

# Choosing the best surgical technique in prostate cancer: It depends on the surgeon

Selahattin Çalışkan, MD

Hittit University, Çorum Training and Research Hospital, Çorum, Turkey

Cite as: *Can Urol Assoc J* 2014;8(9-10):305.  
<http://dx.doi.org/10.5489/cuaj.2124>  
 Published online October 13, 2014.

I read the article by Gagnon and colleagues<sup>1</sup> with great interest.

Some points of this study are controversial. Firstly, the groups are not homogenous for comparison of open and robotic assisted prostatectomy. While 43% of the patients were low risk in the robotic group, only 23% of the patients were low risk in the open group and there were significantly more patients in the high-intermediate and high-risk open group. According to the biopsy results, Gleason score 6 was significantly more and 8 was significantly lower in the robotic group.

Secondly, I understood that surgical drain was not used if the anastomosis was watertight and that the patients were discharged on postoperative day 1. Lymph node dissection rates were 82.5% and 19.5% in the open and robotic groups, respectively. How could the authors be sure that there was no drainage after watertight anastomosis and lymph node dissection?

Thirdly, what was the reason for the different catheterization time of the groups? While 63.5% of the patients had 7 days or less in the open group, only 19.5% of the patients had 7 days or less in the robotic group. In robotic group, long catheterization time (>14 days) was significantly more than in open group.

Finally, postoperative outcomes in stress urinary incontinence and erectile

dysfunction are similar in groups. The tumour characteristics of the groups were not homogenous, therefore the comparison of the groups according to the postoperative outcomes will not be objective. If we evaluate the patients who underwent nerve sparing surgery, there were 87 patients in open group and 122 patients in robotic group at 12 months data.

Prostate cancer is the one of the most common malignancies in developed countries. The choice of surgical techniques can make for a smooth postoperative period for patients. The best technique is one for which the surgeon has the most experience.

**Competing interests:** Dr. Çalışkan declares no competing financial or personal interests.

## Reference

- Gagnon LO, Goldenberg SL, Lynch K, Hurtado A, Gleave ME. Comparison of open and robotic-assisted prostatectomy: The University of British Columbia experience *Can Urol Assoc J* 2014;8:92-7. <http://dx.doi.org/10.5489/cuaj.1707>

**Correspondence:** Dr. Selahattin Çalışkan, Hittit University, Çorum Training and Research Hospital, Çorum, Turkey; [dr.selahattin@gmail.com](mailto:dr.selahattin@gmail.com)

CUAJ Letters is an open forum to discuss papers published in CUAJ. Letters are published at the discretion of the editors, and are subject to abridgement and editing for style and content. Letters can be sent to the Editor at [journal@cua.org](mailto:journal@cua.org).

## Men's mental health

Patrick Jones, MBChB

Urology Department, Ninewells Hospital, Dundee, UK

Cite as: *Can Urol Assoc J* 2014;8(9-10):305-6.  
<http://dx.doi.org/10.5489/cuaj.2450>  
 Published online October 13, 2014.

I found the article by Matthew and colleagues<sup>1</sup> extremely insightful. Men's mental health from a urology perspective represents a theme which is starting to receive greater attention. Urologists today face a potpourri of clinical problems which hold a strong psychological undercurrent of some kind. I would like to highlight this in the realm of uro-oncology.

In a 2013 study of over 900 testicular cancer survivors in Sweden, most participants reported having experienced a crisis due to their diagnosis and that their emotional needs had not been met.<sup>2</sup> Llorente et colleagues, in their retrospective study found men with prostate cancer to have a suicide rate at least 4 times greater than average.<sup>3</sup> Furthermore, the sexual and urinary dysfunction which can arise post prostatectomy has been linked to a higher incidence of depression. Tailored screening tools, such as the Memorial Anxiety Scale for Prostate Cancer (MAX-PC), can be employed as a means of identifying patients at risk.<sup>4</sup>

The clinician should therefore develop and nurture their role as advocate in men's health, for we are in a unique position to be able to act and signpost as appropriate.

**Competing interests:** Dr. Jones declares no competing financial or personal interests.

## References

1. Matthew A, Elterman D. Men's mental health: Connection to urologic health. *Can Urol Assoc J* 2014;8(7-8):S153-5. <http://dx.doi.org/10.5489/cuaj.2312>.
2. Skoogh J, Steineck G, Johansson B, et al. Psychological needs when diagnosed with testicular cancer: findings from a population-based study with long-term follow-up. *BJU Int* 2013;111:1287-93. <http://dx.doi.org/10.1111/j.1464-410X.2012.11696.x>. Epub 2013 Mar 7.
3. Llorente M, Burke M, Gregory G.R, et al. Prostate cancer: a significant risk factor for late-life suicide. *Am J Geriatr Psychiatry* 2005;13:195-201.
4. Roth AJ, Rosenfeld B, Kornblith AB, et al. The memorial anxiety scale for prostate cancer: Validation of a new scale to measure anxiety in men with prostate cancer. *Cancer* 2003;97:2910-8.

---

**Correspondence:** Dr. Patrick Jones, Ninewells Hospital, Dundee, UK; [patrick.jones1@nhs.net](mailto:patrick.jones1@nhs.net)