PE61 Survival outcome after robotic assisted radical cystectomy with intracorporal urinary diversion in elderly patients

EUR Urol Suppl 2019;18(6):e2636

Mortezavi A.[1], Edeling S.[2], Pokupic S.[2], Dell'oglio P.[3], Montorsi F.[3], D'hondt F.[4], Mottrie A.[4], Decaestecker K.[5], Wijburg C.J.[6], Kelly J.D.[7], Tan W.S.[7], Sridhar A.[7], John H.[8], Canda E.[9], Schwentener C.[10], Rönmark E.P.[1], Wiklund P.[1], Hosseini A.[1]

[1]Karolinska University Hospital, Dept. of Urology, Stockholm, Sweden, [2]Vinzenzkrankenhaus Hannover, Dept. of Urology, Hannover, Germany, [3]IRCCS Ospedale San Raffaele, Unit of Urology, Division of Oncology, Urological Research Institute, Milan, Italy, [4]Onze Lieve Vrouw Hospital, Dept. of Urology, Aalst, Belgium, [5]Ghent University Hospital, Dept. of Urology, Ghent, Belgium, [6]Rijnstate Hospital, Dept. of Urology, Arnhem, The Netherlands, [7]University College London Hospital, Dept. of Urology, London, United Kingdom, [8]Kantonsspital Winterthur, Dept. of Urology, Winterthur, Switzerland, [9]Yıldırım Beyazıt University, Ankara Atatürk Training and Research Hospital, Dept. of Urology, Ankara, Turkey, [10]Diakonie Klinikum Stuttgart, Dept. of Urology, Stuttgart, Germany

Introduction & Objectives: Balancing the risks of cancer-related versus treatment-related morbidity and mortality in older patients is a major clinical challenge. Recently we could show for untreated muscle invasive bladder cancer that that tumor specific mortality remains the major cause of death even in the elderly patient with comorbidities. However, the non-negligible mortality associated with open radical cystectomy has been well described. Robotic-assisted radical cystectomy (RARC) has been shown to reduce the perioperative morbidity. Here we perform a multicenter analysis of postoperative survival data in patients who underwent RARC with a subanalysis of patients older than 80 years (>80 y).

Materials & Methods: A retrospective analysis of pre-, peri und postoperative data in a consecutive series of patients who underwent RARC for bladder cancer with full intracorporal diversion between 2004 and 2018 from 10 European centers was performed. The outcome measures were 30-day mortality, cancer-specific (CSS) and overall-survival (OS) in patients younger and older than 80y at time of surgery.

Results: A total of 1924 patients were included in this analysis. The median age was 69 (range 30-92) with 172 (8.9%) being older than 80 years. The majority of the patients were male (79.7%) and the mean operation time was 344 min (SD ±98). The type of diversion was an ileum conduit in 1333 (69.3%), a neobladder in 557 (29.0%) and ureterocutaneostomy in 27 (1.4%) of the cases, respectively. Pelvic lymph node dissection was performed in 96.3% of the <80y old patients and in 83.3% of the elderly with a median lymph node yield of 18 (1-72) and 16 (1-51), respectively. More nodal metastases were found in the older than in the younger patients (27.0% vs. 20.1%, p=0.065). In the >80 y group, the proportion of pT3 and pT4 tumors were significantly higher than in the younger group (37.2% vs. 25.4% and 15.1% vs. 8.5%, p=0.001). There was no significant difference in the mean length of hospitalization (11.7 vs. 12.1 days, p=0.637). Median follow-up time was 15 months (0.1-165); a minimum follow-up of 30 days was available for 1745 (90.7%) patients. The 30-day mortality rate in the >80 y group was 3.9% (6/154) and significantly higher than 1.3% in the <80 y group (21/1588, p=0.022). The estimated 12-month OS and CSS for <80 y was 87.2% and 90.9% and for >80 y group 75.1% and 82.1%, respectively (p<0.001 and p=0.02).

Conclusions: Although patients older than 80 y have a significantly higher 30 d mortality and lower estimated 12-month OS and CSS rate after RARC, the absolute numbers are encouraging. In properly selected patients, age above 80 y is not a contraindication for RARC and is associated with an acceptable 30-day and 12-month mortality rate.