

Re: “The effect of prior prostate cancer treatment on perioperative and pathological outcomes after cystectomy”

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The authors present a novel cohort of men from a single institution over 13 years who had undergone cystectomy for either benign or malignant conditions. The descriptive statistics bear out remarkably few differences between patients with or without prior prostate cancer treatment. Despite this, the authors propose that patients undergoing cystectomy after treatment of prostate cancer may be at an increased risk for worsened perioperative outcomes based partially on the fact that previous series have suggested such an association. They even go so far as to call out rectal injury as a more likely outcome in patients after radical prostatectomy when the P value is in fact 0.303 suggesting no difference.¹

I would suggest a more optimistic interpretation of that point (and others). For instance, rectal injury has been shown in meta-analysis to have a lower incidence in robot assisted surgery than in open surgery.² Although the authors do not discuss surgical approach, it may be that advances in surgical technique as well as better recognition of the hazards have led to a decrease in rectal injury in modern series. That interpretation could be equally as acceptable as the one

offered by the authors: that they lacked the statistical power to demonstrate what might be the case.

Still, optimism aside, it is to be expected that interventions are affected by prior treatment and this is borne out in the cohort by a higher risk of T4 bladder cancer in patients who had received prior radiation. Ultimately this did not translate into survival outcomes and it is not clear whether or not this is due to statistical power or other factors.

Despite the cautious interpretation of these data, they nonetheless stand for themselves and I am hopeful for a future meta-analysis in this area that will include them. □

References

1. Faraj KS, Bunn WD, Edmonds VS, Tyson MD. The effect of prior prostate cancer treatment on perioperative and pathological outcomes after cystectomy. *Can J Urol* 2022;29(5):11284-11290.
2. Mandel P, Linnemannstons A, Chun F et al. Incidence, risk factors, management, and complications of rectal injuries during radical prostatectomy. *Eur Urol Focus* 2018;4(4):554-557.

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