

# Keyhole oesophageal cancer surgery as good as more invasive operations

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Credit: Cancer Research UK

Keyhole surgery for oesophageal cancer is as good as more invasive surgery in terms of survival, according to unpublished clinical trial results.

There may also be benefits in reducing complications for [patients](#) after [surgery](#).

Professor Rebecca Fitzgerald, a Cancer Research U.K.-funded expert in oesophageal cancer at the University of Cambridge, said the study should give reassurance that [keyhole surgery](#) is just as good an operation, which should be better for patient recovery.

The unpublished results from the phase 3 European MIRO trial were presented to the ESMO 2017 Congress in Madrid.

The study included 207 patients who were followed for an average of more than 4 years. Half had keyhole surgery and half had more invasive 'open' surgery, which is standard treatment.

After three years, 67 percent of keyhole surgery patients were alive, compared to 55 percent of [open surgery](#) patients.

Just over a third of keyhole surgery patients (36 percent) had major complications after their operation, compared to just under two thirds of patients (64 percent) who had problems after open surgery.

Professor Tim Underwood, a Cancer Research U.K.-funded expert in gastrointestinal surgery at the University of Southampton, said: "This well-conducted study shows that keyhole surgery for oesophageal [cancer](#) is at least as good as open surgery in terms of long term survival. There may also be a benefit by reducing complications after surgery."

In comparing surgical approaches it's important to measure the success in removing as much of the tumour as possible, while reducing the amount of normal tissue affected.

These factors affect whether or not the patient will require further surgery and the time taken to recover.

These results suggest that patient safety is not compromised by the keyhole approach, and that patients have reduced surgical trauma.

"Removing all or part of the oesophagus is a very invasive procedure with significant quality of life issues," said Fitzgerald. "Anything that can be done to improve patient experience and reduce hospital and recovery time after surgery is ideal."

Patients included in the MIRO trial had cancers affecting the middle or lower third of the oesophagus.

"Before we know if these results are true in the U.K. population we need to see the results of the U.K. ROMIO study, which is currently recruiting," added Underwood.

Lead investigator Dr Guillaume Piessen, from

University Hospital C. Huriez Place de Verdun in Lille, said that the results show that [keyhole surgery](#) is a clinically sound procedure for [oesophageal cancer](#).

**More information:** Mariette, C. et al. (2017) Esophageal Cancer: Long-term outcomes of a multicenter, open-label, randomized phase III controlled trial, the MIRO trial.  
[www.esmo.org/content/download/ ... 17-Abstract-Book.pdf](http://www.esmo.org/content/download/.../17-Abstract-Book.pdf)

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