Réseau de cancérologie Rossy
Rossy Cancer Network

Improving the quality of bladder cancer patient care across the RCN partner institutions: Implementation, standardization and analysis of a common RCN ERAS protocol for radical cystectomy

Maude Giordanengo, Paola Gardère, Franck Bladou

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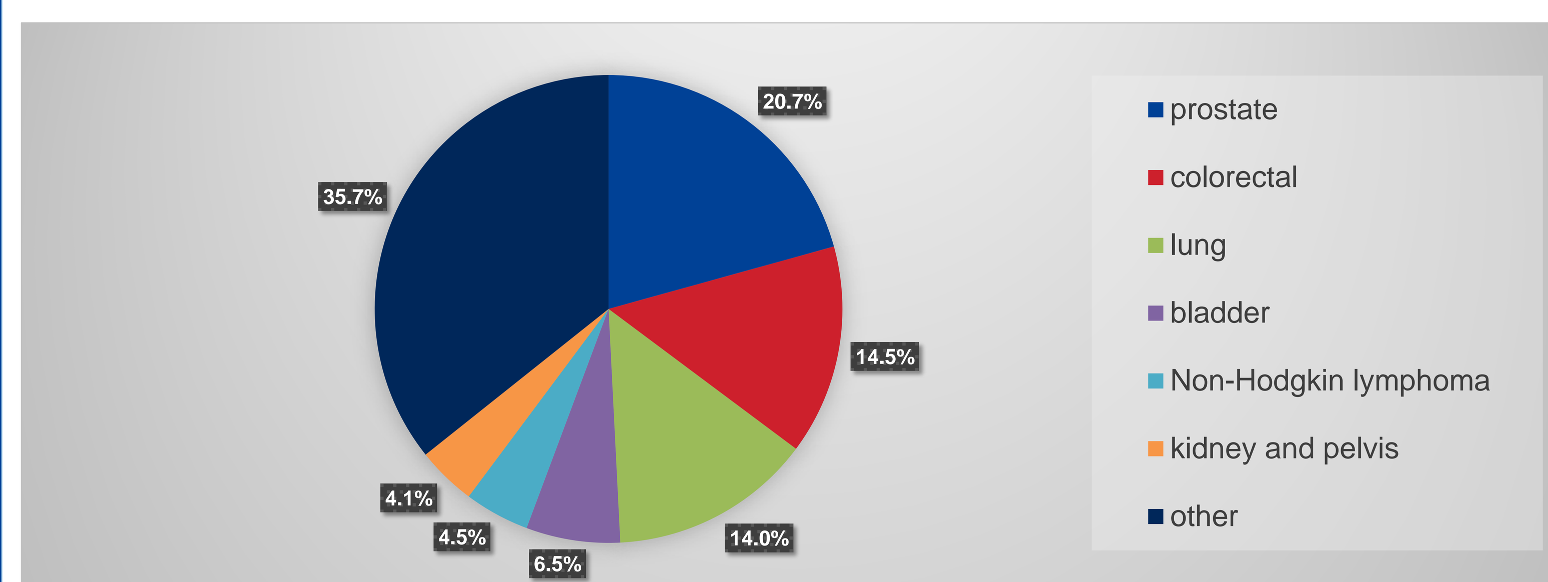
INTRODUCTION

- Bladder cancer is the 5th most common cancer in Canada, the 4th most common among men and the 12th most common among women (Bladder Cancer Canada, 2017).

% of projected cancer cases en 2017 for males



(Government of Canada,2017)

