

Cystectomy of the Octogenarians: Should Cystectomy Be Offered to the Patient Above 80 Years?

Introduction and Objective: In Denmark 1600 patients are diagnosed with bladder cancer every year. Patients aged 80 years or more account for 20% of all bladder cancers. With the improved standard of living, lifespan has increased. Consequently, more patients in this age group are diagnosed with bladder cancer are likely to be in good physical shape with only few comorbidities. With the improved minimally invasive surgical procedures and anesthetics, cystectomy should be considered for this patient group following an individual evaluation.

Methods and Materials: From September 1st 2008 to January 31st 2012, 23 patients (15 men) aged 80 years or more diagnosed with bladder cancer or BCG-resistant CIS, underwent radical cystectomy. Mean age was 82 years (range 80-91). A CT-scan of thorax and abdomen was performed to exclude metastatic disease. Most common comorbidities were COPD, NIDDM and hypertension. Seven patients had no comorbidities.

Results: All patients had an open cystectomy with pelvic lymph node dissection and construction of an ileal conduit. Pathological T-stage was 3 pT1, 6 pT2, 11 pT3, 1 pT4a, and 2 patients with CIS. Six patients had nodal involvement (4 N1, 2 N2). None of the patients had evident metastases at the time of surgery. Two patients had perioperative complications, one lesion of the obturator nerve and one lesion of the rectum. Seven patients had minor postoperative complications. Late postoperative complications occurred in four patients. Mean length of admission was nine days, whereas 12 patients were discharged within 1 week. During follow-up of 2 to 34 months 6 patients died; 2 because of bladder cancer, 3 because of other cancers, and 1 of cardiovascular disease. Additionally, four patients were diagnosed with recurrence of bladder cancer (one with pulmonary metastases, two with lymph node metastases and one with local recurrence). Thirteen patients were still alive and without evidence of disease after one week to 40 months of observation.

Conclusion: Patients above 80 years diagnosed with bladder cancer, and in acceptable physical shape, and with few comorbidities should be offered cystectomy. Longer follow-up is needed to evaluate the true survival benefit by radical surgery in this patient group.