

available at www.sciencedirect.com
journal homepage: www.europeanurology.com



European Association of Urology



Letter to the Editor

Reply to Gregory J. Nason, Michael A.S. Jewett, and Robert J. Hamilton's Letter to the Editor re: Adam C. Calaway, Lawrence H. Einhorn, Timothy A. Masterson, Richard S. Foster, Clint Cary. Adverse Surgical Outcomes Associated with Robotic Retroperitoneal Lymph Node Dissection Among Patients with Testicular Cancer. Eur Urol 2019;76:607–609

Adverse Surgical Outcomes Associated with Robotic Retroperitoneal Lymph Node Dissection Among Patients with Testicular Cancer

We appreciate the interest from the Princess Margaret group in our report describing poor outcomes following robotic retroperitoneal lymph node dissection (R-RPLND). Their thoughtful approach to offering patients R-RPLND should be commended and perhaps more widely adopted on the basis of our findings [1]. However, the importance of our report remains. Previous small-series publications on robotic technology in testis cancer have not reported any significant adverse outcomes. The patients we described clearly suffered poor outcomes and it is essential that this is included in the literature. As we stated in our paper, the exact reasons for these results are unknown but could include aggressive biology, poor patient selection, poor operative technique, surgical technology, or a combination thereof. These patients simply represent an observation we have seen over the past couple of years that is new to us regarding the patterns of relapse.

We agree with Nason et al regarding high expectations for near-perfect results for early-stage disease. The current bar for expected outcomes for these young men is appropriately high. Any consistent deviation from these expectations for a perceived benefit of irrelevant outcomes such as shorter hospital stay or insignificant lower blood loss is naïve and inappropriate. The management of testicular cancer is quite nuanced requiring collaboration between medical oncologists and urologists. Thus, arguments for coordination of care at experienced centers are reasonable [2]. We speculatively wonder whether expan-

sion of the robotic technique as a “safe and feasible” approach will expand the provider pool willing to attempt these surgeries and thus potentially alter results on a larger scale.

Finally, we question the final statement by Nason et al about the potential for robotic surgery in this disease. How much improvement can we expect for the average patient whose hospital stay is already only 48–72 h and a short recovery period of 3–4 wk? If marginal improvements were the answer, then we could argue that expanding this approach could have the greatest negative difference compared to any other application of robotic surgery.

Conflicts of interest: The authors have nothing to disclose.

References

- [1] Calaway A.C., Einhorn L.H., Masterson T.A., Foster R.S., Cary C. Adverse surgical outcomes associated with robotic retroperitoneal lymph node dissection among patients with testicular cancer. *Eur Urol* In press. <https://doi.org/10.1016/j.eururo.2019.05.031>.
- [2] Nichols C, Tandstad T, Lowrance W, Daneshmand S. Ten thousand attentive hours, rapid learning, dissemination of knowledge and the future of experience-based care in germ-cell tumors. *Ann Oncol* 2017;29:289–90. <http://dx.doi.org/10.1093/annonc/mdx779>.

Adam C. Calaway^{a*}
Lawrence H. Einhorn^b
Timothy A. Masterson^a
Richard S. Foster^a
Clint Cary^a

^aDepartment of Urology, Indiana University School of Medicine, Indianapolis, IN, USA

^bDepartment of Oncology, Indiana University School of Medicine, Indianapolis, IN, USA

*Corresponding author. Department of Urology, Indiana University School of Medicine, 535 Barnhill Drive, Indianapolis, IN 46202, USA.
Tel. +1 330 5920736; Fax: +1 317 2780499.
E-mail address: calawaya@iupui.edu (A.C. Calaway).

August 2, 2019

