



Reply to “Nerve sparing robotic-assisted radical prostatectomy is not associated with an increased rate of positive surgical margins”

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DEAR EDITOR,

We thank Dr. Yiu-Tai Lia and Wen-Hsun Chang for the valuable comments and questions on our reply to “The impact of nerve sparing robotic-assisted radical prostatectomy on positive surgical margins: Uncertainty” published in *Journal of the Chinese Medical Association* (*J Chin Med Assoc* 2023;86:255).¹ The author comments are discussed below.

Current study concluded that “partial” nerve-sparing (NS) procedures have a potential risk of increasing the positive surgical margins rate than complete and non-NS procedures do.² According to our previous reply,¹ we incorrectly used the term “higher” and should be changed to positive surgical margins (PSM) rate were reported “lower” in NS groups than in non-NS groups in univariable analysis (29.1% vs. 50%; $p = 0.047$). However, the impact of NS on the PSM rate did not show significant difference between all NS and non-NS groups ($p = 0.742$) in multivariable analysis but preoperative PSA level ($p = 0.047$) and postoperative pT3 stage ($p < 0.001$) were correlated with the higher PSM rate.³ The patients who underwent partial NS procedures slightly had a higher PSM rate than non-NS groups in multivariable analysis ($p = 0.046$; odds ratio = 2.23).² The key reason should be a high percentage of T3 prostate cancer with extraprostatic extension (EPE) for the patients underwent partial NS procedures. Therefore, PSA level and MRI image evaluation

should be carefully interpreted before performing partial NS procedures especially for prostate cancer with a suspicion of EPE. The cases with low possibility of EPE before surgery would be feasible for complete NS procedures without worsening the PSM rate.⁴ Correct case selection is required before performing partial NS techniques.² We hope these explanations will suffice the readers’ and the authors’ expectations. Thank you for your interest again.

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