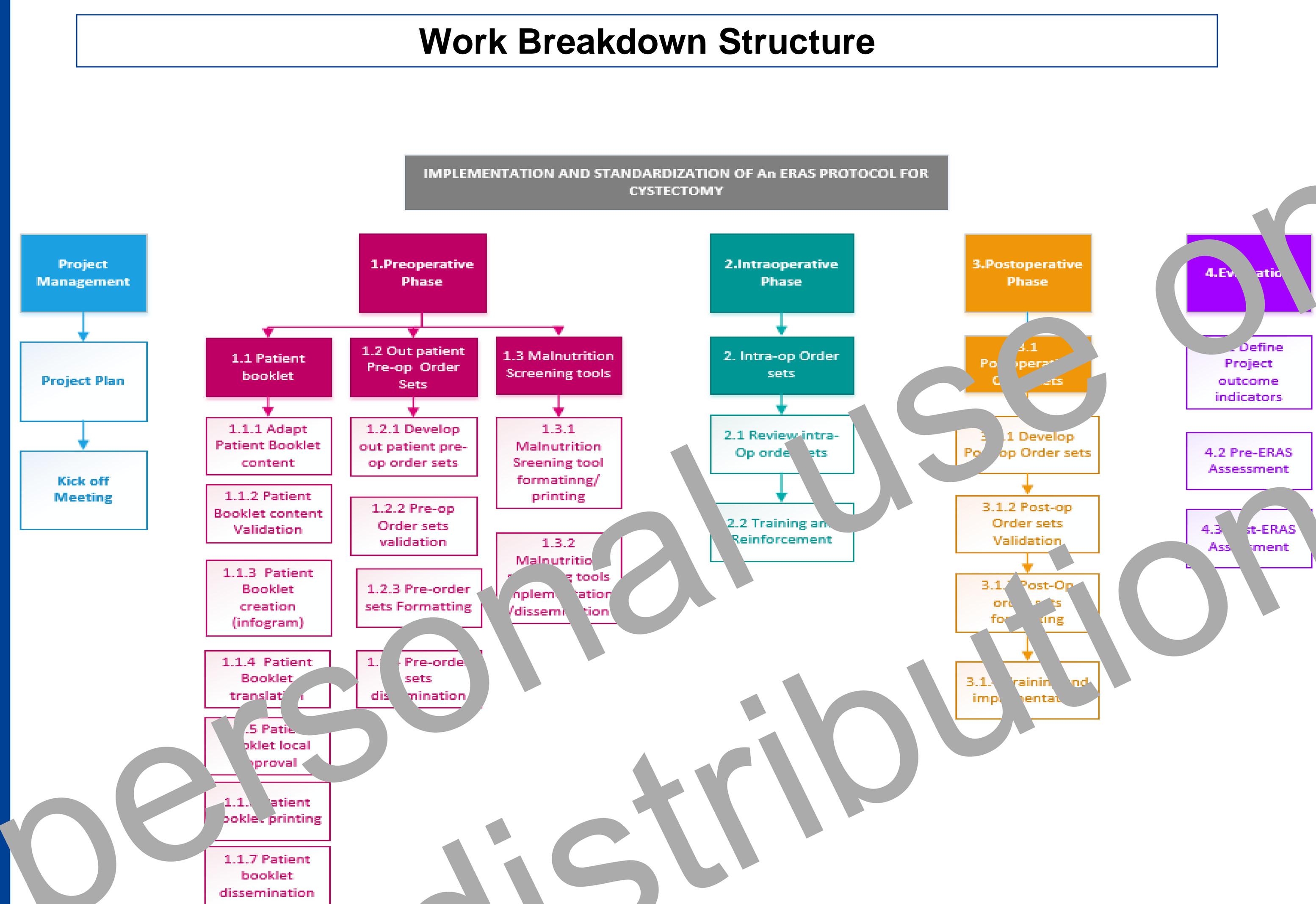
- Because of a recurrence rate of 60-70%, bladder cancer is the most expensive cancer to treat on a per-patient basis (Bladder Cancer Canada, 2017).
- 25 % of bladder cancer patients are diagnosed with muscle-invasive disease. Mortality rate is 40% in first 5 years for muscle-invasive disease. Radical cystectomy is the standard treatment for invasive bladder cancer, with curative intent in non-metastatic patients (Bladder Cancer Canada, 2017).
- Despite standardization of the surgical technique, improved anesthesia and perioperative care, the morbidity is still up to 30-40% (Shabsigh et al., 2009).
- ERAS perioperative protocols have shown significant reduction of complications and length of stay (LOS) and is evidence-based best care in colorectal surgeries and can be extended to other surgical specialties (Cerentola et al., 2013).

