



# Nerve-sparing robotic-assisted radical prostatectomy is not associated with an increased rate of positive surgical margins

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## DEAR EDITOR,

We appreciate Dr. Yang's very kind and immediate response<sup>1</sup> to our previous comments,<sup>2</sup> which have been published in the February issue of the *Journal of the Chinese Medical Association* about their original article in the last December issue of the *Journal of the Chinese Medical Association* entitled "Effects of nerve-sparing procedures on surgical margins after robot-assisted radical prostatectomy".<sup>3</sup> As shown by the authors' response, nerve-sparing robot-assisted radical prostatectomy (NS RARP) did not show a negative impact on the increased positive surgical margins (PSMs) rate using the multivariable analysis model;<sup>1</sup> however, we found that the odds ratio (OR) was less than 1 (0.825), suggesting that it is a trend that prostate cancer patients treated with NS RARP may have a lower risk of PSM than those treated with RARP group, although the difference of PSM between NS RARP and RARP groups did not reach a statistical significance (OR 0.825, 95% confidence interval 0.261-2.602).<sup>1</sup> Additionally, the authors may be at higher risk to mis-interpret their data based on their description. The authors claimed that PSM rates were reported "higher" in NS groups than in non-NS groups in univariable analysis (29.1% vs 50%;  $p = 0.047$ ).<sup>1</sup> The aforementioned description in term of "higher" may be mis-interpreted. We supposed the term of "lower" may be a "correct" description, and the description is consistent with the finding that OR is lower than 1. Based on our understanding of their article,<sup>2</sup> we do not think that NSRARP may increase the risk of PSM, and by contrast, the risk of PSM may be lower. For cancer treatment, besides the "curability of the diseases," the quality

of life (QoL) has become one of the most important issues for patients. We are happy to learn the feasibility of using a "less invasive" approach in the management of cancer patients if the oncological outcomes are not inferior to the "standard approach". We highlight the value of minimally invasive surgery in the management of cancer patients after completing adequate preoperative risk stratification and shared decision-making between patients and physicians, based on the prediction of higher QoL without compromising the oncological outcomes.<sup>4,5</sup> Of course, there is no argument that the minimally invasive approach may not fit all cancer patients who are good candidates for surgical intervention.<sup>5,6</sup>

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