

## Re: Results from Three Municipal Hospitals Regarding Radical Cystectomy on Elderly Patients

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To the Editor:

The evaluation of radical cystectomy outcomes in the elderly population is an important issue. The authors present their data from three community hospitals and we need to congratulate them for the needed considerable effort. The median age median of this cohort was 77.6 years, with only 22 patients being older than 77 years. Nonetheless, this study supports the fact that older patients can safely undergo radical cystectomy at municipal centers.

Surgical volume of radical cystectomy is an important predictor of risk of complications and overall survival. The focus of the present study is municipal non-university related hospitals, where the overall mean volume was about 12.5 cases per year per hospital. This would be appropriately called an intermediate or even a high volume institution (1), not a low volume institution where the risk of complications is consistently proven to be higher.

An intriguing finding of the present series is that the overall survival equals progression free survival. Bladder cancer patients, especially older patients, would be expected to have competing risks for mortality other than bladder cancer, especially when considering this cohort, which had a mean ASA class of 3. The authors state that virtually all the patients died of bladder cancer. Although the follow-up is perhaps too short to fully evaluate this point,

we would still expect a small difference between overall and progression free survival at 5 years. For organ-confined, extra-organ and node positive disease, the difference is about 7%, 15% and 27% (2). We want to stress the point that risk of complication must always be balanced against invasiveness and quality of the oncologic procedure.

Retrospective comparison of outcomes between different institutions is beset with major methodological difficulties. There are often major differences in patient population and selection biases, different definition of outcomes, different approaches in disease management and surgical techniques, to name only a few potential limitations. One must also note that the retrospective comparison of patient groups within institutions is threatened by the same biases. It is also important to note that other patient specific characteristics not commonly recorded such as cognitive status and functional status can also have a direct impact on post-operative morbidity and mortality.

Overall, these data support the feasibility and clinical utility of surgical treatment in the elderly patient. Series like the present one demonstrate that with careful patient selection, in centers with intermediate or higher volume, radical cystectomy appears feasible. Long term oncological results are awaited.

## REFERENCES

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## Re: Pudendal Somatosensory Evoked Potentials in Normal Women

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To the Editor:

Authors have studied pudendal somatosensory evoked potentials (SSEP) in a rather impressive number (n = 38) of healthy women and most important they also studied factors as corporal dimension and obstetric history.

SSEP is an electrophysiological test that objectively assesses afferent pathways even in unconscious patients. Women with stress urinary incontinence but without overt neurological disease could be studied for some kind of neuropathic lesion with pudendal SSEP. The study of cerebral SSEP cannot reveal the localization of the lesion (central or peripheral nervous system). The study of cerebral and spinal SSEP could reveal the localization of lesion but spinal SSEP are not easily recorded even in healthy subjects and particularly in women.

Pudendal SSEP is useful in the evaluation of lower urinary tract dysfunction either in patients with peripheral or central nervous system lesions as a part

of a more complex neuro-urodynamics investigation. Clinical examination, urodynamics and some uro-neurophysiologic tests (needle electromyography of pelvic floor muscles, sacral reflexes, perineal sympathetic skin response, and pudendal SSEP) can contribute in a more thorough evaluation of the lower urinary tract neuropathic dysfunction.

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