

Re: Sharma G, Shah M, Ahluwalia P, Dasgupta P, Challacombe BJ, Bhandari M, *et al.* Perioperative outcomes following robot-assisted partial nephrectomy for complex renal masses: A Vattikuti Collective Quality Initiative database study. *Indian J Urol* 2022;38:288-95

We read with great interest the article by Sharma *et al.*^[1] Robotic platforms with improved dexterity and three-dimensional vision make partial nephrectomy feasible and attainment of trifecta even in complex renal masses.^[2] The authors have done a commendable job in compiling this data and preparing a comprehensive manuscript. However, we did find a few lacunae in the data obtained and the statistical analysis performed which could further help in case the authors wished to perform a prospective observational study in future on similar lines.

The study includes multiple institutes across the globe. Therefore, it would have been worthwhile to tabulate the variables of each of these institutions individually and evaluate the varying warm ischemia times, surgical margins, and complications. Furthermore, the data on the breach of pelvicalyceal system and need for stenting has a significant impact on the perioperative outcome which should have been considered in the data set. The authors have utilized the VCQI database maintained from 2014 to 2020. Data for hilar and completely endophytic tumors are lacking from the database. This could be a separate subset among the complex renal masses where attaining the trifecta possess a challenge.

The study mentions warm ischemia time to be the most significant factor among the trifecta to be affected globally. Apart from the tumor variables described,

surgeon factors which also have a significant impact on the outcomes is missing as mentioned in the limitations. This could have been overcome by equating all the baseline patient variables and tumor variables and then performing a propensity score match analysis for the perioperative outcomes of each institute which could account for the surgeon and institution factors. Propensity analysis could have been done on similar lines as done in a similar study in this journal for hilar tumors.^[3]

An article published in 2016 also suggests that a single cut off value of warm ischemia time could not predict the long-term functioning of the kidney, which could have been assessed by evaluating the means of warm ischemia time in the logistic regression.^[4] On the flip side, the authors could have looked into the implications of each factor of PADUA score and individually assessed in the regression analysis. This would have minimized the bias that occurs in retrospective observational studies as done in a previous study using the same database in 2017.^[5]

The above limitations in the study may dampen the impact of this global study and its influence on the practice of robotic partial nephrectomy.

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