EDITORIAL COMMENT:

LAPAROSCOPIC RADICAL PROSTATECTOMY. IMPACT OF THE LEARNING CURVE ON POSTIVE SURGICAL MARGINS


Dear Editors:

Complacency is the surgeon’s worst enemy and analysing results is mandatory in order not to succumb to it. Radical prostatectomy, the matter in question, is a procedure that combines removal and reconstruction surgery and remains a challenge for the urological community.

The study should be understood in that context. Authors from “Laparoscopic radical prostatectomy: impact of the learning curve on positive surgical margins” show very interesting results that warrant further discussion.

In their study, the authors use a known surrogate endpoint, the rate of positive margins (R1) (1-4). They demonstrate that the rate of R1 goes down with surgical experience, allowing us to conclude that the greater the experience of the surgeon, the better quality the surgery. Nevertheless, the presence of R1 is not only related to surgical skill, but with pathological stage and intraoperative strategy (3). Secin et al. (1) showed that it is necessary to perform 200 procedures until a plateau of 20% R1 rate is achieved, with a linear improvement only resulting after 700 procedures. Intensive fellowship programs and initial sample selection could advance this plateau. Over time however the surgeon will face more advanced tumors and a higher rate of nerve sparing procedures for low risk patients. As a result, it is feasible that a higher rate of positive margins could appear, though the surgeon should not be dismayed by such results, as previous studies have shown that experience combined with a correct preoperative strategy are powerful resources to achieve excellence (4).

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REFERENCES