

**Reply to:** Kumsar S. Re: Kupski T, Małek M, Mor I. The association of a risk group with positive margin in the intraoperative and final pathology examination after robotic radical prostatectomy. *Cent European J Urol.* 2021; 74: 491-495.

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#### Article history

Submitted: Dec. 31, 2021

Accepted: Dec. 31, 2021

Published online: Jan. 22, 2022

**Citation:** Kupski T. Reply to: Kumsar S. Re: Kupski T, Małek M, Mor I. The association of a risk group with positive margin in the intraoperative and final pathology examination after robotic radical prostatectomy. *Cent European J Urol.* 2022; 75: 111.

**Key Words:** prostate cancer <> robotic radical prostatectomy <> surgical margin

Thank you very much for your interest in my article on the association of a risk group with positive surgical margin in the intraoperative and final pathology examination after robotic radical prostatectomy (RaRP). The study included 65 consecutive patients, regardless of the prognostic group, who were interested in preserving sexual function. Nerve-sparing (NS) surgery was not performed in patients who presented with cT3a (but not microscopic) or higher tumor grade in the preoperative multiparametric magnetic resonance imaging (mpMRI) examination – these 6 patients were excluded from the study.

In our intraoperative material, 13 patients had Rmicro and 5 patients R1 (surgical margin >1 mm). An additional surgical excision [neurovascular bundle (NVB) resection] was performed in 8 patients: that is, in 5 patients with R1 and additionally in 3 patients with Rmicro.

Taking additional specimens due to a positive result of the intraoperative examination during RaRP often requires resection of the neurovascular bundles, which negatively affects sexual function in the future. We considered the decision to resect NVB at Rmicro quite controversial and the decision was made by the operator individually. A positive margin in the final study increases the risk of biochemical recurrence, however, it is not the only factor affecting it [1, 2, 3]. Particularly, when talking about Rmicro where the margin is <1 mm. Out of 13 patients diagnosed with Rmicro, NVB resection was performed in 3 cases – no neoplastic cells were found in each of the 3 resections in the neurovascular bundles.

#### CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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