

## EARLY COMPLICATION RATE AND CANCER-RELATED OUTCOME IN ELDERLY PATIENTS (>75YR) WITH BLADDER CANCER UNDERGOING RADICAL CYSTECTOMY AND URINARY DIVERSION: A RETROSPECTIVE OBSERVATIONAL ANALYSIS.

### Hypothesis / aims of study

Surgical treatment and postoperative management of elderly patients poses a challenge due to the presence of comorbidities. We report our results in patients older than 75 years undergoing open radical cystectomy and urinary diversion for bladder cancer.

### Study design, materials and methods

Study design: retrospective cohort single centre study. From January 2000 to March 2013, a consecutive series of elderly bladder cancer patients (>75yr) who underwent radical cystectomy and urinary diversion (ileal orthotopic bladder substitution (OBS), ileal conduit (IC) and ureterocutaneostomy (UCNS)) were included in this analysis. Endpoints were the 30-day complication rate according to the Clavien-Dindo classification, the 90-day mortality rate, the overall survival and cancer specific survival using the Kaplan Meier technique.

### Results

214 consecutive patients were included (median age 80.1yr [range: 75.1-92.8]): 36/214 patients (17%) with OBS, 168/214 patients (78%) with IC and 10/214 patients (5%) with UCNS. Median follow-up was 19.9 mo (range 0.04-147). Median P-POSSUM score were 42 (range: 34-60) in the OBS group, 48 (32-70) in the IC group and 48 (33-67) in the UCNS group;  $p=0.0013$ . Thirty day complication rate was 54% in the OBS group (major 11%, minor 43%), 49% in the IC group (major 18%, minor 31%) and 70% in the UCNS group (major 40%, minor 30%) ( $p=0.227$ ). Ninety day mortality was 0% in the OBS group, 9% in the IC group and 10% in the UCNS group ( $p=0.115$ ). Estimated overall survival was 90 mo (95% CI: 75-106) in the OBS, 48 mo (95% CI: 39-58) in the IC group and 10 mo (95% CI: 7-14) in the UCNS group ( $p < 0.0001$ ). Estimated 5 yr overall survival was 69% in the OBS group, 34% in the IC group and 0% in the UCNS group. Estimated cancer specific survival was 85 mo (95% CI: 70-100) in the OBS group, 90 mo (95% CI: 79-103) in the IC group and 12 mo (95% CI: 6-18) in the UCNS group ( $p=0.214$ ).

### Interpretation of results

In this old highly morbid patients' series cystectomy and urinary diversion has an acceptable outcome. Patient selection and not type of surgery significantly impacts the complication rate and overall survival.

### Concluding message

In carefully selected elderly patients cystectomy and urinary diversion is a good option. Age as a sole criterium should not preclude the indication for this surgery including the use of ileal orthotopic bladder substitution.

### Disclosures

**Funding:** none **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics Committee:** Kant. Ethikkommission Bern **Helsinki:** Yes **Informed Consent:** No