Recourse to radical prostatectomy and associated short-term outcomes in Italy: a country-wide study over the last decade

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OBJECTIVE:

• Population-based data on radical prostatectomy (RP) adoption and outcomes are available mainly from Northern America and Northern Europe. • To estimate time trends in the recourse to RP and in short-term outcomes after RP in Italy.

PATIENTS AND METHODS:

• All RP for prostate cancer performed in 2001-2010 were extracted from the Italian national archive of hospital discharge records. • Age-specific and age-standardized RP rates were computed. • The effect of procedural volume on in-hospital mortality, complications, and length of stay was estimated by multilevel regression models.

RESULTS:

• 144,432 RP were analyzed. Country-wide RP rates increased in 2001-2004 and thereafter remained stable, with large differences between geographical areas. • The mean hospital volume raised in the first study years, without centralization but due to increasing RP numbers at the population level. • The median LOS declined from 10 to 8 days over the study period (mean from 11.7 to 9.2 days). • In-hospital mortality dropped from 0.16% in 2001 to 0.07% in 2010. In-hospital mortality, LOS, and the prevalence of complications increased with age, and decreased with year of surgery. • Compared to very low-volume hospitals, procedures performed in high volume hospitals were associated to decreased in-hospital mortality, in-hospital complications, and hospital stay.

CONCLUSIONS:

• The study adds evidence on rapidly changing trends in RP rates, on improving in-hospital outcomes, and on their association with procedural volume.

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