

The goal of identifying a useful screening tool for urethral stricture recurrence is echoed in the second article, by Okorie et al. They describe using mobile phones to survey urinary symptoms after urethral stricture treatment. Although the symptoms reported over the telephone were not validated objectively, the concept of telephone follow-up is important, especially in areas of the world where travel to a referral center is difficult. Others have previously shown that home measurement of timed urinary flow correlates well with office-measured maximum urinary flow rate (1). If we were able to validate a means of screening patients over the telephone with timed urinary flow rates with or without telephone-administered validated questionnaires we could spare many patients the travel to a referral center for continued follow-up.

### Reference

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## UROLOGICAL ONCOLOGY

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### **Should bladder cuff excision remain the standard of care at nephroureterectomy in patients with urothelial carcinoma of the renal pelvis? A population-based study**

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**Background:** A large, multi-institutional, tertiary care center study suggested no benefit from bladder cuff excision (BCE) at nephroureterectomy in patients with upper tract urothelial carcinoma (UC).

**Objective:** We tested and quantified the prognostic impact of BCE at nephroureterectomy on cancer-specific mortality (CSM) in a large population-based cohort of patients with UC of the renal pelvis.

**Design, Setting, And Participants:** A cohort of 4210 patients with UC of the renal pelvis were treated with nephroureterectomy with (NUC) or without (NU) a BCE between 1988 and 2006 within 17 Surveillance, Epidemiology, and End Results registries.

**Measurements:** Cumulative incidence plots and competing risks regression models compared CSM after either NUC or NU. Covariates consisted of pathologic T and N stages, grade, age, year of surgery, gender, and race.

**Results and Limitations:** Respectively, 2492 (59.2%) and 1718 (40.8%) patients underwent a nephroureterectomy with or without BCE. In univariable and multivariable analyses, BCE omission increased CSM rates in patients with pT3N0/x, pT4N0/x, and pT(any)N1-3 UC of the renal pelvis. For example, in patients with pT3N0/x disease, holding all other variables constant, BCE omission increased CSM in a 1.25-fold fashion

( $p=0.04$ ). Similarly, in patients with pT4N0/x disease, BCE omission resulted in a 1.45-fold increase ( $p=0.02$ ). The main limitation of our study is the lack of data on disease recurrence.

Conclusions: Nephroureterectomy with BCE remains the standard of care in the treatment of UC of the renal pelvis and should invariably be performed in patients with locally advanced disease. Conversely, patients with pT1 and pT2 disease could be considered for NU without compromising CSM. However, recurrence data are needed to fully confirm the validity of this option.

### Editorial Comment

Bladder cuff excision was regarded standard in all upper urinary tract urothelial tumors. Recently, however, this standard was challenged by reports that did not show any benefit from this procedure. Therefore, this large international, multi-institutional analysis from Canada, Italy and Germany including more than 4200 patients with urothelial cancer of the renal pelvis is very helpful in re-establishing the standard of care for this patient group.

Two important observations were made. First, in patients with positive lymph nodes, and in those with  $>pT2$  tumors of the renal pelvis, cancer-specific mortality was significantly higher if bladder cuff excision (BCE) was omitted. Second, no survival benefit was seen in the group with smaller (pT1-2), node-negative tumors. Therefore, BCE may be omitted in select patients of this group.

A drawback of the study to my opinion was the lack of inclusion of ureteral cancers and I would hope that the authors will perform another analysis for this important subgroup, too. Still, these data re-establish the standard and strongly support routine BCE in cases with urothelial renal pelvis tumors.

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### Prevention and management of complications following radical cystectomy for bladder cancer

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Context: This review focuses on the prevention and management of complications following radical cystectomy (RC) for bladder cancer (BCa). OBJECTIVE: We review the current literature and perform an analysis of the frequency, treatment, and prevention of complications related to RC for BCa.

Evidence Acquisition: A Medline search was conducted to identify original articles, reviews, and editorials addressing the relationship between RC and short- and long-term complications. Series examined were published within the past decade. Large series reported on multiple occasions (Lee [1], Meyer [2], and Chang and Cookson [3]) with the same cohorts are recorded only once. Quality of life (QoL) and sexual function were excluded.

Evidence Synthesis: The literature regarding prophylaxis, prevention, and treatment of complications of RC in general is retrospective, not standardised. In general, it is of poor quality when it comes to evidence and is thus difficult to synthesise.