



## 6<sup>th</sup> ANNUAL UC COURSE

Emerging personalized therapies for the  
management of urothelial carcinomas

## VI CURSO ANUAL DE UC

Terapias personalizadas emergentes  
en el manejo del carcinoma urotelial

# Best practices for RC and urinary reconstruction

*Los mejores procedimientos para la CR y la  
Derivación Urinaria.*



**M. Isabel Galante Romo**  
**Servicio Urología**  
**Hospital Clínico San Carlos**  
**Madrid**



## 6<sup>th</sup> ANNUAL UC COURSE

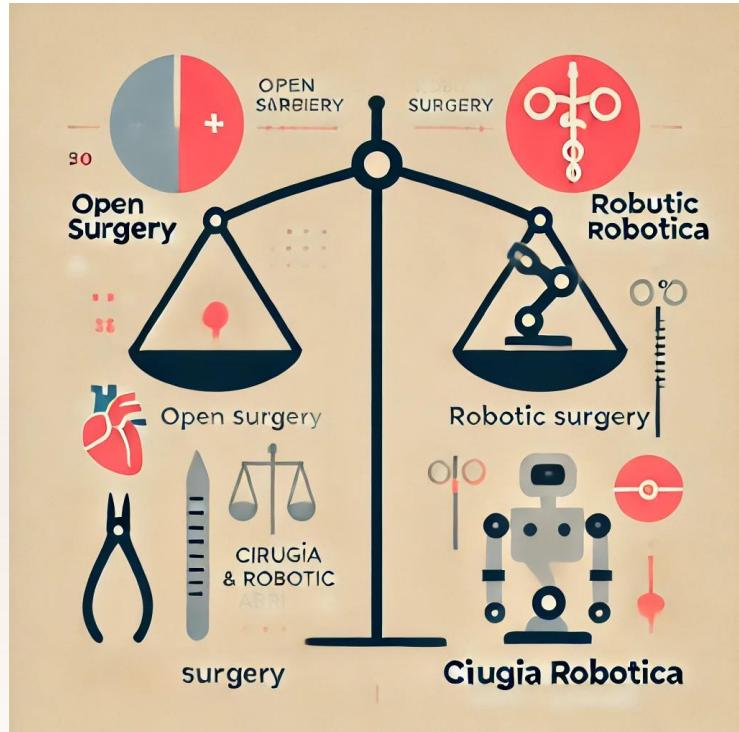
Emerging personalized therapies for the management of urothelial carcinomas

## VI CURSO ANUAL DE UC

Terapias personalizadas emergentes en el manejo del carcinoma urotelial

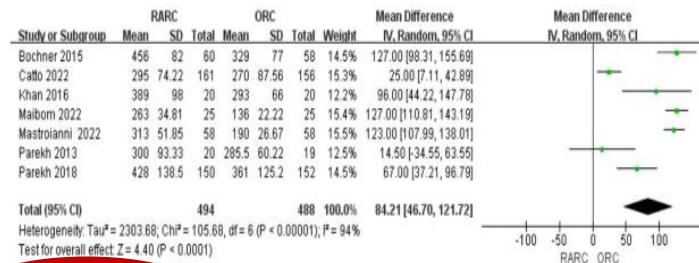
# *Los mejores procedimientos*

¿Todavía hay debate?



# Revisiones y Meta-Análisis RCT

a Operative time



Catto et al., 2022 [14] UK RARC/ORC 161/156

Vejlgaard et al., 2022 [20] Denmark RARC/ORC 25/25

Malibom et al., 2022 [16] Denmark RARC/ORC 25/25

Mastroianni et al., 2022 [15] Italy RARC/ORC 58/58

Khan et al., 2020 [21] UK RARC/ORC 20/20

Venkatramani et al., 2020 [22] USA RARC/ORC 150/152

Bochner et al., 2018 [23] USA RARC/ORC 60/58

Parekh et al., 2018 [4] USA RARC/ORC 150/152

Khan et al., 2016 [24] UK RARC/ORC 20/20

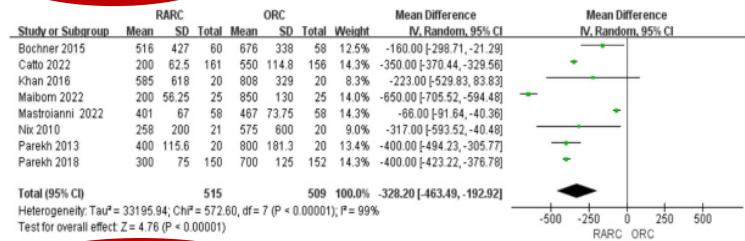
Bochner et al., 2015 [25] USA RARC/ORC 60/58

Messer et al., 2014 [26] USA RARC/ORC 20/20

Parekh et al., 2013 [27] USA RARC/ORC 20/20

Nix et al., 2010 [19] USA RARC/ORC 21/20

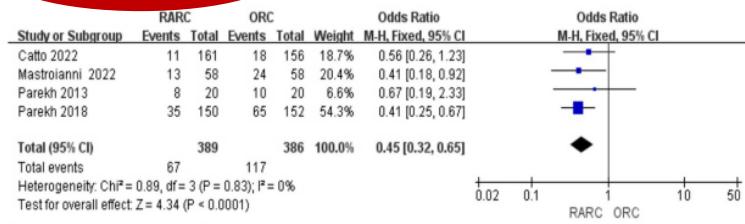
b Estimated blood loss



Liu et al. *World Journal of Surgical Oncology* (2023) 21:240  
<https://doi.org/10.1186/s12957-023-03132-4>

World Journal of  
Surgical Oncology

C Blood transfusion rate



REVIEW

Open Access

Robot-assisted radical cystectomy vs open radical cystectomy in patients with bladder cancer: a systematic review and meta-analysis of randomized controlled trials

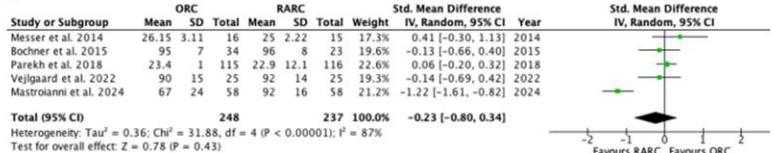


Hongquan Liu<sup>1†</sup>, Zhongbao Zhou<sup>2†</sup>, Huibao Yao<sup>1</sup>, Qiancheng Mao<sup>1</sup>, Yongli Chu<sup>3</sup>, Yuanshan Cui<sup>1\*</sup> and Jitao Wu<sup>1\*</sup>

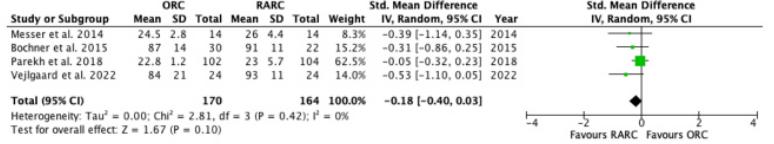


# Revisiones y Meta-Análisis

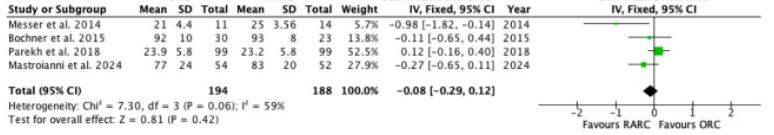
a



b



c



**Fig. 4** Forest plots of the meta-analysis of physical functioning domain comparing RARC to ORC at baseline (a), after 3 months (b) and after 6 months (c)

