

En-bloc resection: Evidence and uncertainty

Re: Comparative effectiveness of en-bloc resection techniques vs. conventional transurethral resection for non-muscle-invasive bladder cancer: A systematic review and meta-analysis

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As authors of an ongoing Cochrane review,¹ we took interest in the recently published systematic review (SR) by Hinojosa-Gonzalez et al on the effects of en-bloc vs. conventional bladder tumor resection.² Recently published guidance on SR conduct has underscored the high prevalence of multiple SRs on the same topic that are oftentimes redundant and/or of low methodologic quality.³ Meanwhile, rigorous SRs are of paramount importance to inform not only clinical decision-making at the point of care but also to inform evidence-based guidelines and health policy decision-making.

We commend the authors for basing their review on an a priori, registered protocol; however, we question the comprehensiveness of the search strategy, given the lack of a fully reported search strategy in accordance with PRISMA 2020 guidance.⁴ The Cochrane Handbook for Systematic Reviews of Interventions, as an authoritative resource for the conduct of SRs, also recommends that authors include studies irrespective of publication status (thereby including studies available as conference proceedings only) and language to avoid the risk of publication bias. Based on our searches, several eligible published trials are from China and published in Mandarin and were therefore not included in this review.

We would also encourage the routine use of the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) approach to communicate the degree of confidence that readers

can place in the results of each outcome.⁵ GRADE has become the de facto *lingua franca* of the guideline community and is the common framework adopted or being implemented by the CUA, EAU, and AUA. Providing a GRADE assessment would make rigorous SRs readily usable by all guideline developers when formulating recommendations.

The authors report risk of bias ratings using the Cochrane risk of bias 2 tool and transparently report the results of these ratings in the supplemental materials. Given our familiarity with the included studies, we are concerned that the reported risk-of-bias assessments are overly favorable. The included studies have frequent issues around documentation of allocation concealment, which raises concerns about selection bias and lack blinding of participants, study personnel, and outcome assessors as sources of potential performance and detection bias. While we recognize the technical nature of these comments, such methodologic aspects are important if readers are to place faith in the results of SRs.

Finally, we would like to raise the issue of the applicability of these SR findings. En-bloc resection remains technically challenging with currently available equipment and is, therefore, not suitable for all bladder tumors. Most randomized trials excluded patients with multifocal or large (>3 cm) tumors, as well as those with lesions in anatomically difficult locations. These selection criteria should be carefully considered when interpreting the pooled results, as they may limit the generalizability of the conclusions to real-world non-muscle-invasive bladder cancer populations. While we fully appreciate the potential advantages of the en-bloc technique, we would like to caution against an overly optimistic endorsement of this approach at the current time.

COMPETING INTERESTS: The authors do not report any competing personal or financial interests related to this work.

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