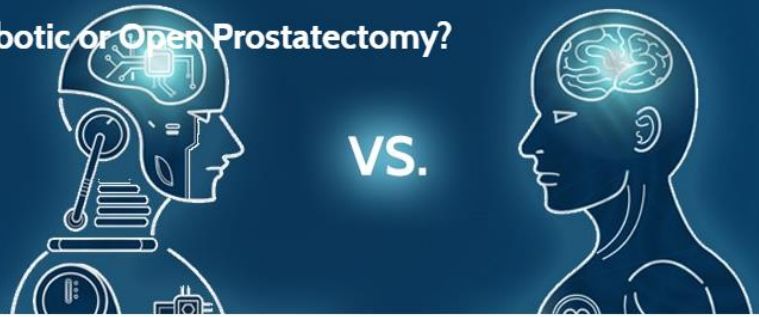


Which Procedure is Better – Robotic or Open Prostatectomy?

By JANET FARRAR WORTHINGTON



“Robot vs. Human Prostatectomy: It’s a Tie, At Least So Far.”

“Robots as Good as Human Surgeons, Study Finds.”

Headlines can be deceptive and not very helpful if you’re trying to choose the right treatment for prostate cancer. From these headlines, it almost sounds like an event took place – a throwdown in the operating room: In this corner, a human surgeon, and in this corner, the challenger, a robot! Maybe some readers pictured a surgery-performing version of C3PO from Star Wars.

Well, that didn’t happen. What did happen was a small study, reported by Australian doctors in *The Lancet*, to see how open prostatectomy compares to robotic prostatectomy. It was not a long-term analysis; the investigators mainly looked at how men did – their urinary and sexual function – at six weeks and 12 weeks after surgery. The 308 men in the study (in a wide-ranging age span of between 35 and 70 years old) were randomly assigned either to undergo open surgery or the robotic procedure.

The investigators reported no significant differences between the two groups. This is where the headlines got the idea that it doesn’t really matter which approach you choose.

Is there a clear winner? No, and that’s not the question you should be asking anyway, says surgeon Stacy Loeb, M.D., assistant professor of urology and population health at New York University. “This paper reports the very early outcomes from a small, randomized trial,” she explains. “Urinary and sexual function can continue to improve for more than a year after surgery. Although a comparison of the immediate postoperative outcomes is interesting, what is much more important are long-term functional outcomes of these procedures, and how well they controlled the cancer.”

Loeb is concerned that the media reporting about this paper may be confusing for men considering surgery for prostate cancer.

“It’s important for patients to understand that the robot is simply a tool. It is controlled by a human surgeon, just like in open surgery. What is most important is not the tools used in the procedure, but the experience of the surgeon performing the operation.”

Indeed, buried in the headlines was the advice of the Australian surgeons who authored the paper: “Longer-term follow-up is needed. In the interim, we encourage patients to choose an experienced surgeon they trust, and with whom they have rapport, rather than a specific surgical approach.”