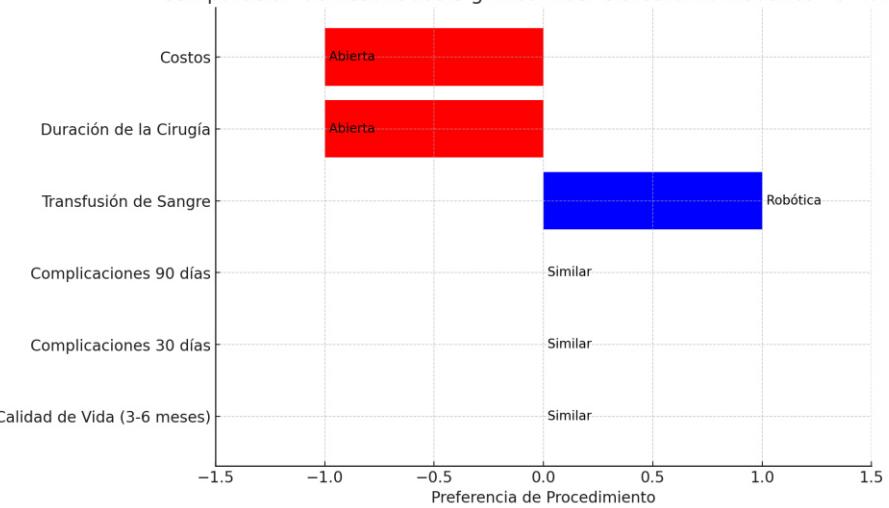
QoL similar a partir 3m

## REVIEW

### Robotic assisted vs open radical cystectomy: an updated systematic review and meta-analysis

Ludovica Cellà<sup>1,2</sup> · Giuseppe Basile<sup>3</sup> · Stefano Moretto<sup>1,2</sup> · Marco Paciotti<sup>2</sup> · Rodolfo Hurle<sup>2</sup> · Giovanni Lughezzani<sup>1,2</sup> · Pier Paolo Avolio<sup>1,2</sup> · Andrea Piccolini<sup>1,2</sup> · Stefano Mancon<sup>1,2,8</sup> · Massimo Lazzari<sup>2</sup> · Andrea Gallioli<sup>4</sup> · Camille Berquin<sup>5</sup> · Pietro Diana<sup>4</sup> · Laura S. Mertens<sup>6</sup> · Michael Baboudjian<sup>7</sup> · Nicolò Maria Buffi<sup>1,2</sup> · Roberto Contieri<sup>1,2</sup> · Alessandro Uleri<sup>1,2</sup>

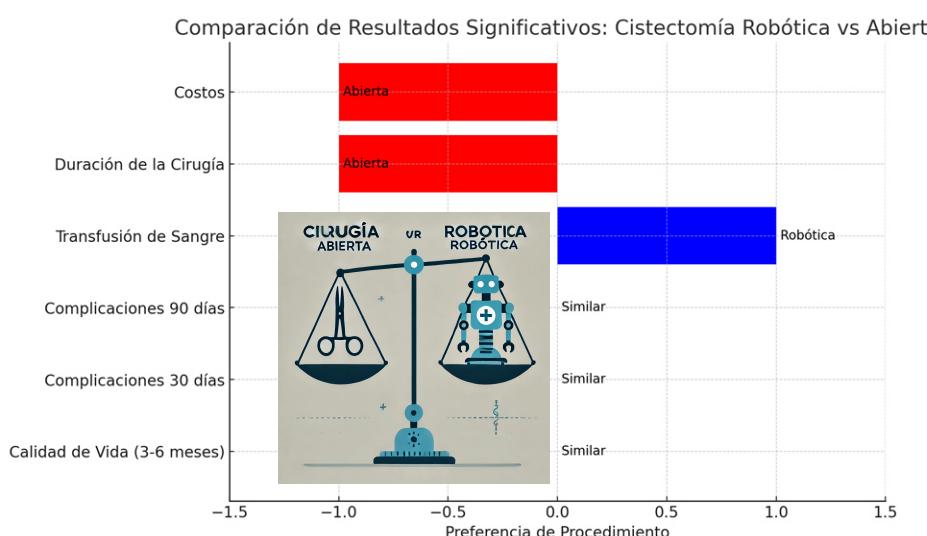
### Comparación de Resultados Significativos: Cistectomía Robótica vs Abierta



## Review Article

## Comparison of perioperative complications and health-related quality of life between robot-assisted and open radical cystectomy: A systematic review and meta-analysis

Shoji Kimura,<sup>1,2,†</sup> Takehiro Iwata,<sup>1,3,†</sup> Beat Foerster,<sup>1,4</sup> Nicola Fossati,<sup>5,6</sup> Alberto Briganti,<sup>5,6</sup> Yasutomo Nasu,<sup>3</sup> Shin Egawa,<sup>2</sup> Mohammad Abufaraj<sup>1,7</sup> and Shahrokh F Shariat<sup>1,8,9,10,11</sup>



### Robotic assisted vs open radical cystectomy: an updated systematic review and meta-analysis

Ludovica Celli<sup>1,2</sup> · Giuseppe Basile<sup>3</sup> · Stefano Moretto<sup>1,2</sup> · Marco Paciotti<sup>2</sup> · Rodolfo Hurle<sup>2</sup> · Giovanni Lughezzani<sup>1,2</sup> · Pier Paolo Avolio<sup>1,2</sup> · Andrea Piccolini<sup>1,2</sup> · Stefano Manconi<sup>1,2</sup> · Massimo Lazzari<sup>2</sup> · Andrea Galli<sup>4</sup> · Camille Berquin<sup>5</sup> · Pietro Diana<sup>4</sup> · Laura S. Mertens<sup>6</sup> · Michael Baboudjian<sup>7</sup> · Nicolò Maria Buffi<sup>1,2</sup> · Roberto Contieri<sup>1,2</sup> · Alessandro Uleri<sup>1,2</sup>

CR < Perdida sanguínea, pero > Duración

NRCT → RCT No se confirma

< Complicaciones 30d,  
< mortalidad 90d  
< Estancia

No diferencias en QoL

## Review Article

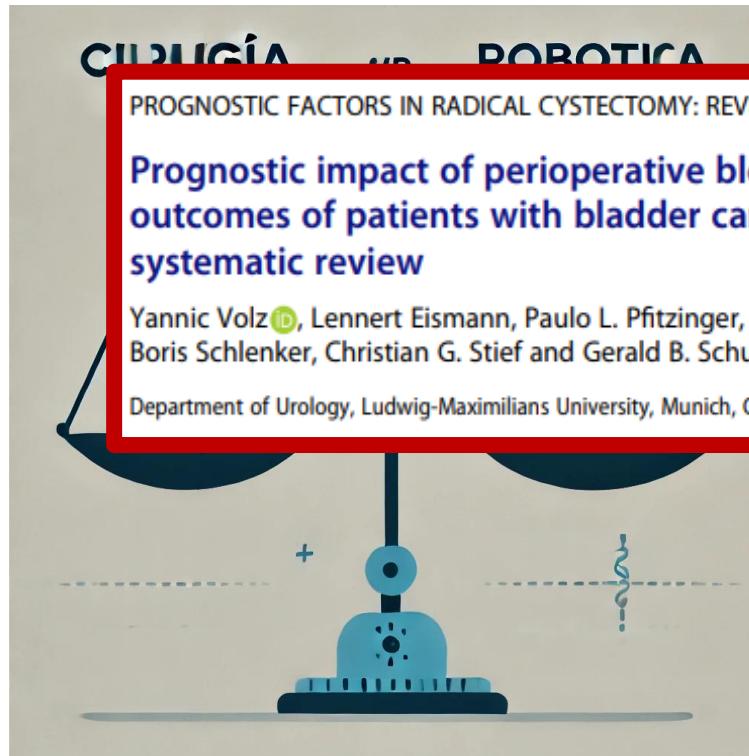
**Comparison of perioperative complications and health-related quality of life between robot-assisted and open radical cystectomy: A systematic review and meta-analysis**

Shoji Kimura,<sup>1,2,†</sup> Takehiro Iwata,<sup>1,3,†</sup> Beat Foerster,<sup>1,4</sup> Nicola Fossati,<sup>5,6</sup> Alberto Briganti,<sup>5,6</sup> Yasutomo Nasu,<sup>3</sup> Shin Egawa,<sup>2</sup> Mohammad Abufaraj<sup>1,7</sup> and Shahrokh F Shariat<sup>1,8,9,10,11</sup>

