

## BACKGROUND & AIMS

- Radical cystectomy (RC) and pelvic lymph node dissection (LND) is the gold standard treatment for MIBC and selected high-risk NMIBC. However, the optimal extent of LND has not been established yet.
- Therefore, we aimed: 1) to describe any variation in the choice of LND template over the year at an academic center; 2) to compare intraoperative and perioperative complications between different LND templates; 3) to identify any predictors of CSS and OS

## MATERIALS & METHODS

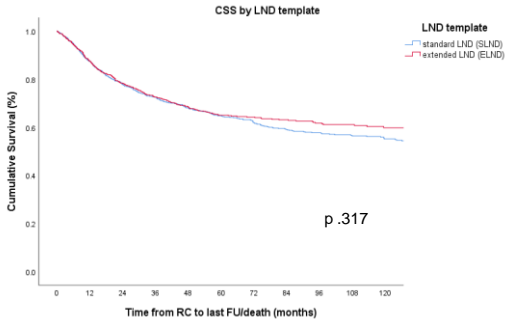
- We identified 1950 cN0M0 patients who underwent RC and standard (SLND, 1038 pts) or extended (ELND 912 pts) LND for bladder cancer at an academic center between 1998-2017. Patients with incomplete data were excluded. LND template: 1) SLND: internal iliac, obturator fossa and external iliac nodes; 2) ELND: as above plus common iliac nodes to aortic bifurcation and presacral nodes
- Collected data included: baseline demographic and clinical variables, RC intraoperative and pathologic variables, intraoperative complications, early (30-days) and late (31-to-90-day) complications and mortality
- Primary outcomes: CSS, OS

## RESULTS

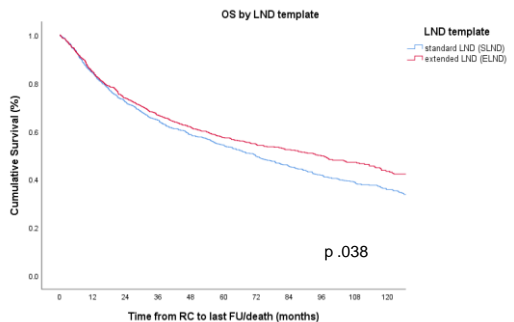
Intraoperative and early morbidity and mortality	SLND = 1038	ELND = 912	p value
Intraoperative complications	174 (16.8)	296 (32.5)	<.0001
Length of stay, days	7 (6-9)	7 (6-10)	.785
30-day mortality	14 (1.3)	17 (2.0)	.924
30-day complications	595 (57.3)	551 (60.4)	.166
Type of 30-day complications			
→Cardiac	59 (5.7)	78 (8.6)	.013
→Vascular	23 (2.2)	35 (3.8)	.035
→Miscellaneous medical	253 (24.4)	296 (32.5)	<.0001
Respiratory, GU, wound-related, miscellaneous surgical complications: all p > .05			
→Clavien Dindo ≥3	166 (16.0)	220 (24.1)	<.0001

Late morbidity and mortality	SLND = 1038	ELND = 912	p value
90-day mortality	30 (2.9)	18 (2.0)	.193
90-day complications, yes	82 (7.9)	136 (14.9)	<.0001
Type of 90-day complications			
→Genitourinary	37 (3.6)	72 (7.9)	<.0001
→Vascular	3 (0.3)	9 (1.0)	.049
→Miscellaneous medical	28 (2.7)	46 (4.5)	.007
→Cardiac	4 (0.4)	2 (0.2)	.509
Respiratory, wound-related, miscellaneous surgical complications: all p > .05			
→Clavien Dindo ≥3	52 (5.0)	64 (7.0)	.061

### ○ CSS by LND template



### ○ OS by LND template



## PREDICTORS OF SURVIVAL & CONCLUSIONS

- CSS: 1) risk factors: pT3-4 disease (HR 3.1, p <.0001), pN+ status (HR 2.36, p <.0001), LVI (HR 1.45, p .001), PSM (HR 1.65, p <.0001); 2) protective factors: adjuvant chemotherapy (HR .565, p <.0001)
- OS: 1) risk factors: higher age at surgery (HR 1.02, p <.0001), Charlson Comorbidity Index ≥2 (HR 1.55, p <.0001), pT3-4 disease (HR 2.47, p <.0001), pN+ status (HR 2.48, p <.0001), LVI (HR 1.34, p .007), PSM (HR 1.46, p .006), intraoperative blood transfusions (HR 1.3, p .001); 2) protective factors: ELND (HR .84, p .029), adjuvant chemotherapy (HR .56, p <.0001)
- In conclusion, there is still no evidence that ELND may prolong survival. However, mortality and morbidity rates are similar between SLND and ELND. We may conclude that ELND is a safe procedure in expert hands and may have a staging and therapeutic role in selected cN0 patients