

published reports and challenge our understanding of the pathophysiological impact of renal ischemia.^{2,3} Consequently, further well-designed prospective studies comparing clamping techniques, which include patients at high risk for postoperative renal insufficiency with longer term follow-up data, are required before a consensus regarding the ideal clamping technique can be reached.

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AUTHOR REPLY

Indeed, the benefit of performing nephron sparing surgery off-clamp remains controversial. The present findings are meaningful to the extent that, at least in the short term, the off-clamp approach does not appear to result in vastly superior renal functional preservation in most patients; surgeons who perform RAPN on-clamp clearly need not avoid doing so in reaction to this study. However, the findings should be considered in the context of the abovementioned limitations including a relatively short follow-up period and the enrollment of patients with normal baseline renal function. Furthermore, if warm ischemia times are minimized to the extent reported herein, the choice between on-clamp and off-clamp in terms of functional preservation may ultimately prove to be inconsequential. The path is clear for future prospective trials to further examine this potentially underutilized technique in patients more susceptible to renal functional loss.

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