



Letter to the Editor

Letter to editor concerning the publication: “Trans-anal or trans-abdominal total mesorectal excision? A systematic review and meta-analysis of recent comparative studies on perioperative outcomes and pathological result”


ARTICLE INFO

Keywords:

Laparoscopic TME
Meta-analysis
TaTME

Dear Sir,

Recently Lei et al. published an interesting article entitled: “Trans-anal or Trans-abdominal total mesorectal excision? A systematic review and meta-analysis on recently published comparative studies on perioperative outcomes and pathological result”. We congratulate the authors for their incredible effort in providing a well-written meta-analysis on 17 studies that compared Transanal Total Mesorectal Excision (TaTME) with Laparoscopic Total Mesorectal Excision (LaTME). The study was planned according to the current guidelines for systematic reviews. We, however, believe that some of the steps were performed incorrectly. Thus we have a few questions for the authors to clarify as these points may bias the final conclusions that can be drawn from these studies.

TaTME is a promising technique for rectal cancer treatment which was first introduced by Prof. Antonio Lacy in 2010. It has since been under continuous assessment [1]. Its superiority over the traditional down-to-up technique is claimed to offer magnified visualisation of the operating field which enables more precision for the surgeon during tissue dissection. However, the authors included in their meta-analysis two studies that were performed before TaTME even emerged [2,3]. Both Kanso et al. and Denost et al. investigated the down-to-up approach using the Lone-Starr[®] retractor, but not endoscopic instruments as described by Prof. Lacy [1–3]. In our opinion these studies should not be included in this meta-analysis, especially since Lei et al. stated clearly that they assessed the original TaTME technique. Inclusion of the above mentioned studies creates a bias that should be avoided.

The authors also included studies that reported on sphincter-saving surgery together with abdomino-perineal resections (APR)/Hartman procedures, and studies that assessed TaTME with primary anastomosis. Again this introduces a source of bias especially on postoperative morbidity. The authors stated that there were no significant differences between the LaTME and TaTME approaches in the anastomotic leakage rates. However, they failed to provide a diagram that could help data interpretation. In our opinion this limitation should at least be included in the discussion section.

Furthermore, according to the criteria on study selection, the authors included only studies which compared LaTME with TaTME. In the results section the authors put among the included studies a publication

by Perez et al. that compared robotic TME and LaTME [4]. The authors later stated that this study was excluded due to its design. However, this article still appears on Figure 2. We are confused. Was this study excluded from all of the analyses? We were not given diagrams to assess this. Why was this study not excluded in the earlier stages in the study selection? Following this logic, some studies which compared robotic TME and LaTME should be treated in the same way.

In the past few years we have seen a substantial increase in the quantity of meta-analyses. The majority, however, have minor or major mistakes that are avoidable by careful adherence to proper methodology [5]. We have to be aware that nowadays clinical practice mostly relies on meta-analyses and guidelines. Thus they have to be of the highest quality. Only then we can draw the right conclusions. Therefore we must ask for a strong reaction from the Authors or from the Editors.

Provenance and peer review

Not Commissioned, internally reviewed.

Data statement

No original data was used within this study.

Ethical approval

Not needed.

Author contribution

Mateusz Rubinkiewicz – design, writing, critical review of the manuscript.

Michael Su-writing.

Michał Pędziwiatr – writing, critical review of the manuscript.

Conflicts of interest

The authors report no conflict of interests.

<https://doi.org/10.1016/j.ijjsu.2018.11.031>

Received 20 November 2018; Accepted 26 November 2018

Available online 16 January 2019

1743-9191/ © 2019 IJS Publishing Group Ltd. Published by Elsevier Ltd. All rights reserved.

Trial registry number

None.

Guarantor

Mateusz Rubinkiewicz, Michał Pędziwiatr.

Sources of funding

The research received no external funding.

References

- [1] P. Sylla, D.W. Rattner, S. Delgado, A.M. Lacy, NOTES transanal rectal cancer resection using transanal endoscopic microsurgery and laparoscopic assistance, *Surg. Endosc.* 24 (2010) 1205–1210, <https://doi.org/10.1007/s00464-010-0965-6>.
- [2] F. Kanso, L. Maggiori, C. Debove, A. Chau, M. Ferron, Y. Panis, Perineal or abdominal approach first during intersphincteric resection for low rectal cancer, *Dis. Colon Rectum* 58 (2015) 637–644, <https://doi.org/10.1097/DCR.0000000000000396>.
- [3] Q. Denost, J.-P. Adam, A. Rullier, E. Buscail, C. Laurent, E. Rullier, Perineal transanal

approach: a new standard for laparoscopic sphincter-saving resection in low rectal cancer, a randomized trial, *Ann. Surg.* 260 (2014) 993–999, <https://doi.org/10.1097/SLA.0000000000000766>.

- [4] D. Perez, N. Melling, M. Biebl, M. Reeh, J.-K. Baukloh, J. Miro, A. Polonski, J.R. Izbicki, B. Knoll, J. Pratschke, F. Aigner, Robotic low anterior resection versus transanal total mesorectal excision in rectal cancer: a comparison of 115 cases, *Eur. J. Surg. Oncol.* 44 (2018) 237–242, <https://doi.org/10.1016/j.ejso.2017.11.011>.
- [5] J.P.A. IOANNIDIS, The mass production of redundant, misleading, and conflicted systematic reviews and meta-analyses, *Milbank Q.* 94 (2016) 485–514, <https://doi.org/10.1111/1468-0009.12210>.

Mateusz Rubinkiewicz, Michael Su
2nd Department of General Surgery, Jagiellonian University Medical
College, Kraków, Poland

Michał Pędziwiatr*
2nd Department of General Surgery, Jagiellonian University Medical
College, Kraków, Poland
Centre for Research, Training and Innovation in Surgery (CERTAIN
Surgery), Kraków, Poland
E-mail address: michal.pedziwiatr@uj.edu.pl.

* Corresponding author. 2nd Department of General Surgery, Jagiellonian University Medical College, Kopernika 21 Street, 31-501, Kraków, Poland.