

Implementing robot-assisted radical prostatectomy — one for all and all for one

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Montroy et al conducted a well-designed study to exam the impact of a multi-surgeon rollout of robot-assisted radical prostatectomy (RARP) in a single centre compared to a contemporary cohort of patients undergoing open prostatectomy (ORP). Although non-randomized, the patients appeared to be similar. The measured outcomes were consistent with most non-randomized studies in the literature. RARP was associated with a lower transfusion rate and less bladder neck contracture. The study also found slight benefits to RARP with regards to functional outcomes, but similar cancer-specific measures.

The question of which approach is superior will continue to be debated. There has been one randomized controlled trial published to date,¹ generating much controversy; however, one finding of the study that is irrefutable is the fact that the robotic surgeon, including his learning curve, achieved similar results to a seasoned surgeon performing ORP. The study by Montroy et al confirms that RARP may be associated with shorter learning curve and in particular a thoughtful, mentored, team-approach can yield equal if not superior results.

By applying an inclusive approach to implementation, the team from Ottawa shows that it is not necessary to restrict implementation to a small number of surgeons. Having said that, there isn't a breakdown of outcomes by individual surgeon or surgeon volume and, thus, inferior outcomes at an individual level may be masked. It is admirable that individual comparisons were avoided to encourage participation, but at an institutional level, there should be some form of review and quality improvement process to ensure there is continuous improvement and optimization of patient outcomes. It would be interesting to see if all surgeons from this study continue to perform RARP.

Reference

1. Yaxley JW, Coughlin GD, Chambers SK, et al. Robot-assisted laparoscopic prostatectomy vs. open radical retropubic prostatectomy: Early outcomes from a randomized controlled phase 3 study. *Lancet* 2016;388:1057-66. [https://doi.org/10.1016/S0140-6736\(16\)30592-X](https://doi.org/10.1016/S0140-6736(16)30592-X)

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