

Editorial Comment

Re: The feasibility of radical cystectomy in elderly patients

Radical cystectomy (RC) with urinary diversion is the gold standard for muscle-invasive bladder cancer (MIBC). The study by Görgel et al. ^[1] revealed that RC may be performed with acceptable morbidity even in patients over 70 years of age. Meanwhile, the authors also reported comparable oncological outcomes in this group of patients relative to their younger counterparts. We think that the following issues in this group of patients should be discussed.

1. *The role of neoadjuvant chemotherapy (NAC) in elderly patients:* It is estimated that NAC is underutilized due to concerns about overtreatment and the toxicities associated with NAC which may compromise a future surgery especially in elderly patients. As a confirmation of this assertion in the large -scale study by Görgel et al. none of the patients received this treatment alternative. In a similar fashion, a recent study using US National Cancer Database have demonstrated that only 20.8% of the patients with MIBC treated in 2010 received NAC.^[2] Despite this current practice of underutilization of NAC, level 1 evidence is available for using NAC in MIBC patients.^[3] Moreover, a retrospective evaluation of patients with inoperable locally advanced, metastatic or recurrent MIBC showed that similar oncological outcomes may be achieved with chemotherapy in patients over 70 years of age without significant toxicity in comparison with younger patients.^[4] Accordingly; it is rational to consider that NAC is on the way to be the standard of care for MIBC patients except patients with lymph node positive or metastatic disease.^[3] Also in our opinion, patients with truly clinically organ-confined disease may be reserved for adjuvant chemotherapy (AC); because at least in theoretical basis AC should be

equally effective as NAC in this group of patients.

2. *The role of bladder preservation in this group of patients:* Currently, bladder preservation method is used mainly for patients who are not suitable or reluctant to undergo RC due to advanced age, poor nutrition, multiple comorbidities or loss of cognitive functions. To our knowledge, no randomized study has compared RC with protocols that aim to spare bladder without oncological compromisation. However, we believe that bladder preservation alternatives such as concurrent radiochemotherapy in conjunction with complete TUR resection (trimodal therapy) is a reasonable alternative for RC in patients having limited disease and/or surgical risk. Indeed, it is established that radiotherapy or chemotherapy alone do not result in comparable oncological outcomes as seen in RC.^[5] Recently, the outcomes of trimodal therapy were assessed in an article by James et al.^[5] In this study, the authors randomly assigned 360 patients to undergo radiotherapy with or without synchronous chemotherapy. The regimen consisted of fluorouracil chemotherapy during fractions 1 to 5 and 16 to 20 of radiotherapy and mitomycin C on day 1. The 5 year overall survival rate was 48% in the chemoradiotherapy + radiotherapy group and 35% in the radiotherapy group. Similarly, a review article by Biagioli et al.^[6] mentioned that the complete response rates in patients receiving multimodal treatment have ranged from 47% to 87%, and 5-year overall survival rates have ranged from 30% to 70% in different studies. These outcomes are almost similar with the present report by Görgel et al.^[1]; who reported the 5-year overall survival rates 43.9% vs. 45.9% with RC for patients over and under 70 years of age, respectively.

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3. The role of partial cystectomy (PC) in elderly patients:

Briefly, PC is another bladder preservation methodology which include full-thickness excision of the bladder tissues involved by the tumor together with pelvic lymph node dissection. The rationale is decreasing surgical morbidity particularly by avoiding urinary diversion. A recent study including 86 patients with 1:2 matched control group revealed no significant difference in terms of 10-year distant recurrence-free survival (61% vs. 66%) and cancer-specific survival (58% vs. 63%) rates between patients treated with partial, and radical RC, respectively. [7] Despite this favorable outcome, 38% of the patients with PC had recurrences, and 19% of the overall PC cohort underwent RC. Nevertheless; 81% of the patients with PC were maintained with intact bladder. Of note, NAC may also increase the oncological safety of PC.

We believe that, PC with lymph node dissection may have a role in a limited group of patients with solitary and smaller lesions without concomitant carcinoma in situ (CIS). However the problem of this consideration is the lack of predictors of recurrence after PC. RC will continue to be the gold standard for surgical management of urothelial carcinoma of the bladder.

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