## REVIEW

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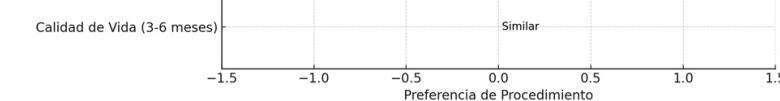
**PROGNOSTIC FACTORS IN RADICAL CYSTECTOMY: REVIEW ARTICLE**

**OPEN ACCESS**

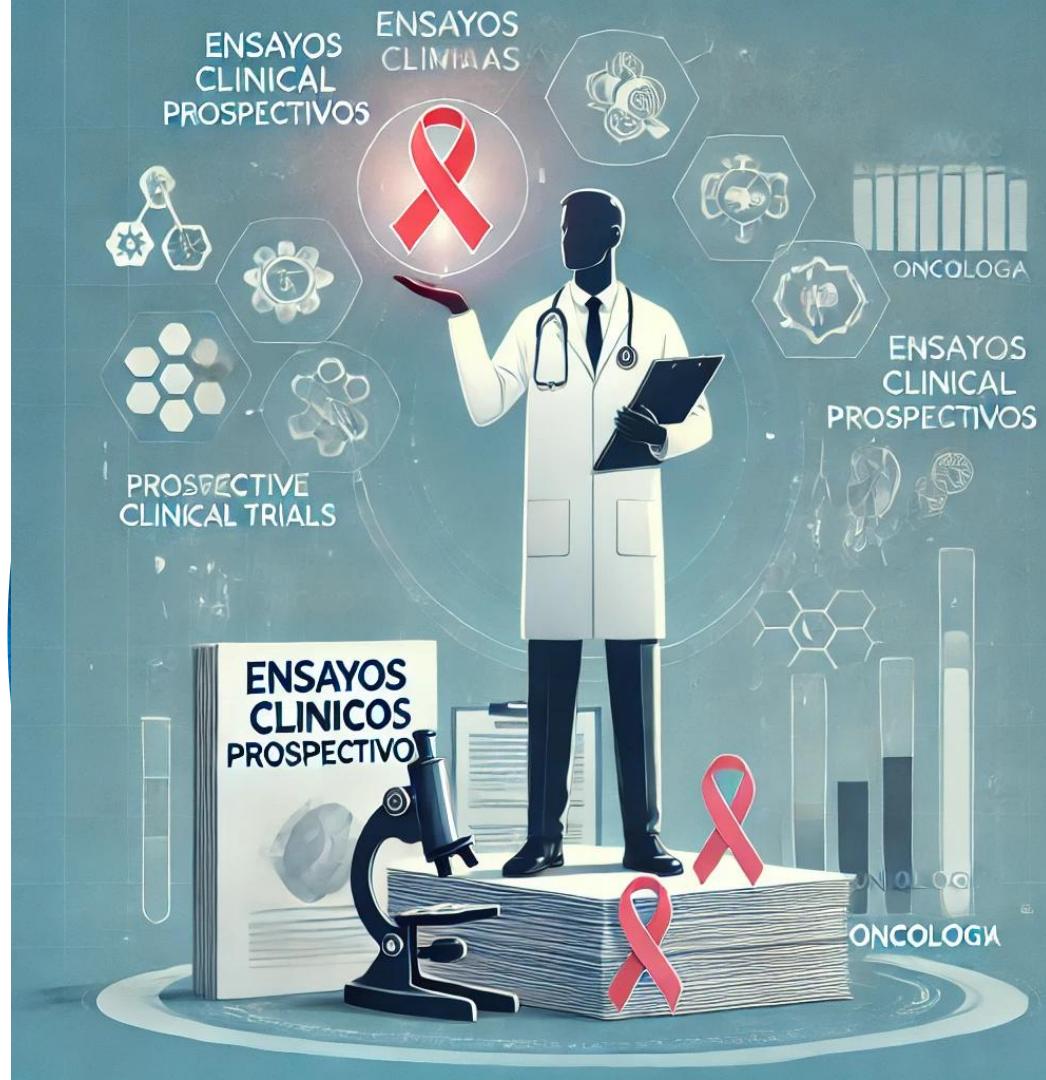
**Prognostic impact of perioperative blood transfusions on oncological outcomes of patients with bladder cancer undergoing radical cystectomy: A systematic review**

Yannic Volz , Lennert Eismann, Paulo L. Pfitzinger, Jan-Friedrich Jokisch, Alexander Buchner , Boris Schlenker, Christian G. Stief and Gerald B. Schulz

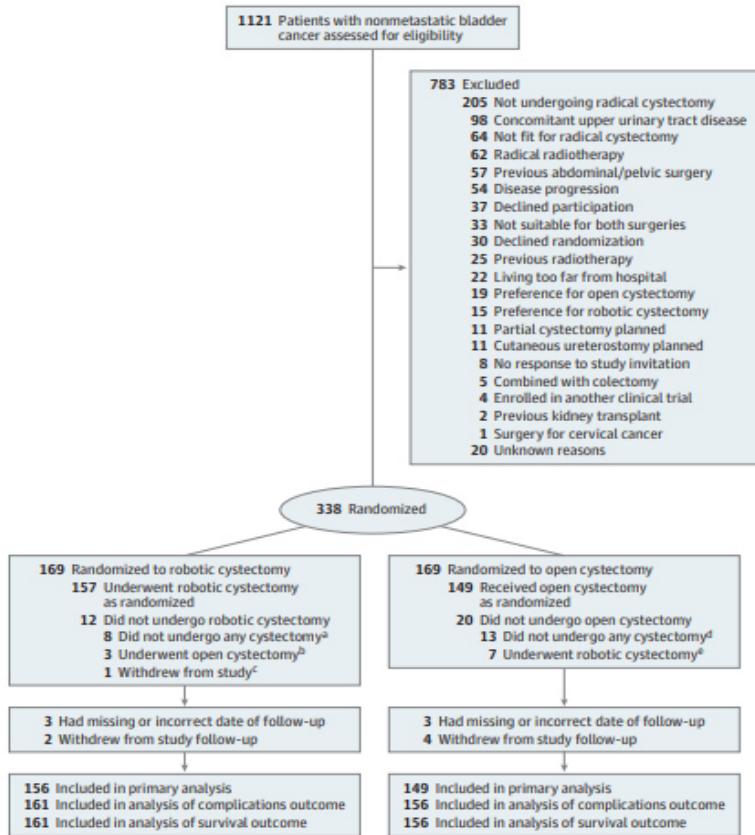
Department of Urology, Ludwig-Maximilians University, Munich, Germany



# Cistectomía Radical Robótica



# Recuperación CR vs CA

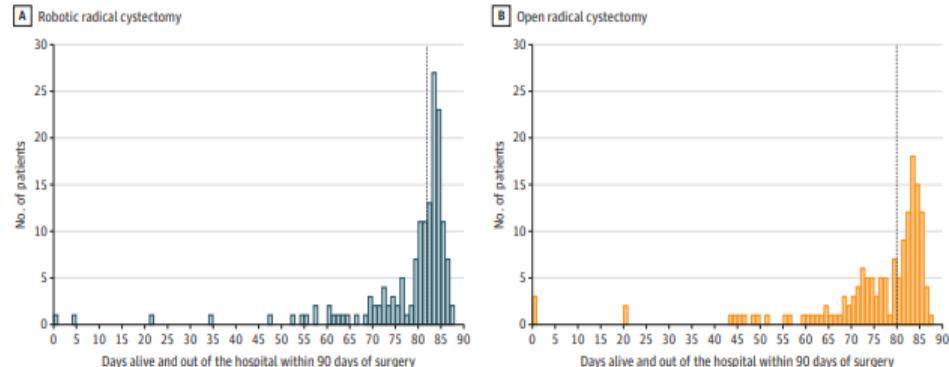


## Effect of Robot-Assisted Radical Cystectomy With Intracorporeal Urinary Diversion vs Open Radical Cystectomy on 90-Day Morbidity and Mortality Among Patients With Bladder Cancer

