannini@uniroma1.it; Department of Maternal and Child Health and Urological Sciences, Sapienza University of Rome, Policlinico Umberto I, Rome, Italy; Department of Medical and Surgical Sciences and Translational Medicine, PhD Course in “Translational Medicine and Oncology”, Sapienza University, Rome, Italy
Prof. Giorgio Bogani, bogani.giorgio@gmail.com; Gynecological Oncology Unit, Fondazione IRCCS Istituto Nazionale dei Tumori di Milano, Milano, Italy

Summary:
Endometrial Cancer incidence is increasing with risk factors’ growing relevance, particularly obesity and aging. Considering the great impact of molecular classification and EC tailored treatment, minimally invasive techniques play an innovative role in managing obese and aged patients. In 2005, FDA approved the da Vinci Surgical Robotically System alternatively to laparoscopy for EC surgery. Its evolution could determine a good tolerability in patients with severe obesity and comorbidity, who are more predisposed to complications and conversion from laparoscopy to laparotomy, due to strong Trendelenburg. Benefits of the robotic approach come from reducing intraperitoneal/intrathoracic pressure and ensuring good pulmonary ventilation. Unfortunately, scarce data are available on the impact EC patients’ frailty could have on choosing minimally invasive surgical approach. Comparing robotic and laparoscopic surgery for the treatment of EC, this special issue explores the consequences of obesity and comorbidities on the most relevant surgical outcomes, such as blood loss, conversion rate, mean operative time, hospital days, postoperative complications.

Keywords:
endometrial cancer; hysterectomy; robotic-assisted laparoscopy; laparoscopic; obesity; comorbidity

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