

(MP61-03) Lymph node yield variability after radical cystectomy: the effect of pathological processing and microscopic examination

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- **Objective:** To test the hypothesis that lymph node yield varies by pathology assistant (PA) in patients undergoing radical cystectomy (RC) with pelvic lymph node dissection (PLND) for bladder cancer
- **Methods:** review of patients who underwent RC with PLND for UCC between 01/2007-01/2018
- **Results:**
 - 430 patients
 - Nodal yield differences ($p < 0.05$) on unadjusted analysis:
 - Level of dissection, clinical stage, neoadjuvant chemotherapy, surgical approach, surgeon, pathologist, PA

Table 1. Patient Characteristics

Clinical Stage (%)	
Tis	35 (8.1)
Ta	13 (3.0)
T1	105 (24.4)
T2	223 (51.9)
T3	39 (9.1)
T4	15 (3.5)
Neoadjuvant chemotherapy in cT2+ patients (%)	144/277 (53.4)
Robotic approach (%)	195 (45.3)
No. Level of nodal dissection (%)	
External Iliac	143 (33.3)
Aortic Bifurcation	206 (47.9)
Internal Mesenteric Artery	81 (18.8)
Median node count (IQR)	15.0 (11.0-21.0)

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Results

- Multivariable analysis: adjusted node counts varied between surgeon, pathologist, clinical stage, level of dissection, but not PA

Conclusion

- Lymph node yield after RC varies on several known levels, however this study found no significant variation in lymph node yield according to PA.

Limitations

- Retrospective study, unmeasured confounders, absence of covariates in model due to overfitting concerns