### A Randomized Clinical Trial

James W. F. Catto, PhD; Pramit Khetrapal, PhD; Federico Ricciardi, PhD; Gareth Ambler, PhD; Norman R. Williams, PhD; Tarek Al-Hammouri, MBChB; Muhammad Shamim Khan, MB, BS; Ramesh Thurairaja, MD; Rajesh Nair, MSc; Andrew Feber, PhD; Simon Dixon, PhD; Senthil Nathan, MPhil; Tim Briggs, BSc; Ashwin Sridhar, MSc; Imran Ahmad, PhD; Jaimin Bhatt, MBChB; Philip Charlesworth, DM; Christopher Blick, DM; Marcus G. Cumberbatch, PhD; Syed A. Hussain, MD; Sanjeev Kotwal, MD; Anthony Koupparis, MD; John McGrath, MD; Aidan P. Noon, MD; Edward Rowe, MD; Nikhil Vasdev, DSC; Vishwanath Hancharane, MSc; Daryl Hagan, MSc; Chris Brew-Graves, MSc; John D. Kelly, MD; for the iROC Study Team

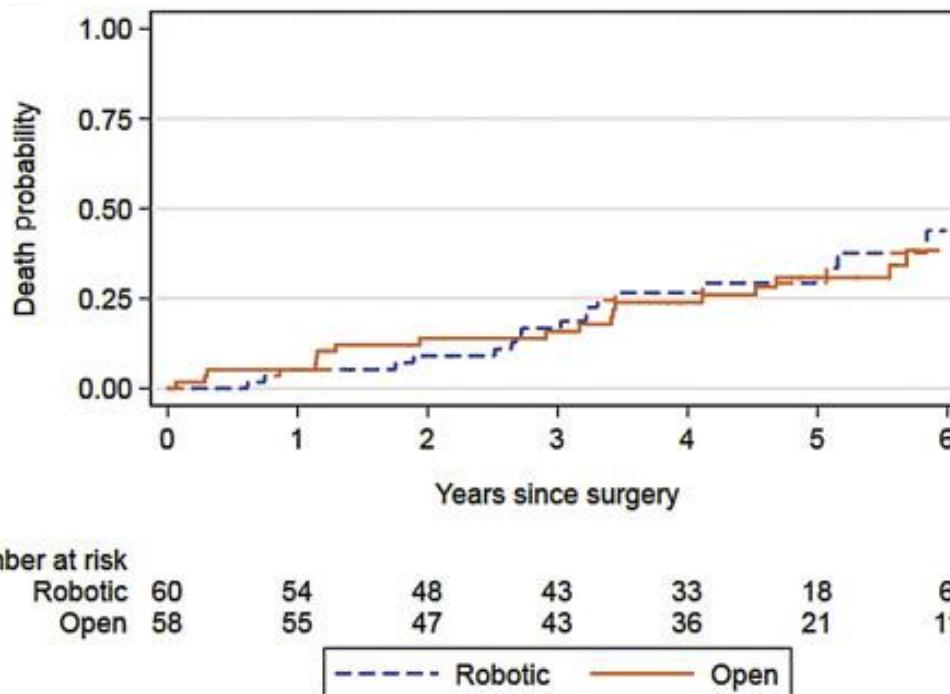
- N 338
- 2,2 días más fuera del hospital.
- 1 día menos de Estancia (7d CR vs 8d CA)
- Reingresos 21,8% (CR) vs 32% (CA)
- < EA Herida (5 vs 17%) y TEP (2 vs 8%)



# Randomized Trial Comparing Open Radical Cystectomy and Robot-assisted Laparoscopic Radical Cystectomy: Oncologic Outcomes

EUROPEAN UROLOGY 74 (2018) 465–471

Bernard H. Bochner <sup>a,b,\*</sup>, Guido Dalbagni <sup>a,b</sup>, Karim H. Marzouk <sup>a</sup>, Daniel D. Sjoberg <sup>c</sup>, Justin Lee <sup>a,1</sup>, Sheri M. Donat <sup>a,b</sup>, Jonathan A. Coleman <sup>a,b</sup>, Andrew Vickers <sup>c</sup>, Harry W. Herr <sup>a,b</sup>, Vincent P. Laudone <sup>a,b</sup>



	RARC (n = 60)	ORC (n = 58)
Any recurrence (no. of patients)	20	25
Local recurrence ( $p = 0.077$ )		
Rectum	3	0
Pelvic lymph nodes	6	2
Pelvic soft tissue	8	3
Abdominal recurrence ( $p = 0.2$ )		
Abdominal wall	5	0
Bowel	5	1
Peritoneum (carcinomatosis)	2	2
Soft tissue	2	1
Distant recurrence ( $p = 0.064$ )		
Adrenal	0	1
Bone	2	3
Extrapelvic lymph nodes	5	10
Liver	2	4
Lung	1	9
Soft tissue	2	3
Urothelial recurrence		
Upper tract	5	3
Urethra	1	2

ORC = open radical cystectomy; RARC = robot-assisted radical cystectomy.

\* Patients often had disease in multiple sites at time of first recurrence, but each patient was only counted once in the Any Recurrence total. The  $p$  values reflect log-rank analysis for any recurrence and competing risks for sites of first recurrence.

# Resultados Oncológicos

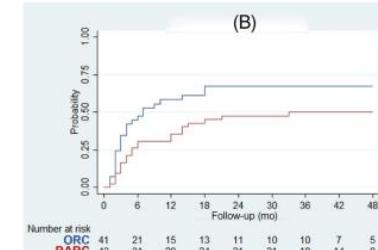
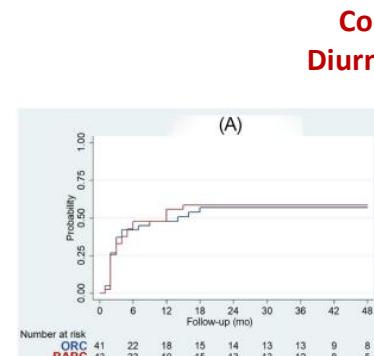
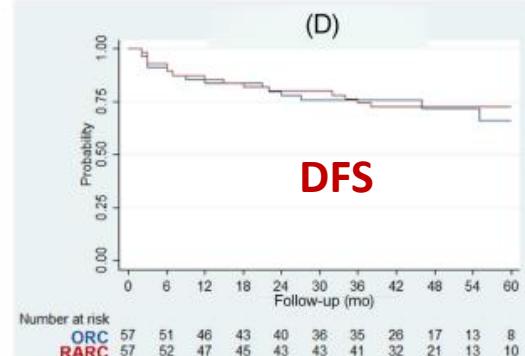
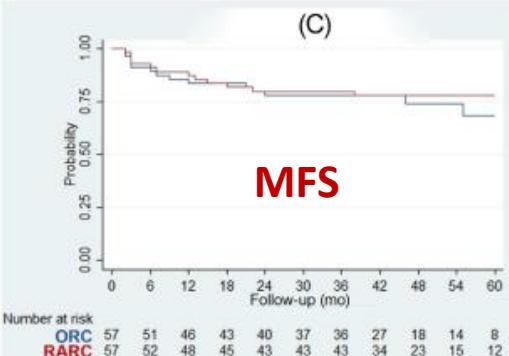
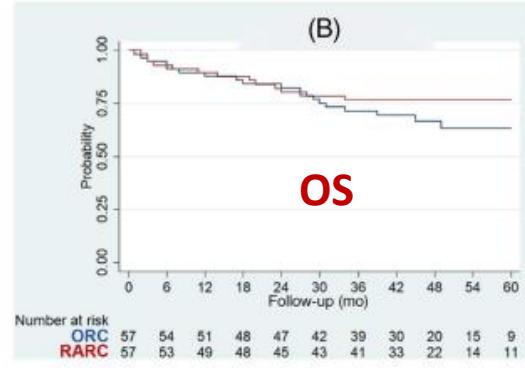
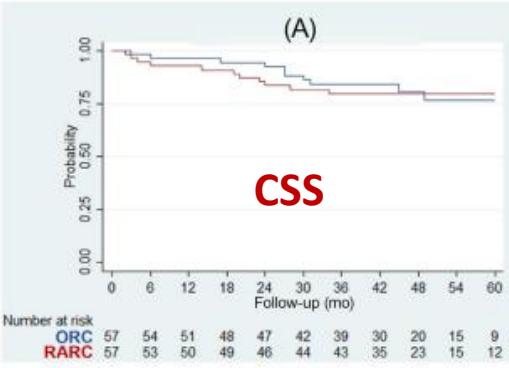


