

Laparoscopic surgery for bladder cancer leads to good long-term cancer control

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Long-term survival rates following laparoscopic surgery for bladder cancer are comparable to those of open surgery, according to a study published in *BJU International*. The findings, which come from the largest study to date with long-term follow-up after this type of minimally invasive surgery, indicate that prospective randomized trials comparing these two bladder cancer surgeries are warranted.

Open radical cystectomy, or removal of the bladder though [open surgery](#), is the treatment of choice for muscle invasive and high-risk non-muscle [invasive bladder cancer](#); however, the surgery can lead to serious complications. Some hospitals are using minimally invasive procedures such as laparoscopic radical cystectomy, but there is little information on the effectiveness of these procedures for preventing cancer recurrence over the long term.

To address this, the European Association of Urology (EAU)-section of Uro-technology has been building a large database of laparoscopic radical cystectomy procedures performed across Europe. When exploring this database, an international team led by Simone Albisinni, MD and Roland van Velthoven, MD, PhD, of the Université Libre de Bruxelles in Belgium, found that laparoscopic radical cystectomy can lead to reliable cancer control even many years after surgery. After 5 years, 66 percent of patients had no signs of bladder cancer recurrence, and among those followed for 10 years, 62 percent had no signs of recurrence.

"Analyzing over 500 patients and with a median follow-up of 5 years, these results are vital to globally evaluate the efficacy of this procedure. They suggest that a laparoscopic approach to bladder cancer, when performed correctly, can be as safe as open surgery with regards to cancer control, though maintaining the benefits of a minimally invasive approach," said Dr. Albisinni.

The authors noted that there is growing interest for robotic-assisted radical cystectomy, another minimally invasive procedure, in the international community as well; however, many hospitals in Europe do not own a robot. Laparoscopic equipment, on the other hand, is more widely available. "As such, this data represents crucial information for urologists who are performing [laparoscopic surgery](#), or who wish to implement laparoscopic cystectomy in their departments. In spite of the technical difficulty and the need for a learning curve, these findings support the use of a [laparoscopic approach](#) for the management of [bladder cancer](#)," said Dr. Albisinni.

More information: "Long-term analysis of oncologic outcomes after laparoscopic radical cystectomy in Europe: Results from a multicentric study of EAU-section of Uro-technology." Simone Albisinni, Jens Rassweiler, Clement-Claude Abbou, Xavier Cathelineau, Piotr Chlosta, Laurent Foisson, Franco Gaboardi, Peter Rimmington, Laurent Salomon, Rafael Sanchez-Salas, Jens-Uwe Stolzenburg, Dogu Teber, and Roland van Velthoven. *BJU International*; Published Online: December 18, 2014. [DOI: 10.1111/bju.12947](https://doi.org/10.1111/bju.12947)

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