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EDITORIAL COMMENT

Re: Can we identify those patients who will benefit from prostate-sparing surgery? Predictive factors for invasive prostatic involvement by transitional cell carcinoma

Radical cystectomy is currently following the path of radical prostatectomy in the sense that an increasing number of patients with bladder cancer and planned radical cystectomy are asking and even requesting nerve sparing/potency sparing options. Obviously, despite our efforts in better dissection techniques, success rates remain low and the majority still harbor erectile dysfunction. In recent years, under the guidance of the French school, prostate-sparing techniques have been introduced to achieve higher potency rates and thus increase quality of life following cystectomy. Two different approaches were presented; 1) Enucleation of the prostatic adenoma and 2) Transurethral resection of the prostatic gland (TURP) prior to radical cystectomy. This would not only offer an easier way to preserve the nerves but also facilitate the anastomosis of the neobladder to the distal urethra/prostatic fossa.

The current study crucial in the sense that it investigates the accurate patient selection for prostate-sparing radical cystectomy. The authors reported a 19% incidence of pTCC, which is within the range of 13%-48% described in

the literature. Indeed, as accurately quoted by the authors, Herr and Donat reported an incidence of 39% in patients with high risk NMIBC (72% of them with associated CIS treated with BCG). More specifically, fifty-eight of 90 patients (64.4%) with primary MIBC and pTCC had invasive prostatic involvement; and also 13 of 20 patients (65%) with progression of NMIBC and pTCC.

Thus, a significant number of patients will harbor prostatic involvement and an even more significant number of these will harbor invasive prostatic involvement that was shown by the authors to have a significant worse outcome. The question whether it is wise after all to perform prostate-sparing surgery needs to be addressed. Although the authors concluded that patients with a history of CIS and bladder tumor location at the trigone or bladder neck at precystectomy TURBT were not candidates for prostate-sparing surgery, it remains questionable whether we are successful in identifying accurately the risk groups. The rate of accuracy remains the most important piece of information. Positive and negative predictive values need to be evaluated in prospective trials that still need to be performed. The only clinical variables that were predictive of invasive prostatic involvement in the current study, were the presence of a solitary T2-T3 bladder tumor at trigone or bladder neck. In conclusion, prostate involvement remains a critical issue and is not a rare finding. Prostate-sparing radical cystectomy should be offered in highly selected cases only and the patient counseled adequately. Prospective trials are urgently needed evaluating the validity of predictive factors as presented herein.

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