

## Letter to the Editor regarding the Article “Postoperative Mortality Rate after Radical Cystectomy: A Systematic Review of Epidemiologic Series”

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Dear Editor,

We have read an article recently published by Korkes and associates with great interest [1]. This interesting systematic review makes us question different aspects of radical and reconstructive surgery of muscle-invasive bladder cancer. The emphasis of the article is on the mortality rate after cystectomy. As expected, it resulted in mortality rates that are significantly lower in countries with major developed economies than in developing countries. Mortality rates are also lower in high-volume centers than those in low-volume centers.

Interestingly, Canada simultaneously had the lowest rate of in-hospital mortality and the highest rate of 90-day mortality (90M). Korkes et al. did not offer a possible explanation for these results. The answer could be the importance of the availability of a center experienced in managing complications. Another topic from this article that deserves attention is the proportion of patients treated with cystectomy among patients who have an absolute indication for this type of surgery. If we know

that radical surgical treatment is “the gold standard” for patients with pT2–pT4 M0 disease, the percentage of 18.9% of the patients treated with radical surgery is extremely low [2]. An alternative to operative treatment is trimodal treatment, which according to the guidelines is reserved for small, solitary tumors or patients with contraindications for surgery [3]. We are well aware that both of these groups of patients make up a minor part of the total number of candidates for radical treatment. The third question from this article is the choice of urinary diversion. It was shown that only 10.4% of patients receive continent diversion, which is similar to the results of Hautmann and associates from 2015, where the percentage in institutions worldwide is 15%, it reaches 30–45% in leading oncology centers, and only in pioneering institutions amounts to about 75% [4].

Given that our Department of Urology performs about 100 cystectomies per year, of which 40–50% are with orthotopic derivation, the above questions are extremely interesting to us. We believe there is a unique answer to all three open questions. The centralization of patients in

high-volume centers brings with it (1) a lower mortality rate, as stated in this article; (2) an adequate form of treatment considering the significantly higher percentage of patients treated with radical cystectomy; (3) the most appropriate form of urinary diversion.

### Conflict of Interest Statement

All the authors declare no conflict of interests.

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### Author Contributions

Pero Bokarica, Masa Alfirevic, Adelina Hrkac, Ana Magdalena Glas, and Igor Tomaskovic participated in the writing of the manuscript. Pero Bokarica, Masa Alfirevic, and Adelina Hrkac did the concept and design of the manuscript.

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