Platinum Priority – Bladder Cancer – Editor's Choice  
Editorial by George N. Thalmann on pp. 431–432 of this issue

## Robot-assisted Radical Cystectomy with Totally Intracorporeal Urinary Diversion Versus Open Radical Cystectomy: 3-Year Outcomes from a Randomised Controlled Trial

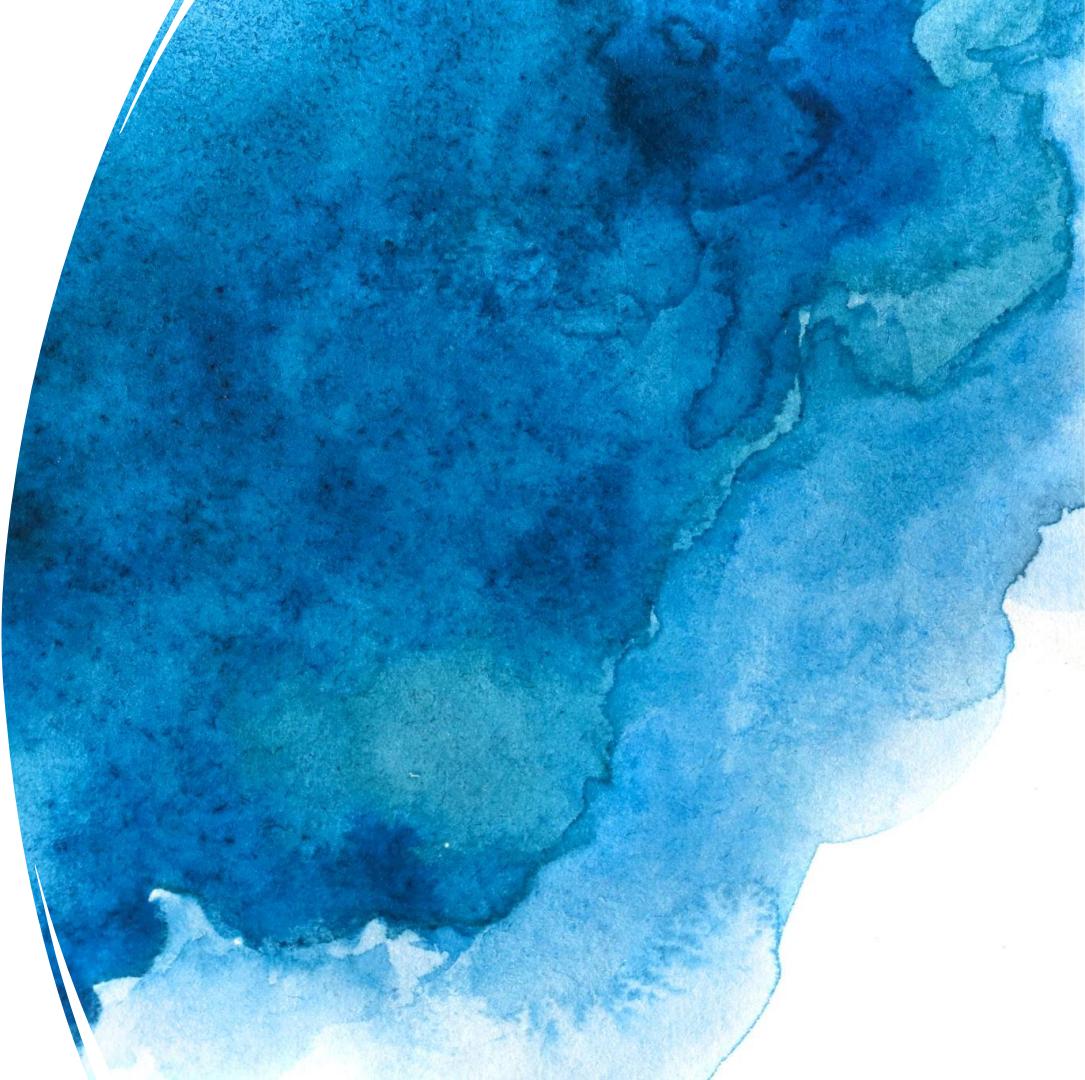
Riccardo Mastroianni <sup>\*</sup>, Gabriele Tuderti, Mariaconsiglia Ferriero, Umberto Anceschi, Alfredo Maria Bove, Aldo Brassetti, Simone D'Annunzio, Leonardo Misuraca, Giulia Torregiani, Marco Covotta, Salvatore Guaglianone, Michele Gallucci, Giuseppe Simone

Department of Urology, IRCCS Regina Elena National Cancer Institute, Rome, Italy



Continencia  
Diurna Nocturna

# **Cistectomía Radical Robótica ¿Siempre?**



# International Robotic Cystectomy Consortium: Resultados Oncológicos

## Ten-Year Oncologic Outcomes Following Robot-Assisted Radical Cystectomy: Results from the International Robotic Cystectomy Consortium



Ahmed A. Hussein,\* Ahmed S. Elsayed,\* Naif A. Aldhaam, Zhe Jing, Jennifer Osei, Jihad Kaouk, Juan Palou Redorta, Mani Menon, James Peabody, Prokar Dasgupta, Mohammed Shamim Khan, Alexandre Mottrie, Michael Stöckle, Ashok Hemal, Lee Richstone, Abolfazl Hosseini, Peter Wiklund, Francis Schanne, Eric Kim, Koon Ho Rha and Khurshid A. Gurut

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Printed in U.S.A.

- Libre de Recurrencia a 10 años: 59%
- Supervivencia Específica de la Enfermedad a 10 años: 65%
- Supervivencia Global a 10 años: 35%
  
- Recurrencia Local: 15% → Pelvis (5%)
- Recurrencia Distancia: 29% → Pulmón (7%)

### Factores Asociados con Peor Pronóstico:

- Estado T Patológico T3 o mayor
- Presencia de Metástasis Ganglionar (pN+)
- Márgenes Quirúrgicos Positivos



¿La Mejor Derivación?

# Derivación Urinaria

EUROPEAN UROLOGY FOCUS 8 (2022) 465-471

Bladder Cancer

## Comparison of Patient-reported Health-related Quality of Life Between Open Radical Cystectomy and Robot-assisted Radical Cystectomy with Intracorporeal Urinary Diversion: Interim Analysis of a Randomised Controlled Trial

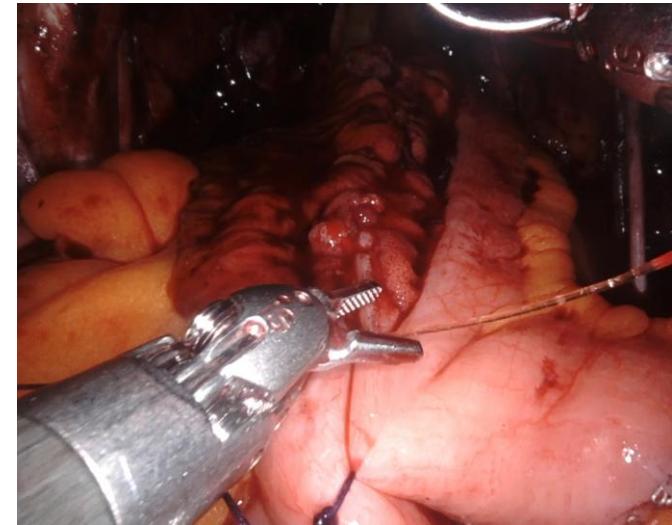
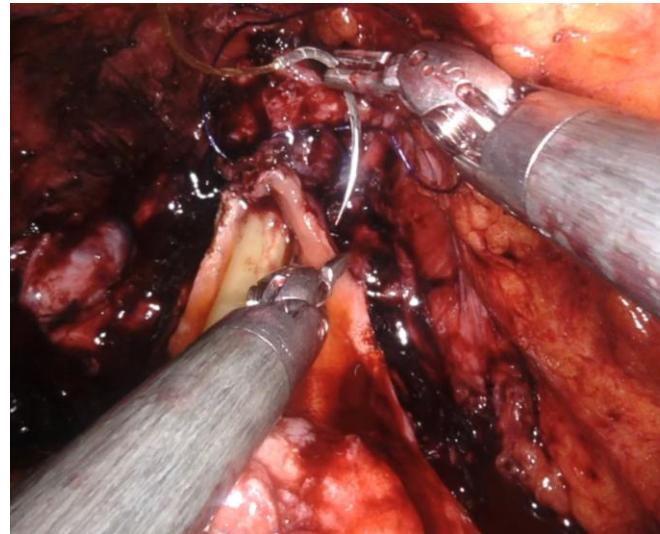
Riccardo Mastroianni <sup>a,\*</sup>, Gabriele Tuderti <sup>a</sup>, Umberto Anceschi <sup>a</sup>, Alfredo Maria Bove <sup>a</sup>, Aldo Braschetti <sup>a</sup>, Mariaconsiglia Ferriero <sup>a</sup>, Ashanti Zampa <sup>b</sup>, Diana Giannarelli <sup>b</sup>, Salvatore Guaglianone <sup>a</sup>, Michele Gallucci <sup>a</sup>, Giuseppe Simone <sup>a</sup>

