# 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) is increasingly used as an alternative to laparoscopic distal pancreatectomy (LDP) in patients with resectable pancreatic cancer, but comparative multicenter studies confirming the safety and efficacy of RDP are lacking.

2. In selected patients with resectable pancreatic cancer, RDP and LDP provide a comparable R0-resection rate and overall survival in experienced centers. Although the lymph node yield and conversion rate appeared favorable after RDP, LDP was associated with shorter operating time, less major complications, and shorter hospital stay.

3. The specific benefits associated with each approach should be confirmed by multicenter, randomized trials.

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

该文章是一项关于机器人辅助胰腺切除术（RDP）和腹腔镜胰腺切除术（LDP）在可切除胰腺癌患者中的比较研究。文章提供了两种手术方式的手术和肿瘤学结果，并探讨了它们之间的差异。然而，该文章存在以下问题：

1. 潜在偏见及其来源：该研究是一项回顾性研究，可能存在选择偏倚和信息偏倚。此外，该研究由33个有经验的中心进行，这可能导致地域性偏差。

2. 片面报道：该文章只涵盖了可切除胰腺癌患者，并未考虑其他类型的胰腺癌患者或其他相关疾病。

3. 无根据的主张：文章声称RDP与LDP提供相似的R0切除率和总生存率，但并未提供足够的证据来支持这一主张。

4. 缺失的考虑点：文章没有考虑到患者对手术方式的偏好、医生经验、手术费用等因素对决策和结果的影响。

5. 所提出主张的缺失证据：尽管文章声称RDP与LDP具有相似的总生存率，但作者并未提供足够证据来支持这一主张。

6. 未探索的反驳：文章没有探讨可能存在于两种手术方式之间差异性质量或效果方面的反驳观点。

7. 宣传内容：尽管作者声称需要进一步进行多中心、随机试验来确认每种方法所带来特定优势，但他们仍然强调了机器人辅助手术在某些方面表现更好。

8. 偏袒：尽管作者声称两种方法具有相似效果，但他们仍然强调机器人辅助手术在淋巴结收集和转化率方面表现更好，并且没有平等地呈现双方。

综上所述，该文章存在多个问题，并且需要更全面、客观地评估两种手术方式之间的差异。

# Topics for further research:

* Selection bias and information bias
* Limited scope of the study
* Lack of evidence to support claims
* Failure to consider patient preferences
* surgeon experience
* and cost
* Insufficient evidence to support claims
* Failure to explore counterarguments

# Report location:

<https://www.fullpicture.app/item/c78e0c642d271ee1aff1eb0af6179826>