

Gynecological Cancer and Laparoscopic Approach: State of the Art.
IRCAD, Strasbourg, June 20-22 2016

The setting for the course was very nice. IRCAD has its own newer building next to the Hospital Civil with nice lecture rooms and a well equipped surgical lab.

The course had 40 participants from all over the world. All were trained gynecologist but with more or less specialization in gyne-oncology. The course was three days with lectures, discussions, live surgical transmission and hands-on training on live tissue in the surgical lab.

To 40 participants, 15 members of IRCADs faculty were present as lecturers in the lecture room or as supervisors in the surgical lab. The topic for the course was state of the art for laparoscopic treatment of gynecologic cancer. The program was well planned.

The pelvic anatomy was consistently the focus for the presentations, and as a fellow in gyne-oncology the importance of this is obvious to me. In the training it is important to learn reproducible procedures to increase the learning curve and to achieve safety in the surgical procedures. We were also introduced to several technical approaches at lectures and in the surgical lab, from suturing to the best possible exposure of the anatomical structures to facilitate the planned procedure. One of the methods presented was the retroperitoneal approach for paraaortal lymph node resection. This technic was presented in a live surgery and also discussed for the purpose of pelvic lymph node resection. In addition, a pre-recorded retroperitoneal hysterectomy was presented. The retroperitoneal approach has advantages related to the exposure and can be a valuable skill to master in the future.

In conclusion, the course was very informative and inspiring. Since several European experts were gathered, it was obvious that the state of the art is still available for discussion. The course was a reflection of the daily clinical work, where guidelines and recommendations are present with the intension to treat the patients uniformly, but the consensus is influenced by the individualization of the treatment and is also interpreted differently in different gynecologic cancer centers.