



Letter to the Editor

Re: Georg Jancke, Firas Aljabery, Sigurdur Gudjonsson, et al. Port-site Metastases After Robot-assisted Radical Cystectomy: Is There a Publication Bias? Eur Urol 2018;73:641–2

We read with great interest the article by Jancke et al. [1] on port-site metastases in bladder cancer (BCa) patients treated with robot-assisted radical cystectomy (RARC). Port-site metastases represent relatively rare events, affecting up to only 0.3% of BCa patients undergoing robotic surgery [2]. Jancke et al assessed the characteristics of eight patients treated with RARC at three referral centers who eventually experienced port-site metastases. Since all patients harbored advanced disease characteristics at final pathology (lymphovascular invasion and node-positive and/or locally advanced disease), the authors suggested that an open approach should be considered for these individuals. Although Jancke and colleagues should be commended for undertaking this multicenter investigation, some points warrant further discussion before discouraging the adoption of minimally invasive surgery in patients with muscle-invasive BCa.

First, a randomized controlled trial specifically designed to compare oncologic outcomes for open versus robotic cystectomy recently demonstrated the noninferiority of RARC even for patients with unfavorable pathologic features [3]. Moreover, all patients included in the series by Jancke et al. [1] experienced concomitant metastases in other sites. Thus, the impact of recurrence at the level of the port site on survival is at least questionable. Second, the rate of adoption of neoadjuvant chemotherapy, which is strongly recommended by the European Association of Urology guidelines for patients with T2–4b cN0M0 BCa [4], was suboptimal and did not exceed 50% in this series. The administration of neoadjuvant systemic treatments such as cisplatin-based chemotherapy in men with advanced disease might impact on the micrometastatic burden, reducing tumor spread during the surgical procedure and, in turn, the risk of

port-site metastases. This would ultimately improve long-term survival [5].

Taken together, these observations suggest that the adoption of minimally invasive techniques such as RARC would not undermine oncologic outcomes for men with advanced BCa when considered in a multimodal setting that includes neoadjuvant systemic therapies.

Conflicts of interest: The authors have nothing to disclose.

References

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