



Response to: Kolata, G. [“Results Unproven, Robotic Surgery Wins Converts”](#) New York Times. February 14, 2010. Page A1.

In the February 14, 2010 *New York Times*, Ms. Gina Kolata wrote in “Results Unproven, Robotic Surgery Wins Converts,” that robotic prostatectomy has grown dramatically despite the lack of clinical data. This argument is based heavily on a Fall 2009 JAMA study, which unfortunately was flawed in both its evidence and analysis.

Kolata described the JAMA study as the only large, national study comparing open and robotic surgery available to date. In fact, a multi-center, retrospective and controlled meta analysis of more than 100 studies, involving 30,000+ patients was conducted in 2009 by the Institute for Clinical and Economic Review (ICER). The ICER, based at the Massachusetts General Hospital’s Institute for Technology Assessment, an affiliate of Harvard Medical School, concluded that while robotic-assisted prostatectomy was still unproven, **there is “moderate certainty” that it has the potential to offer a net benefit over traditional treatments, including open surgery.**¹ Please review highlights from the ICER’s outcome data below and click [here](#) to see the final appraisal document.

Reported outcomes of radical prostatectomy, by surgical approach¹

	Open surgery Pooled mean (range)	Laparoscopy Pooled mean (range)	da Vinci Surgery Pooled mean (range)
Positive Margins (pT2)	16.8% (6.0%-34.2%) Studies: 14	13.9% (4.7%-30.2%) Studies: 25	10.5% (2.5%-20.0%) Studies: 10
Long-term Urinary Incontinence	12.7% (6.1%-39.5%) Studies: 17	17.3% (5.0%-52.2%) Studies: 19	7.3% (2.9%-16.0%) Studies: 7
Long-term Erectile Dysfunction	45.3% (24.0%-90.0%) Studies: 16	41.4% (21.9%-91.2%) Studies: 17	26.3% (18.8%-35.0%) Studies: 7

In short, the ICER study -- which should be viewed as equivalent if not more valuable than the JAMA study -- supports the clinical value of robotic-assisted prostate surgery. This is not surprising, as there have been more than 600 peer-reviewed publications on robotic-assisted prostatectomy to date, many of which arrive at similar conclusions. For the abstracts of other comparative studies, visit [daVinciProstatectomy.com](#).

Furthermore, the JAMA study’s conclusions that robotic-assisted prostatectomy results in more incontinence and impotence than open surgery² **should be viewed with strict caution because** it was impossible for the authors to distinguish who in their study group had conventional laparoscopy and who had robotic-assisted surgery. A re-analysis comparing open surgery with exclusively robotic-assisted prostatectomy outcomes should have been consistent with the many single surgeon studies supporting robotic prostatectomy’s value by Menon, Tewari, Ahlering, Patel, etc.

Finally, the JAMA study did not use validated quality-of-life instruments, which experts agree provide precise measures of incontinence and potency. Without these tools to establish baseline measurements, there is no way to accurately draw conclusions around rates of incontinence & erectile dysfunction after any method of surgery.

¹ ICER, Mass. General Hospital. [Options for Low-Risk Prostate Cancer: A Report on Comparative Effectiveness and Value](#). Management. 2009.

² Comparative Effectiveness of Minimally Invasive vs. Open Radical Prostatectomy. Hu et al. JAMA, October 14, 2009 - Vol 302. No. 14