LETTERS TO THE EDITOR

Re: Kupski T, Małek M, Mor I. The association of a risk group with positive margin in the intraoperative and final pathology examination after robotic radical prostatectomy. Cent European J Urol. 2021; 74: 491-495.

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I read with great interest the article by Kupski discussing the risk of a positive margin in the intraoperative and final pathology depending on the risk group for biochemical recurrence in biopsy specimens after nerve-sparing (NS) robot-assisted radical prostatectomy (RaRP) [1].

After reading the article, I propose some considerations for which clarification would be helpful.

It seems that NS RaRP was applied to patients in the low, intermediate and high-risk groups of localised prostate cancer, but it was not clearly stated in the study which criteria were used when making the decision to undergo NS surgery. How was the risk of extraprostatic spread evaluated? Was the NS decision made with preoperative magnetic resonance (MR) findings or by using a preoperative nomogram? This is an important factor and should be noted.

There are many studies showing that additional surgical excision reduces the positive surgical margin in the final pathology in patients with a positive intraoperative frozen result of the neurovascular bundle [2, 3, 4]. There were 18 patients with positive surgical margins in the intraoperative frozen examination in your study, but it was stated that only 8 patients had additional surgical excision.

Why was the additional surgical excision not performed in the remaining 10 patients with positive margins?

References

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