

### Results

MOT and MHS were comparable between the groups. In the A group 5 yr OS and DFS were 48.8% and 51.1% respectively. In the B group 3-years and 5-years OS was 41.6% and 16.6%, respectively. Estimated 1-year progression-free survival (PFS) in the B group was 58.3%. Overall early complication was 58%, including 12.3% Clavien I, 24.6% Clavien II, 12.3% Clavien III, 4.6% Clavien IV and 4.6% Clavien V. Overall late complication was 25.8% including 6.4% Clavien II, 8% Clavien III, 8% Clavien IV and 3.2% Clavien V. Overall early and late mortality were 4.6% and 3.2%, respectively. Compared to ileal conduit, patients with bilateral cutaneous ureterosomy (UCS) showed early and late complication of 4.6% and 3.2%, respectively.

### Discussion

According to our series, UCS was the urinary diversion associated with less POM, independently of the treatment intent.

### Conclusions

RC provides acceptable oncologic outcomes in the elderly, but it remains a complex procedure with significant complications and mortality. UCS may represent a safe and feasible option for the treatment of MIBC in ultraoctogenarians with high-risk comorbidities.

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#### **LONGER OPERATIVE TIME AND HOSPITAL STAY ARE ASSOCIATED WITH POST-OPERATIVE CYSTECTOMY COMPLICATIONS: A MODIFIED CLAVIEN CLASSIFICATION SYSTEM ANALYSIS**

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#### **Aim of the study**

To evaluate the applicability of the modified Clavien classification system (CCS) in grading perioperative complications of radical cystectomy in patients with bladder cancer.

### Materials and methods

A consecutive series of patients with primitive or recurrent bladder cancer treated with radical cystectomy from April 2011 to March 2012 at fourteen academic centres in Europe were evaluated for complications occurring up to the end of the first postoperative month. All complications were prospectively recorded and classified according to the modified CCS. Results were presented as complication rates per grade. Chi-square and Kruskal Wallis tests and binary logistic regression analysis were used for statistical analysis.

### Results

465 patients were prospectively enrolled. Mean age was  $69 \pm 9.6$  years; mean BMI was  $28.5 \pm 6.3$  Kg/m<sup>2</sup>. Mean bladder tumors size was  $4.2 \pm 2$  cm, mean number of bladder lesions was  $1.74 \pm 2.03$ . All patients underwent radical cystectomy. Urinary diversion consisted in orthotopic neobladder in 112 patients (24%), ileal conduit in 217 patients (46.5%) and ureterocutaneostomy in 138 patients (29.6%). Mean operative time was  $277 \pm 118$  minutes. Mean hospital stay was  $15 \pm 10$  days. 404 complications were recorded in 302 patients. Overall perioperative morbidity rate was 86%. Most of them were not serious and were classified as Clavien type I (109 cases; 26%) or II (220 cases, 54%). Higher grade complications were observed: Clavien type IIIa in 45 cases (11%), IIIb in 22 cases (5%); IV in 11 cases (2%) and V in 8 cases (2%). Reoperation rate was 5% (16 patients) for severe wound infection (8 patients), urinary anastomosis leakage (4 patients) and ileal perforation or occlusion (11 patients). Patients who underwent ileal conduit urinary diversion presented a higher rate of CCS type IIIa complications (27 cases, 60%) when compared to the other urinary diversions ( $p=0.04$ ). No significant association between age, BMI, ASA score, anti-coagulant treatment, preoperative hydronephrosis, operative time, hospital stay and the occurrence of any type of complications were observed. A longer operative time and a longer hospital stay were significantly associated at an higher risk of CCS complications type III in univariate and multivariate analysis (OR: 1.005; CI: 1.002-1.007 per minute;  $p=0.0001$  and OR: 1.117 per day; CI: 1.071-1.165;  $p=0.001$ , respectively).

### Discussion

The modified CCS is a practical and easily applicable tool that may help urologists to classify the complications of radical cystectomy and urinary diversion in a more objective and detailed way.