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Critical evaluation of the available tools to improve clinical outcomes during robot-assisted radical prostatectomy: A YAU and Junior-ERUS survey

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Introduction & Objectives: A number of tools are available to robotic surgeons at the time of prostatectomy. We assess the role of neurosafe in an YAU- ERUS wide study, together with impact on margins and oncological outcomes.

Materials & Methods: The YAU ERUS board drew up a series of questions which were sent out to ERUS members on the practice of intraoperative frozen section. It was sent out to all ERUS group members.

Results: There were 74 responses. 93.2% routinely performed nerve sparing as part of practice. 68.1% would use a robot assisted procedure for prostatectomy. 94.2% were confident that preoperative MRI was free from lesion, taking into account other clinical parameters. 76.8% were confident with a pre-operative 3D reconstruction. 69.6% would change their surgical strategy based on intraoperative frozen section results. If intraoperative frozen section were positive for cancer cells on the margin 78.3% would perform further resection. If this extension were large, 94.2% would perform further resection. Pre operative MRI was used to plan nerve sparing as mandatory in 56.5% of cases, and 42% used it if the MRI was already there, but it was not considered mandatory. In the same way, pre operative 3D reconstruction of the prostate based on MRI was used in only 2.9% of cases if mandatory and 26.1% of cases, but not mandatory. 31.9% had used intraoperative frozen section. If clinicians were not using this, 53.1% felt the evidence was lacking, 43.8% felt there was no way to implement this. 16.2% used intraoperative frozen section in all cases, 13.5% used it in nerve sparing cases, and 70.3% used it if posterior margins were selective. If intraoperative frozen section margins are used 1 out of 10 cases 16.1% will required further resection, 32.3% need this in 2 out of 10 cases, 32.3% will need this in 3 out of 10 cases with positive margins. With frozen section positive findings on the resection margin were 29.6% in 1 out of 10 cases, 18.5% in 2 out of 10 cases, 22.2% in 3 out of 10 cases, 14.8% in 4 out of 10 cases, 7.4% in 5 out of 10 cases, 7.4% in 6 out of 10 cases.

Conclusions: In conclusion, intraoperative frozen section can play a significant role in guiding re-resection where margins are positive.