

REPLY BY AUTHORS

We appreciate the thoughtful commentary by Dr. Moinzadeh and as urologic oncologists we share many of his concerns. First, there is a theoretical risk of tumor seeding which has not been borne out by the long term data of nephroureterectomy which do not demonstrate increased local recurrence rates or issues surrounding peritoneal seeding and is considered by some as an emerging gold standard for management of upper tract TCC.^{1,2} Additional methods employed in the above cases included hemo-lock clipping above and below the lesion when possible and the use of stay sutures above and below the ureter to prior to cystotomy to allow for rapid bladder closure and minimize tumor spillage. Second, we agree that further upper tract lesions need to be ruled out either by delayed contrast CT or MRI or by direct inspection through ureteroscopy, the ureter proximal to the disease in question was deemed to be free of tumor by both contrast imaging and direct inspection prior to proceeding. Finally, it can be challenging to identify the proximal extent of some lesions. Therefore, careful preoperative planning and frozen sections of the proximal margin are essential adjuncts to this approach.

Fortunately the risk of tumor implantation for low grade urothelial cancers may be theoretical and not so significant so as to deny patients the benefits of minimally invasive robot-assisted laparoscopic surgery. While long term data is awaited, the technique of robot-assisted laparoscopic distal ureterectomy continues to evolve and the initial oncological outcomes, so far appear to be encouraging.³

We applaud the cautious optimism by Dr. Moinzadeh and others when viewing newer techniques of treating a potentially lethal disease. We feel strongly however, that when performed on properly selected patients with adequately trained surgeons, that this is an oncologically sound procedure that provides patients with the best possible outcomes with the least amount of morbidity and look forward to this procedure playing an increasingly important role for the small number of patients in whom it is indicated.

References

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