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SYLVESTER COMPREHENSIVE CANCER CENTER

A robotic system being used in surgery at the University of Miami. Robotic operations cost on average \$2,700 more per patient.

robot surgeons

They're costlier, and no better than humans, survey finds

The Washington Post

Robotic-assisted procedures have now become ubiquitous in some types of surgeries. What once was seen as a technological marvel is commonplace in many hospitals.

But studies in recent years have shown robotic surgery performs no better than traditional surgery — even though it comes at a steeper cost to the overall health care system.

The latest comparison study was published recently in the medical journal *Lancet* and shows there were no major differences in outcomes

or complication rates in operations for bladder cancer. On the plus side, robotic surgery — because it generally requires smaller incisions — resulted in less blood loss, less need for blood transfusion and slightly shorter hospital stays. The study showed robotic surgery did not cause more complications or higher cancer recurrences — a concern that has been raised by critics in the past.

On the minus side, robotic surgery required a lengthier time on the operating table, the study found. And the robotic system used in almost all hospitals costs roughly \$2 million to acquire and is

expensive to run.

Dipen J. Parekh, lead author on the study, said the findings point to the need for rigorous study of surgical innovations like robotic surgery before they receive widespread adoption.

“Just because something is new doesn’t necessarily mean it’s better,” Parekh said. At a time when health care costs are soaring, he said, it does not always make sense to have hospitals buy and use an expensive system when its effectiveness in many types of operations has not undergone thorough vetting. “We need to be making evidence-based decisions instead of market-

ing-based decisions, and to do that, you need data like what we produced in this study.”

POPULAR IN 2 FIELDS

In robotic surgeries, the machine allows surgeons to control robotic arms from a console and magnifies the surgical site on a large screen. For some procedures, the machine’s narrow arms and video scoping system allow the surgeon to make smaller incisions. The machines have become especially popular for gynecological and urological surgeries.

Comparison studies on different types of surgeries in recent years have resulted in

plus **inbrief**

CDC STUDY: TEENS AREN'T EATING ENOUGH VEGGIES

This month the Centers for Disease Control and Prevention released the results of its 2017 Youth Risk Behavior Surveillance study, a biennial survey that seeks to quantify the scope and magnitude of teen misbehavior.

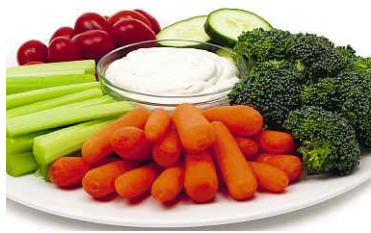
The survey finds that risky behavior — drinking, using drugs, having sex — is down nearly across the board among America's high school students, relative to either a few years or a few decades ago. But there is one domain where, alas, today's teens are falling behind their peers from previous generations. Like all of the behaviors surveyed, it's an activity that the CDC has warned can "contribute to the leading causes of death and disability among youth and adults."

Many of today's teenagers are not eating their vegetables. Whereas 4.2 percent of high school students reported no prior-week vegetable consumption in 1999, that share rose to 7.2 percent last year — a 71 percent increase overall.

Conversely, the prevalence of vegetable eating among high school students has fallen, from 64.5 percent in 1999 to 59.4 percent in 2017. One somewhat bright spot in the data: The share of students reporting three or more servings of vegetables currently has held steady over that time period, at about 14 percent. Fruit intake, meanwhile, is flat across the board.

Veggies aside, the report is full of good news for teens in the 2017 data. Marijuana use continues to drop, defying legalization opponents' predictions of what would happen after states began legalizing the drug. Since 1991, regular alcohol use among high schoolers has dropped by more than 20 percentage points, as has heavy (3-plus hours a day) TV watching. Monthly cigarette use has fallen by more than two-thirds, while the percentage of high schoolers reporting they have had sex has fallen by more than one-quarter.

— *The Washington Post*



ISTOCK

similar findings to the Lancet study. A 2017 study over a 13-year period — comparing robotic and non-robotic laparoscopic procedures for kidney cancer — found no statistical difference in outcome or length of hospital stay, even though the robotic operations cost on average \$2,700 more per patient.

Another 2017 study on rectal cancer operations published in JAMA found no statistical differences in the rate at which robotic or non-robotic surgeries for rectal cancers — which begin in both cases as minimally invasive surgeries — required a later more invasive open surgery. The main difference found in that study was also one of cost.

The new Lancet study is the most rigorous comparison to date for a specific type of surgery called cystectomy used for bladder cancer. The researchers conducted a randomized study of 350 patients across 15 institutions.

One challenge Parekh — and his 31 co-authors on the study — faced was patients pressing to have their operations be done using a robotic device because of the marketing and a widespread perception now that robotic surgery is more high-tech and somehow better.

SURGEON'S EXPERIENCE MATTERS

"We tried to tell them the truth that there's no evidence either way

is any better and that's the whole reason we were doing the study, but some of them insisted on the robotic surgery so we couldn't include them since the whole purpose of the study was to randomize it," said Parekh, who noted the response highlights the effectiveness of current marketing for robotic surgery.

Alessio Pigazzi, a surgery professor at University of California at Irvine, called the Lancet study important because it is the first randomized trial for cystectomies. "It shows some short-term benefits which I think are important. And it assures us on some of the fears from the past about robotic surgery of this type," he said. "But it's not a win for all. It shows that open surgery remains a good option for those experienced in it. The experience of the surgeon is what matters in many cases."

Benjamin Chung, a Stanford University associate professor of urology, said the study appears to validate robotic assistance for this type of surgery. For both sides — surgeons who are supportive or critical of robotic surgery — he said, studies like this point to the fact that more research will help determine the role robotic surgery should play in the future. "We need more studies to further the data that exists so far, both on effectiveness and cost."

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