



Re: challenging the dogma of simultaneous resection of bladder tumor and benign prostate

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Doctors Tsivian and Tsivian commented on the results of our randomized clinical trial, evaluating oncological and functional outcomes of simultaneous transurethral prostate (TURP) and bladder tumor resection (TURBT) in men with concomitant benign prostatic hyperplasia (BPH) with surgical indication (1). First of all, we would like to thank them for their insightful editorial comment which was recently published in this journal (2). Our reply may perhaps clarify some of the concerns raised in their editorial. We agree with Doctors Tsivian and Tsivian that the lack of blindness surgery after the randomization may be a bias. However, this could have been an unethical step of the trial and, anyway, most of the men in Group 2 would have understood what surgery they had undergone considering the improvement of their lower urinary tract symptoms (LUTS) and flow rate during follow-up. Intravesical chemo/immunotherapy was administered after surgery according to European Association of Urology (EAU) risk of recurrence (3) in 26 patients in Group 1 and in 27 in Group 2, with no statistical difference between the groups; this was reported in results and in Table 2. Therefore, adjuvant instillation influenced equally bladder cancer recurrence. Concomitant TURP and TURBT have become our standard strategy when indicated. The results of our study (1) and previous retrospective data (4-7) should, nowadays, reassure urologists to offer concomitant TURP and TURBT in order to improve quality of life of their patients. Moreover, this approach has been demonstrated to be time and consequently cost-saving (8). Time has come to defeat the dogma (9).

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Footnote

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