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MUSCLE INVASIVE BLADDER CANCER/UPPER URINARY TRACT CARCINOMA

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AGE AND STAGE AS PREDICTIVE FACTORS FOR A ORTHOTOPIC NEOBLADDER AFTER RADICAL CYSTECTOMY: RESULTS ON 290 CASES. AGILE GROUP EXPERIENCE

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Aim of the study

Radical Cystectomy (RC) is the gold standard in treatment of patients with muscle-invasive bladder cancer and represents a valid option even for patients with high risk progression non muscle-invasive bladder cancer. This is one of the most complex technique for the involvement of bowels low urinary tract and lymph nodes. The several indications and urinary diversion reflect not only surgical attitude but also the multiplicity of clinical cases. The aim of the work is to describe a series of cystectomies performed in 2011 and an analysis of predictive factors for the orthotopic neobladder.

Materials and methods

The data of patients undergoing radical cystectomy between January and December 2011 were collected into a multi-institutional prospective database. Demographic and clinical data, pre-, intra- and postoperative Clavien-Dindo scale complications and histopathological reports were recorded. Descriptive analyses were performed, ANOVA, Bonferroni postHOC multiple comparison, uni- and multivariate analysis.

Results

312 patients have been recorded and 290 have been evaluable. Median age 71 (37-89), M:F ratio 4:1, average BMI 25.8±4kg/m², median ASA score 3, average surgical time 327±109 mins. The diversions have been: 21.4% UCS, 56.6% ileal conduit, 22.1% neo-

bladder. The mean time of bowel opened to gas has been 3 days and the patients started eating in the fifth day postop. Mean hospital stay has been 15±7.9 days. Complications happened in 65.8% of cases (34% grade I, 72% grade II, 25% grade III, 3% grade IV, 1% grade V). Multivariate analysis shows strong correlation between age, stage disease and use of neobladder diversion (p<0.05). No statistically significant correlation between type of urinary diversion and complications.

Discussion

This study represents the state of the art of the bladder demolitive surgery in the participant centers (AGILE Group). Despite the heterogeneity of the surgical attitude (type of derivation), some of the choices are strongly shared (transperitoneal approach, antibiotics, the switch of antiplatelet/anticoagulant therapy in favor of LMWH, poor use of neoadjuvant chemotherapy). This procedure, despite of introduction of new surgical tools (haemostasis systems, etc.), involves a high complication rate which is mainly represented by anemia, bowel problems, infections.

Conclusions

The radical cystectomy is a long procedure, with high blood loss, and involves a high risk of complications regardless the diversion used. The choice of diversion is based on age and stage. Only the standardized collection of complications permits to point out and compare single center performance and it should be systematically used.

Variables demographic, clinics, surgical e histological of patients undergone to a radical cystectomy

Variables	Dataset (N=290)
Age of enrollment	2011
Median age	71 (37-89)
Male (%)	81
Smoke (%)	41
Diabetes Mellitus (%)	76.5
Hypertension (%)	61.4
Ischemic heart disease (%)	23.3
Hydronephrosis (%)	16.4
Antibiotics preop (%)	100
Antibiotics postop (%)	99.7
Chemotherapy neoadjuvant (%)	7.6
Transperitoneal approach (%)	96
Stage Ta-T2 (%)	43
Stage N0 (%)	69.3
Stage M0 (%)	97.6
Grade G1-2 (%)	45
Primary tumor (%)	51
Larger diameter median, cm (range)	3.5 (0-14)
Number of lesions median (range)	1 (0-13)