



Laparoscopic radical cystectomy could be used in the clinical surgical treatment of bladder cancer patients

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We read the recent published paper in this journal of *Translational Andrology and Urology* by Zhu and colleagues entitled “Systematic review and meta-analysis on laparoscopic cystectomy in bladder cancer” (1). They carried out a meta-analysis to assess the value of laparoscopic radical cystectomy (LRC) surgical therapy in patients with bladder cancer (BC). We appreciate Zhu *et al.* (1) for the valuable study, however, after a careful learning of the literature, several limitations should be noticed.

First, in the statistical analysis section of this study, the authors depicted that the effect size of weighted mean difference (WMD) was used for continuous variables such as intraoperative blood loss, operation time, length of hospital stay, as well as use of analgesics. However, in figures 4, 5, 7 and 8, the effect sizes were all mean difference (MD), which was not consistent with WMD depicted in the statistical analysis section.

Second, in the statistical analysis section of the study, Zhu *et al.* (1) mentioned that the effect size of relative risk (RR) was used for binary variables such as incidence of postoperative complications and blood transfusion rate. Whereas, in figure 6, the effect sizes was odds ratio (OR), which was not consistent with RR depicted in the statistical analysis section. We believe that the inconsistent depiction in the paper would result in misunderstanding easily.

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