

Factors ID'd for recurrence after radical cystectomy

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recurrence locations, there was no correlation for operative time and previous pelvic radiotherapy.

"Predictors of distant recurrences, peritoneal carcinomatosis, and extrapelvic [lymph node metastases](#) after robot-assisted radical cystectomy did not significantly differ and were mainly dictated by pathological tumor characteristics," the authors write.

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(HealthDay)—For patients undergoing robot-assisted radical cystectomy, predictors of recurrence include mainly tumor characteristics, according to a study published in the October issue of *The Journal of Urology*.

Daniel P. Nguyen, from Bern University Hospital in Switzerland, and colleagues reported analysis of 310 patients who underwent robot-assisted radical cystectomy for bladder cancer from 2001 to 2015. Variables for patients without recurrence and with local, distant, or atypical recurrence were compared.

The researchers found that 81 patients had recurrence at a median follow-up of 24 months. Factors that were significantly associated with any recurrence included tumor classification, lymphovascular invasion, estimated [glomerular filtration rate](#) less than 60 ml/min/1.73 m², and perioperative blood transfusion. Correlations were seen for tumor and nodal classification, lymphovascular invasion, and positive surgical margins with all three recurrence locations (all P

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