### Urinary diversion, n (%)

	23 (77)	20 (71)
Neobladder	7 (23)	8 (29)

## 5. Conclusions

A between-group comparison of patient-reported QoL outcomes supports equivalence between RARC-iUD and ORC for all QoL domains except for minor items, namely, insomnia and abdominal bloating and flatulence. Notwithstanding, patients receiving ORC were more likely to experience a decline in role functioning and higher scores on the symptoms scale at 1-yr follow-up compared to baseline, while RARC-iUD patients were more likely to report significant increases in urinary symptoms and problems. Conclusive results from the trial and longer follow-up are awaited to support this preliminary evidence.



# International Robotic Cystectomy Consortium: Derivación

- Retrospectivo 2003-2020
  - N 3742
  - 33 Hospitales
  - 14 países
- 411 Neovejigas (64% ICNB)

- < Reingresos
- Neoadyuvancia
- Pacientes mayores
- Curva aprendizaje evolucionada (2016-20)

## Intracorporeal Versus Extracorporeal Neobladder After Robot-assisted Radical Cystectomy: Results From the International Robotic Cystectomy Consortium

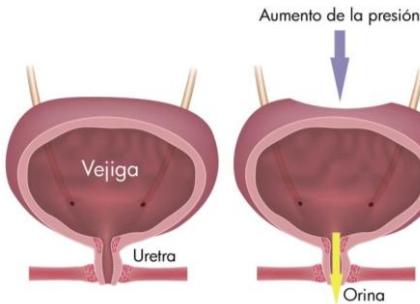
Zafardjan Dalimov, Umar Iqbal, Zhe Jing, Peter Wiklund, Jihad Kaouk, Eric Kim, Carl Wijburg, Andrew A. Wagner, Morgan Roupret, Prokar Dasgupta, Franco Gabardi, Lee Richstone, Ahmed Aboumohamed, Ahmed A. Hussein y Khurshid A. Guru

Urology, 2022-01-01, Volumen 159, Páginas 127-132, Copyright © 2021 Elsevier Inc.

	ECNB	ICNB	Overall	P -value
Postoperative outcomes				
No. any hospital readmission (%)	30 (24)	72 (36)	102 (31)	.023
0-30 d	16 (15)	41 (30)	57 (23)	.006
0-90 d	20 (18)	58 (41)	78 (31)	<.001
Within 1 y	26 (24)	68 (49)	94 (38)	<.001
No. 90-d mortality (%)	2 (1.4)	4 (1.5)	6 (1.5)	1.00
No. adjuvant chemotherapy (%)	26 (19)	23 (10)	49 (13)	.02
Median inpatient stay (IQR)	12 (8, 21)	8 (6, 13)	9 (7, 15)	<.001
Median ICU stay (IQR)	1 (1, 1)	2 (1, 5.5)	1 (1, 3)	<.001
No. stage pT3 or greater (%)	38 (27)	40 (17)	78 (20)	.025

- < Reintervención

## Paciente Colaborador



## Micción Controlada Maniobras de Credé



Segmento	Síndrome	Síntomas frecuentes	Otros
Ileon Terminal/Colon	Acidosis Metabólica Hiperclorémica	Fatiga, anorexia, letargia, debilidad muscular	Hipopotasemia Hipocalcemia

Malabsorción Vit B12  
Anemia Megaloblástica

Hipomagnesemia  
Hipocalcemia  
Hiperamonemia  
Elevación de Creatinina

**Incidencia 45% Neovejigas  
Hospitalización 4% casos**

# Efectos a largo plazo

- A partir 2-4 años.
- Hipercloremia
- Déficit de Bicarbonato
- Incremento Fosfatasa Alcalina (FA)
- Calcio, Fósforo, PTH y Vit D Normales

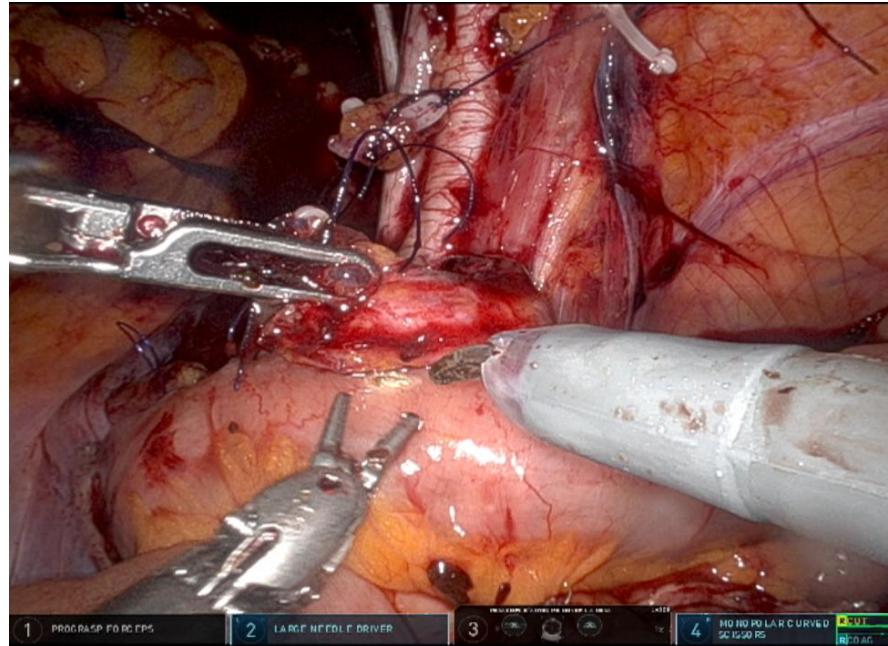
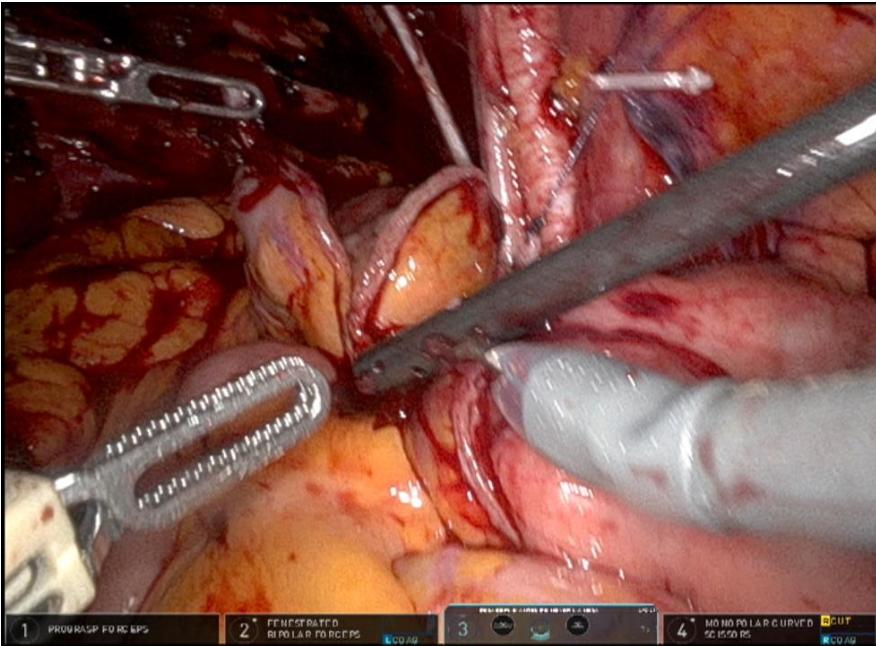
## Osteomalacia Enfermedad Ósea

