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## Platinum Priority – Editorial

Referring to the article published on pp. 221–228 of this issue

# Was it All Useless?

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There are at least two relevant aspects in the take home message of the article titled “*Are We Improving Erectile Function Recovery After Radical Prostatectomy? Analysis of Patients Treated over the Last Decade*”, which was published in this month's issue of *European Urology* by Capogrosso et al. [1]. The first, and perhaps the most fascinating, is that our body is so complex that we are still far from fully understanding its complexity. This is highlighted by the fact that even the most sophisticated currently available instrumentation, the Da Vinci robot, is not able to preserve all of which mother nature has so elegantly and so perfectly made. The second is that we, physicians and researchers, who have elected science as our activity of focus, are still undeniably not perfect and yet susceptible to improvement; therefore, the future looks radiant and full of incredible things that remain to be studied and learnt. To sum up, medicine, in all its forms, must continue to improve, undergoing daily and stubborn improvement, even in the field of the understanding of human sexuality.

In short, what have these authors done? Nothing extraordinary, except to look for and report a statistical significance among their observations. Indeed, they have examined whether erectile function (EF) rates improved (or at least changed) over a relatively short period of time, namely a decade, which is probably not very much in absolute terms, but absolutely a huge amount of time in terms of the upgrade of knowledge and technologies that we hope, in turn, should lead to an improvement from the therapeutic outcomes standpoint.

Why is it so important to even consider a single decade? Because over the last decade, the population of men seeking medical help for prostate cancer has undergone great change. Patients have changed, the age at which they come to the office has changed, and even if they are older, they look

younger and have longer life expectancies. Patients now have many more comorbidities because of numerous concomitant pathologies and disorders, which in previous years would have led us to be more conservative and much more restrictive in giving surgical indications, some of which today are somehow of “wider sleeve”, in an era of active surveillance and mini-invasive approaches. Finally, there has been a slight increase in the therapeutic armamentarium for the recovery of postoperative EF even if, paradoxically, men presenting for erectile dysfunction are increasingly younger [2] and this is certainly true of men before radical prostatectomy has even been considered and not yet done [3].

Well, to what conclusion did the analysis lead? It led to the finding that the probability of regaining potency after surgery for prostate cancer has not improved over the last decade, despite expecting to see temporal changes in the probability of EF recovery after surgery [1]. This was the case notwithstanding the increasing importance of the Da Vinci robot worldwide and the advancements in postoperative care. Never has news been sadder.

I would like to consider some of the strengths of the study.

First, these data outline the history of our surgical approach to a disease (ie, prostate cancer), thus meaning, our history over the decade. Second, the authors have considered each of their results taking into account the weight of the learning curve underlying any form of surgery, including robot-assisted radical prostatectomy. Third, the data come from a centre that is well-known worldwide. This could be inconsequential despite the fact that we have a close emotional relationship to this institution that has provided numerous contributions to the field throughout the last few decades at least. Conversely, what is even more important in my opinion is that only with large numbers

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and with the rigorous collection and study of patient information is it possible to arrive at such serious conclusions, as scientifically disappointing as they may be (ie, we have not been able to improve and provide better patient care). This reinforces the consideration of the tireless efforts made by nurses, medical students, residents in training, surgeons, researchers, and data managers: data collection and data management cannot, and should never be, considered a useless show of strength by an institution. In contrast, this is an excellent demonstration of how clinical research unquestionably guides us to improve people's health (by informing us of either positive or negative results). Therefore, let us put an immediate end to these fruitless disputes! That is what I have learnt once again from this further statistical analysis on retrospective data. Fourth, must we consider the technological progress in this area to have been useless? This is absolutely not the case. Indeed, the use of technology in the operating theatre has allowed us to take a step forward in terms of our knowledge of human anatomy, which, without a shadow of a doubt, I can say has changed as we have come to know it differently and from different perspectives [4].

Finally, a small sore note must be made. Although the study examined data from the last 10 yr or so, it is at least that long, if not longer, that we have been discussing the issue that male sexuality is not only and exclusively an on/off phenomenon associated with penile erection [5]. In this context, though the authors clearly pointed out that the lack of data other than those concerning EF is a limitation of their study [1], as a passionate researcher in the field of Sexual and Reproductive Medicine, I consider it a real sin and a gross limitation to not have taken the opportunity to understand what happened to this large cohort of well-studied patients in terms of sexual desire, orgasmic

function, or the presence of other bothersome symptoms related to sexual function [6,7]. It is time to start considering sexuality as a whole!

**Conflicts of interest:** The author has nothing to declare.

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