

Changing the game in bladder cancer: the best ostomy is not always the best path

Mudando o jogo no câncer de bexiga: a melhor ostomia não é sempre o melhor caminho

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INTRODUCTION

In order to centralize the care of patients with bladder cancer in the public health service, it was founded the "CABEM clinic and, in order to reduce the mortality of muscle-invasive bladder cancer, a score system called the CABEM score was created. Based on this mechanism, depending on the clinical characteristics of each patient, is decided by internal urinary reconstruction or by ostomy (ileal conduit or ureterostomy).

OBJECTIVES

Analyze the rate of external urinary diversions performed in patients undergoing radical cystectomy and analyze the CABEM score in the decision to perform ostomies and the clinical profile of patients in whom this technique is preferred.

METHODS

A total of 81 consecutive patients with MIBC were evaluated. These patients were treated between 2018 and 2020. Demographic data, disease characteristics, treatment details, complications, and mortality were evaluated.

RESULTS

A total of 81 patients were included in the present analysis. Fourty-four patients were treated with RC. A total of 37 patients were fitted in CABEM score 0-1 points and 30 patients were fitted in CABEM score 2-3 points.

When analyzing the techniques for performing ostomies, 13 patients underwent the ileal conduit (Bricker bypass) and, in 30 patients, cutaneous ureterostomy was the technique of choice.

	n	%
Radical cystectomy	44	54.3
Urinary diversion		
Bricker	13	29.5
Cutaneous ureterostomy	30	68.2
Neobladder	1	2.3

Table 1: Treatment decision for 81 patients treated during 2018-2020.

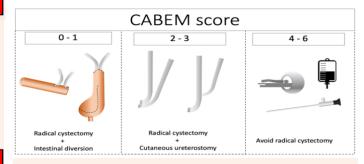


Figure 1: Treatment decision according to the CABEM Scoring System

CONCLUSION

Our centralization program associated with our algorithm based decision helped to decide which patients should undergo ostomy. The performance of a multidisciplinary team is essential to ensure individualized treatment.

REFERENCES

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