Gasometría Venosa  
Densitometria  
Calcio – Fósforo – FA  
PTH – Vit D



↓  
Bicarbonato  
Suplementos de Calcio  
Suplementos de Vit.D

# Uretero-Ileostomia



Menos complicaciones Quirúrgicas  
Menos Estancia Hospitalaria  
Recuperación Precoz Actividad

Paciente Frágil, Incapacidad CVI, patología uretral,  
dificultad implicación en el proceso

# Individualización

- Insuficiencia Renal
- Insuficiencia Hepática
- Imposibilidad CVI
- Patología Uretral
- Falta Motivación

Contraindicaciones Absolutas



- Comorbilidad
- Edad Avanzada
- QuimioT Adyuvante
- RDT previa
- Patología Intestinal
- Riesgo Recurrencia

Contraindicaciones Relativas



## Fcs. Oncológicos

- Riesgo de Recurrencia Local
- RDT previa
- TTO Adyuvante
- TTO Neoadyuvante
- Otras Neoplasias

## Comorbilidades

- Estado Funcional
- Cirugías previas
- Función Renal
- Patología Gastrointestinal

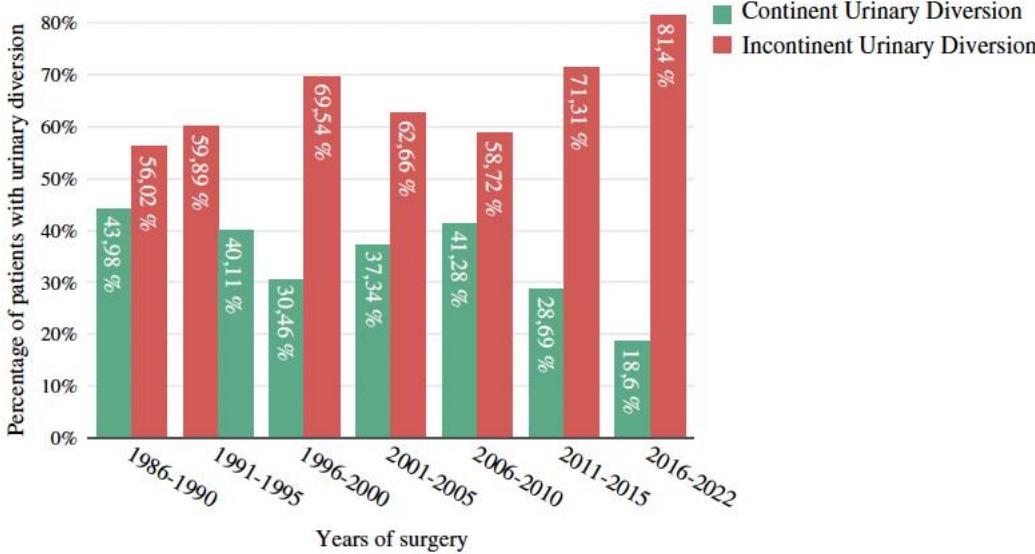
## Aspectos Técnicos

- Obesidad
- Localización tumoral
- Cis
- Posibilidad cateterización

## Calidad de vida

- Cumplimiento
- Función sexual
- Imagen corporal
- Soporte familiar
- Autocuidado

# Individualización



- Insuficiencia Renal
- Insuficiencia Hepática
- Imposibilidad CVI
- Patología Uretral
- Falta Motivación

Contraindicaciones Absolutas



- Comorbilidad
- Edad Avanzada
- QuimioT Adyuvante
- RDT previa
- Patología Intestinal
- Riesgo Recurrencia

Contraindicaciones Relativas



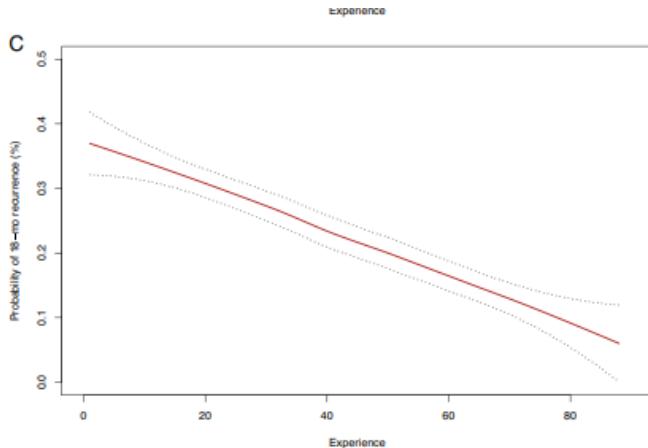
- Fcs. Oncológicos
- Riesgo de Recurrencia Local
  - RDT previa
  - TTO Adyuvante
  - TTO Neoadyuvante
  - Otras Neoplasias

- Comorbilidades
- Estado Funcional
  - Cirugías previas
  - Función Renal
  - Patología Gastrointestinal

- Aspectos Técnicos
- Obesidad
  - Localización tumoral
  - Cis
  - Posibilidad cateterización

- Calidad de vida
- Cumplimiento
  - Función sexual
  - Imagen corporal
  - Soporte familiar
  - Autocuidado

# Experiencia del Cirujano



## The Effect of Surgical Experience on Perioperative and Oncological Outcomes After Robot-assisted Radical Cystectomy with Intracorporeal Urinary Diversion: Evidence from a Referral Centre with Extensive Experience in Robotic Surgery

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Pieter Uvin <sup>b</sup>, Justin Collins <sup>a</sup>, Geert De Naeyer <sup>b</sup>, Peter Schatteman <sup>b</sup>, Frederiek D'Hondt <sup>b</sup>,  
Alexandre Mottrie <sup>a,b</sup>

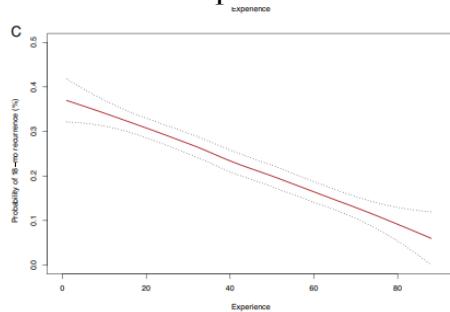
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**Conclusions:** SE affects perioperative and oncological outcomes after RARC with ICUD in a linear fashion, and its beneficial effect does not reach a plateau. Conversely, after 50 cases, no further improvement was observed for OT.

