



Comparison of single-port and multi-port robotic radical prostatectomy: who is the winner?

Jinze Li^{1,2}, Dehong Cao¹, Yin Huang¹, Qiang Wei¹

¹Department of Urology, Institute of Urology, West China Hospital, Sichuan University, Chengdu, China; ²West China School of Clinical Medicine, Sichuan University, Chengdu, China

Correspondence to: Qiang Wei, MD. Department of Urology, Institute of Urology, West China Hospital, Sichuan University, Chengdu 610041, China. Email: weiqiang339@126.com.

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We read with great interest the published paper by Wei and colleagues (1) in the *Translational Andrology and Urology*. They performed a systematic review of 7 studies to evaluate the clinical efficacy and safety of single-port (SP) versus multi-port (MP) robotic-assisted radical prostatectomy. The results showed that the SP group had a shorter operation time, lower duration of intensive care unit, and less blood loss compared to the MP group. Moreover, there was no significant difference in postoperative complications between the two procedures. The authors conclude that SP robotic-assisted radical prostatectomy is superior to MP robotic-assisted radical prostatectomy in terms of efficacy and safety. Despite the important value of this study as a guide to clinical practice, some of its limitations cannot be ignored.

The authors included a total of seven comparative studies involving 1,711 patients in the current meta-analysis, but three of the studies were from the same medical center, which indicates that there is a high possibility of data duplication (2-4). Lenfant *et al.* (2) compared the results of the extraperitoneal SP platform with that of the MP platform using data from surgical patients between November 2018 and October 2019. They then published another study related to the topic, using data from surgical patients between January 2019 and January 2020 (3). This represents a 9-month overlap between the patients enrolled in the two studies. Thus, the SP surgery was observed to be associated with shorter operative time in both studies. In general, the advantage of SP surgery in

surgical time needs to be confirmed in well-designed large cohorts. There was another potential concern about the systematic review. Wei *et al.* (1) claimed that the seven studies included were all randomized controlled trials, but a closer reading of the original text revealed that most of the studies were retrospectively designed (2-5). Therefore, it appears inappropriate to use the Cochrane risk of bias tool to assess the methodological quality of the included publications. Furthermore, the robotic-assisted radical prostatectomy in the included studies was based on a transperitoneal or extraperitoneal approach, but the authors did not conduct a subgroup analysis to explore the results of this potential difference. Abaza *et al.* (6) investigated the differences in surgical approaches for SP robotic-assisted radical prostatectomy. They found that the transperitoneal approach was associated with lower operative time. As a result, there may be bias in the analysis of perioperative outcomes. We believe that addressing the issues we have identified will provide the reader with greater applicability.

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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