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Does Delay of Radical Cystectomy affect Prognosis of Invasive Bladder Cancer: The Relation between Delay Interval and Cancer Specific Survival Rate in all Patients not divided by preoperative Cancer Stage of Bladder Cancer

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Objectives: The impact of delay from diagnosing invasive bladder carcinoma by transurethral resection (TUR) to radical cystectomy (RC) on prognosis is reported in various ways. The purpose of this study is to assess the effect of delay interval on postoperative result and prognosis.

Materials and Methods: The medical records of 305 patients who underwent radical cystectomy with pelvic lymphadenectomy from 1992 to 2005 were reviewed retrospectively. We analyzed the effect of clinical and pathological factors including the interval from last TUR to RC on postoperative cancer stage and survival. Cancer specific survival rate was predicted using Kaplan-Meier method, and Log-rank test for univariate analysis, Cox proportional hazards model for multivariate analysis were used.

Results: Of 305 patients 266 were men and 39 were women. Mean interval between last TUR and RC was 25.8 (1~130) days.

There was no statistical difference in pT, pN stage and upstaging between short and long interval groups divided by 30 days, 60 days, and 90 days.

On univariate analysis delay over 30 days showed statistically significant difference of cancer specific survival rate (149.9 vs. 107.3 months, $p = 0.01$), but on multivariate analysis the significance level was about borderline ($p = 0.056$). Delay over 60 or 90 days did not show significance on univariate and multivariate analysis.

Conclusion: Delay of RC didn't have statistical significance, in this study. But it is not thought to be excluded that delay over 30 days can affect prognosis in patients who undergo RC. Delay over 30 days from last TUR to cystectomy may be a prognostic factor of cancer specific survival.

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