

## **Population-based analyses of radical cystectomy and urinary diversion for bladder cancer in northern Italy**

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**OBJECTIVE:** To provide updated figures on urinary diversion, length of stay and mortality after cystectomy in two regions of northern Italy.

**PATIENTS AND METHODS:** Discharge records of patients undergoing cystectomy for bladder cancer in 2000-2008 were extracted from the regional archives of hospital discharges. Data on partial vs radical cystectomy and type of urinary diversion were obtained from intervention codes. The influence of demographic characteristics, year of intervention, presence of comorbidities and hospital cystectomy volume on the adoption of a continent diversion and on in-hospital mortality was assessed through multilevel models.

**RESULTS:** The crude cystectomy rate was close to 10 per 100000. The share of partial cystectomies declined from 5.5% in 2000-2002 to 3.0% in 2006-2008. A continent diversion was adopted in 35% of radical cystectomies, with higher rates in young male patients treated in high-volume hospitals. Median length of stay declined from 20 days in 2000-2002 to 18 in 2006-2008; in-hospital mortality decreased from 3.2% to 2.2%.

**CONCLUSION:** This first population-based report on cystectomies for bladder cancer from continental Europe evidences a limited role of partial cystectomy, a high proportion of continent diversion and a decreasing trend of length of stay and in-hospital mortality.

### **FULL TEXT**

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