

The Asian Society for Gynecologic Robotic Surgery is making this statement to provide information to surgeons in Asia who provide robotic surgical care to women who have early stage cervical cancer. This statement is not meant to be a guideline or clinical practice guidance, and is made to augment the discussion surrounding the recent publication in the New England Journal of Medicine on 31 October 2018, entitled “Minimally Invasive versus Abdominal Radical Hysterectomy for Cervical Cancer” by P. Ramirez et al (DOI: 10.1056/NEJMoa1806395).

Surgeons who offer a minimally invasive surgical option either in the form of traditional laparoscopy or robotic surgery for early-stage cervical cancer should have a complete discussion with their patients that includes but certainly should not be limited to the following.

1. That results from a recently published randomized control trial on surgery in early-stage cervical cancer showed that patients in that trial who had minimally invasive surgery had poorer overall survival and disease-free survival, compared to women who had open surgery.
2. That the majority of the women who had minimally invasive surgery had laparoscopic and not robotic surgery.
3. The experience with minimally invasive surgery for early-stage cervical cancer at the surgeon’s institution and in the surgeon’s experience in providing surgical care to women with early-stage cervical cancer.
4. That the preponderance of available data across many published studies, none of which is a randomized controlled trial, suggests that the oncological outcomes for both open and minimally invasive surgery, are equal or not significantly different.

The Asian Society for Gynecologic Robotic Surgery strongly recommends that the patient’s right to understand and make informed choices be placed first and continues to be of paramount importance. Further, that the well-established benefits of minimally invasive surgery to the patient should not be ignored and must therefore be weighed against any potential harms, either in the form of complications arising from open surgery, or from the possibility of poorer oncological outcomes. These deliberations must also consider local and national norms of practice, and experience in producing equivalent oncological outcomes in the surgical care of early-stage cervical cancer.