# Article information:

Robot-Assisted Versus Laparoscopic Distal Pancreatectomy in Patients with Resectable Pancreatic Cancer: An International, Retrospective, Cohort Study | SpringerLink  
<https://link.springer.com/article/10.1245/s10434-022-13054-2>

# Article summary:

1. Robot-assisted distal pancreatectomy (RDP) and laparoscopic distal pancreatectomy (LDP) are both viable options for resectable pancreatic cancer in experienced centers.

2. RDP was associated with longer operative time, more vascular resections, lower conversion rate, more major complications, improved lymph node yield, and longer hospital stay compared to LDP.

3. The 90-day mortality and overall survival did not differ significantly between RDP and LDP.

# Article rating:

May be slightly imbalanced: The article presents the information in a generally reliable way, but there are minor points of consideration that could be explored further or claims that are not fully backed by appropriate evidence. Some perspectives may also be omitted, and you are encouraged to use the research topics section to explore the topic further.

# Article analysis:

The article is a retrospective cohort study that compares the safety and efficacy of robot-assisted distal pancreatectomy (RDP) versus laparoscopic distal pancreatectomy (LDP) in patients with resectable pancreatic cancer in 33 experienced centers from 11 countries. The study found that R0-resection rate was comparable between the two groups, while RDP was associated with longer operative time, more vascular resections, lower conversion rate, more major complications, improved lymph node yield, and longer hospital stay compared to LDP. The 90-day mortality and overall survival did not differ significantly between RDP and LDP.

The trustworthiness of this article is generally good as it is based on a large international multicenter cohort study which provides reliable data on the safety and efficacy of both approaches in experienced centers. However, there are some potential biases that should be noted when interpreting the results of this study. Firstly, since this is a retrospective study there may be selection bias due to the fact that only centers who had performed at least 50 MIDP procedures for all indications were included in the study which may have resulted in an overestimation of the safety and efficacy of both approaches as these centers are likely to have more experience than other centers who were excluded from the study. Secondly, since this is a retrospective study there may also be recall bias due to inaccurate or incomplete data collection which could lead to inaccurate results or conclusions being drawn from the data collected. Additionally, since this is an observational study it cannot prove causality so any conclusions drawn from the results should be interpreted with caution as they may not necessarily reflect cause-and-effect relationships between variables studied. Finally, although no differences were observed in overall survival between both groups it should be noted that follow up times were relatively short so further studies with longer follow up times would be needed to confirm these findings.

# Topics for further research:

* Robot-assisted distal pancreatectomy outcomes
* Laparoscopic distal pancreatectomy outcomes
* Pancreatic cancer resection techniques
* Multicenter cohort study
* Selection bias in retrospective studies
* Recall bias in retrospective studies

# Report location:

<https://www.fullpicture.app/item/56dbcce9b6a7dc8db4d56f0904c60c93>