



Challenging the dogma of simultaneous resection of bladder tumor and benign prostate

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Dellabella and colleagues (1) reported the results of a randomized trial evaluating oncological and functional outcomes of combining transurethral resection of bladder tumor (TURBT) with resection of prostate (TURP) for symptomatic benign prostatic hyperplasia (BPH).

There are definitely some weaknesses in this report. First, the participants were not blinded to the allocation and that may have introduced bias. Second, no power analysis for this trial is reported in the manuscript thus making it possible for this just to be an underpowered analysis that failed to detect a difference between the groups simply due to low numbers of participants. Furthermore, it appears that no intravesical chemotherapy was administered in either group (with understandable concerns of performing this in a TURP setting). With these limitations in mind, however, the results of this study are important for several reasons.

While this is not a rare scenario in clinical practice, the urologic community still maintain some hesitancy regarding combining the two procedures secondary to concerns for oncologic safety. This represents a surgical dogma originated decades ago (2), and surgical dogmata are difficult to overcome at times. Dellabella *et al.* (1) challenge this concept in a randomized trial. Their result show no apparent deleterious impact of concomitant TURP on recurrence of bladder cancer (1) encouraging the community not to negate the benefits of quality of life for men with symptomatic BPH while treating their bladder

cancer.

In addition, while several meta-analyses on the topic were published reviewing retrospective data (3-5), randomized prospective trial data are lacking. In fact, Dellabella *et al.* (1) augment the findings of a previously reported randomized prospective study by Singh *et al.* (6) reaching similar conclusions. With the limitations of these studies in mind, there is still an unmet need in more data on the subject to reach definitive conclusions.

While the jury is still out on determining definitively the safety of combined TURBT and TURP, the authors reassure us that it appears to be safe and we share their experience (7). Without a doubt performing a TURP will likely enhance the patient's quality of life as reported in this study (1) and avoid him an additional trip to the operating room while it may preclude the administration of intravesical chemotherapy. These considerations have to be balanced and discussed with the patient.

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

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