



Hôpitaux Civils
de Colmar

Do I need the robot to do a prostatectomy ?

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A close-up shot of Morpheus from the movie The Matrix. He is wearing his signature black sunglasses and has a serious, intense expression. The background is blurred, showing what appears to be an indoor setting with some architectural elements.

WHAT IF I TOLD YOU,

NO...

Does the guidelines help me to choose?

EAU - EANM - ESTRO - ESUR - ISUP - SIOG Guidelines on Prostate Cancer

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Recommendations	Strength rating
Offer a watchful waiting (WW) policy to asymptomatic patients with clinically localised disease and with a life expectancy < ten years (based on comorbidities and age).	Strong
No active treatment modality has shown superiority over any other active management options or deferred active treatment in terms of overall- and PCA-specific survival for clinically localised low/intermediate-risk disease.	Strong
Inform patients that all local treatments have side effects.	Strong
Surgical treatment	
Inform patients that no surgical approach (open-, laparoscopic- or robotic RP) has clearly shown superiority in terms of functional or oncological results.	Weak
Consider avoiding nerve-sparing surgery when there is a risk of ipsilateral ex-tra-capsular extension (based on cT stage, ISUP grade group, magnetic reso-nance imaging, or with this information combined in a nomogram).	Weak



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Recommendations

French AFU Cancer Committee Guidelines – Update 2024–2026: Prostate cancer – Diagnosis and management of localised disease



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Recommendation	Level
RP can be considered for patients with low and intermediate risk cancer, depending on the comorbidity and life expectancy (> 10 years)	High
Nerves can be preserved in patients with a low risk of ipsilateral capsular penetration which should be evaluated preoperatively (MRI, nomograms)	Low
All surgical approaches can be offered	High
RP can be considered in the management of high-risk or locally advanced cancer. The patient should be informed of the possibility of a multimodal approach.	High
Neoadjuvant treatments to surgery are not recommended (except in clinical trials)	High

So why I prefer using the robot to perform a prostatectomy?

From a Urologist perspective:

- Robotic surgery known to improve body posture for the Urologist like in other Surgical specialties. However, the surgeons tend to have poor postures while using both types of surgical techniques.

For the Surgical outcomes :

- Oncological outcomes : biochemical recurrence free survival and additional treatment, over 36 months are comparable between robot-assisted laparoscopic prostatectomy (RALP) and open retropubic radical prostatectomy (RRP).

- Prostate cancer–specific mortality (PCSM) was significantly lower in the RALP group at 8 yrs after surgery.
- Differences in oncological outcomes were mainly seen in the group with high D’Amico risk, with a lower risk of positive surgical margins, biochemical recurrence, and PCSM for RALP versus RRP.

From the patients outcomes :

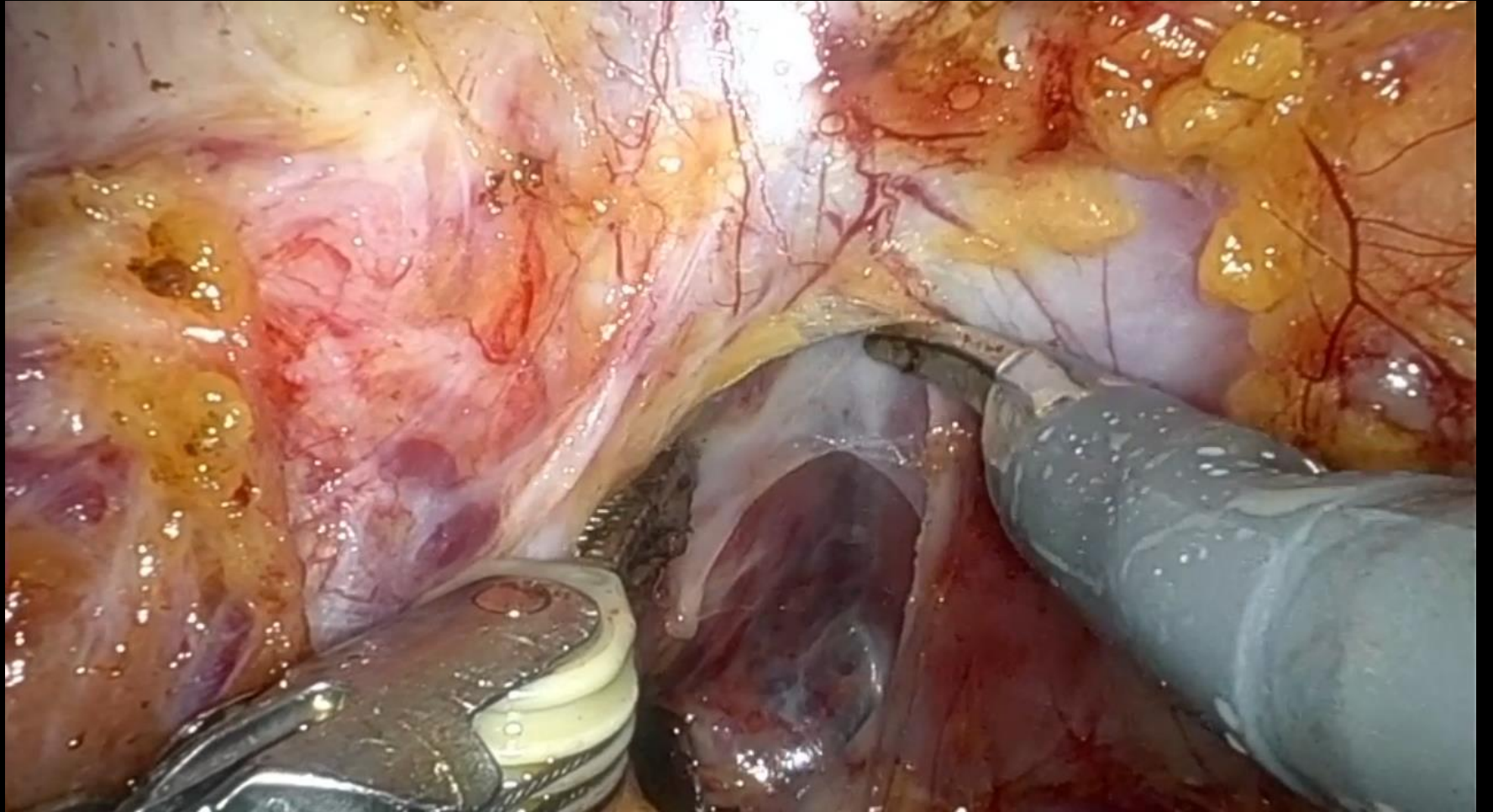
- The robotic approach showed an advantage in terms of blood loss, blood transfusion, length of hospitalisation and rate of re-hospitalisation.

- minimally invasive surgery had the best perioperative and complication results, especially RARP.

- Preserving the contents of the space of Retzius comprising the detrusor apron, arcus tendinous, puboprostatic ligament complex, endopelvic fascia, anterior vessels, and some fibers of the detrusor muscle (the “Hood”), a continence rate (defined as completely pad free) was achieved in 83%, 91% and 95% of patients at 1, 3, and 12 months, respectively.

- Release of the neurovascular bundle by starting at the level of the bladder neck, potency was achieved in 53% and 86% of patients at 1 month and 1 year follow-up respectively. Overall oncological outcomes were in line with standard techniques.

What the robot allows me to do ?



**Can I step back to the other approaches
?**

- I am convinced that robot-assisted prostatectomy allows me to perform better surgery and to provide better outcomes for my patients without compromising oncological outcomes.
- The increased access to robotic systems will change the standard of care making RARP the gold standard.



Thank you very much for your attention