- < Tpo operatorio-Complicaciones - Recurrencia
- Recomendables 50 cistectomías
- Mentor
- Centros de referencia
- Derivación Intracorpórea

# Experiencia del Cirujano

- < Tpo operatorio-Complicaciones - Recurrencia
- Recomendables 30 cistectomías
- Mentor
- Centros de referencia
- Derivación Intracorpórea



Platinum Priority – Bladder Cancer

Editorial by Urs E. Studer and Laurence Collette on pp. 203–204 of this issue

## The Learning Curve of Robot-Assisted Radical Cystectomy: Results from the International Robotic Cystectomy Consortium

Matthew H. Hayn <sup>a</sup>, Abid Hussain <sup>a</sup>, Ahmed M. Mansour <sup>a</sup>, Paul E. Andrews <sup>b</sup>, Paul Carpentier <sup>b</sup>, Erik Castle <sup>b</sup>, Prokar Dasgupta <sup>d</sup>, Peter Rimington <sup>d</sup>, Raju Thomas <sup>c</sup>, Shamim Khan <sup>d</sup>, Adam Kibel <sup>e</sup>, Hyung Kim <sup>o</sup>, Murugesan Manoharan <sup>f</sup>, Mani Menon <sup>g</sup>, Alex Mottrie <sup>h</sup>, David Ornstein <sup>i</sup>, James Peabody <sup>g</sup>, Raj Pruthi <sup>j</sup>, Joan Palou Redorta <sup>k</sup>, Lee Richstone <sup>l</sup>, Francis Schanne <sup>m</sup>, Hans Stricker <sup>g</sup>, Peter Wiklund <sup>n</sup>, Rameela Chandrasekhar <sup>a</sup>, Greg E. Wilding <sup>a</sup>, Khurshid A. Guru <sup>a,\*</sup>

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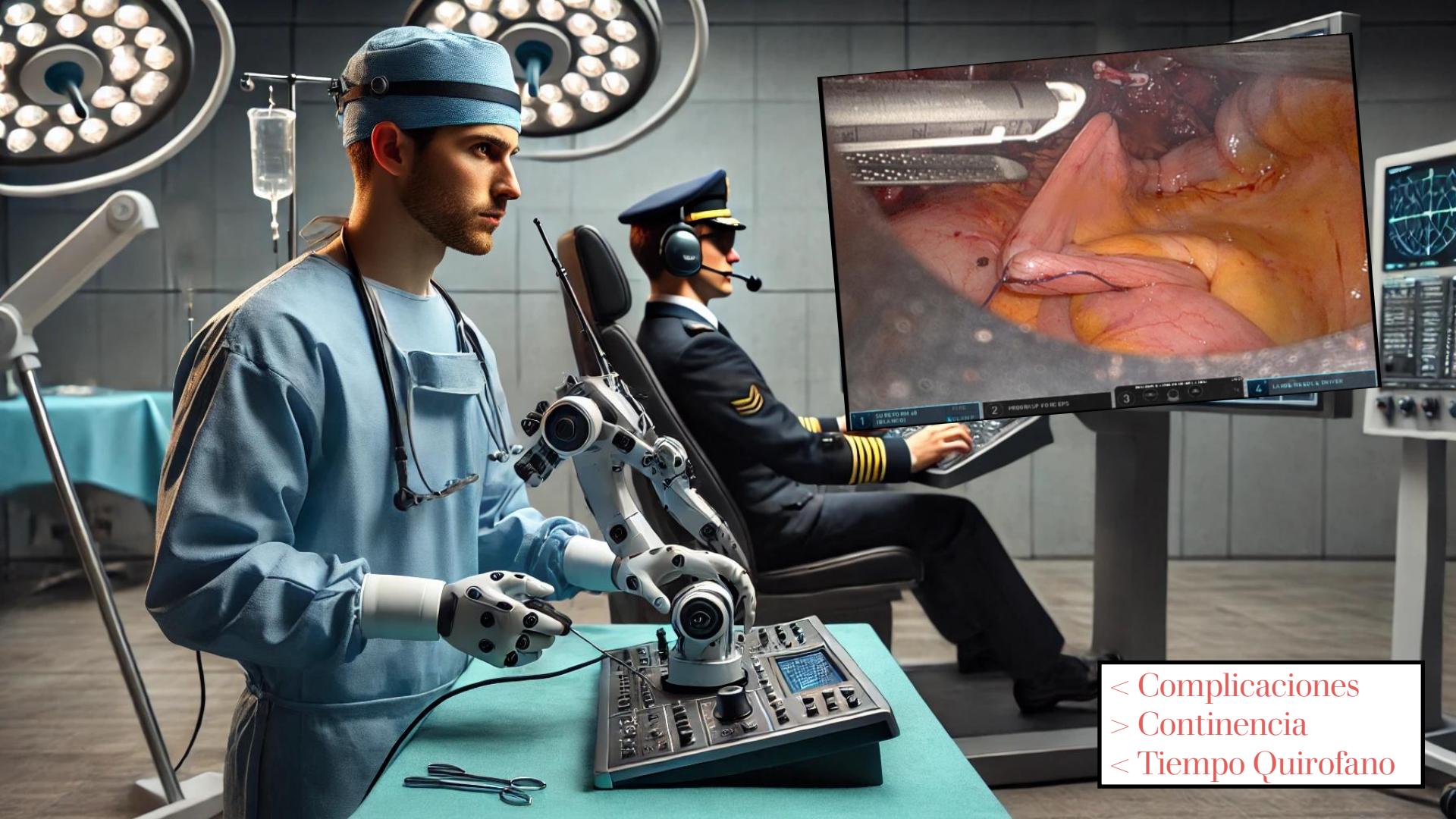
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**Conclusions:** SE affects perioperative and oncological outcomes after RARC with ICUD in a linear fashion, and its beneficial effect does not reach a plateau. Conversely, after 50 cases, no further improvement was observed for OT.

- 21 casos: OT 6.5h
- 20 casos: 16 ganglios
- 30 casos: 20 ganglios
- 30 casos: <5% PSM

# 30 Casos



< Complicaciones  
> Continencia  
< Tiempo Quirúrgico



TIPO DE  
ABORDAJE



EXPERIENCIA  
DEL CIRUJANO



PREHABILITACIÓN  
PREOPERATORIA



PREHABILITACIÓN  
PREOPERATORIA



TRATAMIENTO  
PREVIOS A  
LA CIRUGIA



TIPO DERIVACIÓN  
URINARIA





# Enhance Recovery After Surgery (ERAS) Protocolos Fast-Track

*Clinical Nutrition* 32 (2013) 879–887



Guidelines for perioperative care after radical cystectomy for bladder cancer: Enhanced Recovery After Surgery (ERAS®) society recommendations



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Francesco Carli<sup>h</sup>, Torvind Naesheim<sup>i</sup>, Lars Ytrebo<sup>i</sup>, Arthur Revhaug<sup>i</sup>, Kristoffer Lassen<sup>j</sup>,  
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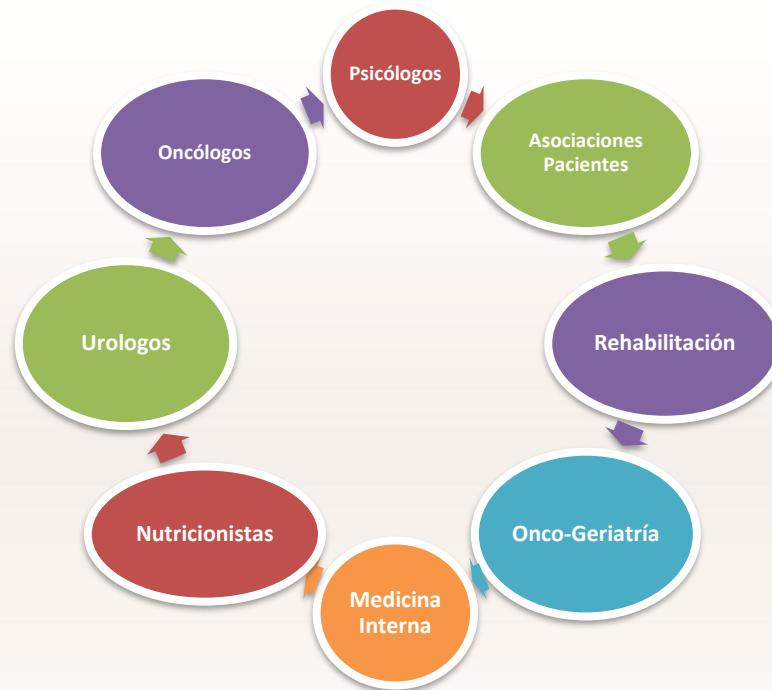
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- **Optimización Basal**
- **Ejercicio Físico**
- **Rehabilitación Respiratoria**
- **Optimización Nutricional**
- **Apoyo Psico-social**





Type of Approach



Surgeon Experience



Neoadjuvant Treatment



Preoperative Prehabilitation



Type of Urinary Diversion

