Predicting the risk of positive surgical margins following robotic-assisted radical prostatectomy (RARP): a review of the literature.

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Abstract

INTRODUCTION: The number of men receiving radical prostatectomy (RP) in Victoria, Australia, increased seven-fold in the period 1993-2010, and increasingly robotic-assisted radical prostatectomy (RARP) is being utilized over the open and laparoscopic approaches. The longer-term oncological outcomes of RARP are beginning to be reported in the literature. The objective of this review was to determine whether any preoperative variables may be associated with the occurrence of positive surgical margins (PSMs) following RARP and how these may translate into subsequent risk of biochemical recurrence (BCR).

EVIDENCE ACQUISITION: A systematic review of English articles from 2005 to present was performed through a MEDLINE search. Search terms included positive surgical margins, biochemical recurrence, radical prostatectomy and prostate cancer.

EVIDENCE SYNTHESIS: All studies included for review were retrospective analyses of series that reported on rates of PSM and BCR achieved with RARP, and considered potential factors that may influence the rates observed.

CONCLUSIONS: RARP appears to confer lower rates of PSM when compared to the established approaches. Recent reports included in this review indicate that RARP should be able to provide excellent oncological outcomes as a result.

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