

Retrospective Audit Of Patients Undergoing Radical Cystectomy For Bladder Cancer: An Analysis Of Short-Term Morbidity, Mortality, And Oncologic Outcomes

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Introduction

- Carcinoma Urinary bladder: 11th most common cancer
- MIBC: poor prognosis → Untreated, two-year survival = 15%
- Radical Treatment : RC +Pelvic node dissection

Objective

To estimate the in hospital and 30-day morbidity, mortality and oncological outcomes in patients undergoing radical cystectomy

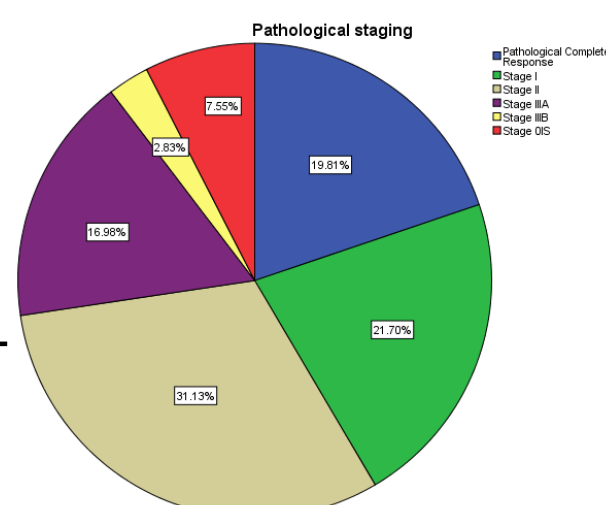
Methodology

- Ambispective study
- 1st January 2010 to 30th April 2022
- Case record and direct communication-based data

Results

- 106 patients
- 89 males (84%) and 17 females (16%)
- Mean age: 59.53; Range 34 years- 77 years
- 32 (30.1%) Salvage Cystectomy
- Post TURBT chemo instillation: 5(4.7%)
- 63 MIBC(59.4%) 14 NMIBC (13.2%), 29 (27.4%): **No deep muscle biopsy done**

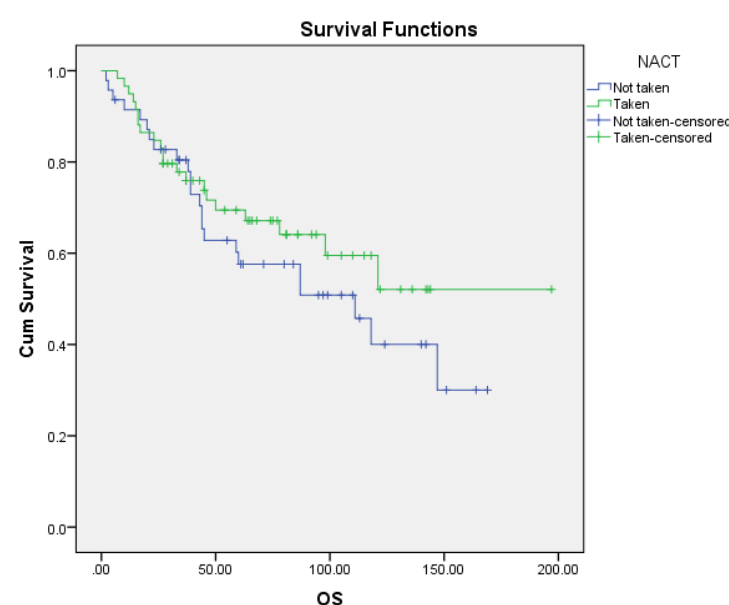
- Stage at presentation:
 - IIIA: 68 (64.2%)
 - II : 17 (16%)
- 59 (55.7%) received NACT
- **PCR: 21 (19.8%)**



- Stage II 33(31.1%)
- Stage I: 23 (21.7%)
- Surgical Approach:
 - Open : 82 (77.4%)
 - Laparoscopic : 24 (22.6%)

Oncologic Outcomes

- 32 recurrences
 - Median DFS: 148 months
 - 3-year DFS: 98%
 - 5-year DFS: 71%
 - 21 pelvic recurrence (20%)
 - Distant metastasis : 21 (60%)
 - Both: 7 (20%)
- Deaths: 44 (41.5%)
- Median OS: 119.45
- 3-year OS: 77.8%
- 5-year OS : 62.7%
- **NACT was found to significantly improve DFS (p=0.05) but not OS**



Discussion

- The **3-year DFS in this cohort was 98%** which is better than that is obtained in historical cohorts (2- year: DFS 56%)
- The **3-year OS was 77.8%** (2-year :63%)
- The proper surgical management and **NACT will improve survival in patients**
- Homogenisation of treatment protocols may further improve the quality of care provided to patients

Conclusion

Bladder cancer is a major source of morbidity and mortality and there needs to be a homogenised treatment protocol for optimal management