OBJECTIVES

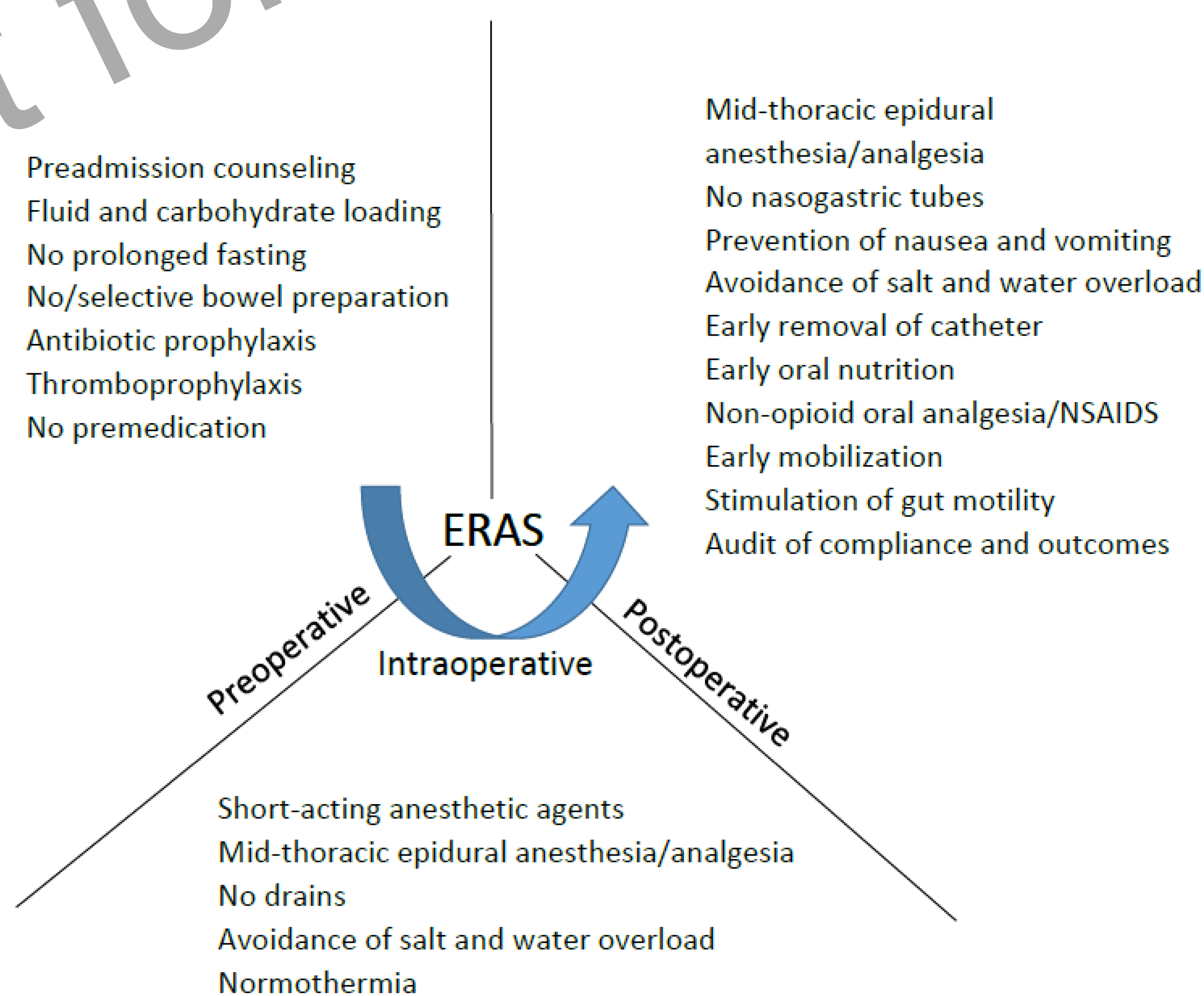
1. Implement a standardized ERAS pathway for radical cystectomy within two RCN partner institutions (MUHC and JGH).
2. Improve the quality of care of bladder cancer patients, i.e., improve recovery (LOS), decrease morbidity and complications of this procedure.

IMPLEMENTATION OF ERAS CYSTECTOMY

Work Breakdown Structure



ERAS principle



OUTCOMES

1. NSQIP data:
   - 1.1 LOS
   - 1.2 Readmission
   - 1.3 General postoperative complications
2. ERAS database for audits:
   - 2.1 Compliance rate
   - 2.2 Postoperative complications
   - 2.3 LOS
   - 2.4 Readmission

PATIENT IMPACT HYPOTHESIS

1. Diminution of LOS

2. Reduction in postoperative complications

TRANSLATION ACROSS THE RCN

We are now in the process of implementing an ERAS program at the JGH for patients with bladder cancer that will have a cystectomy.

These results will be compared to the MUHC cases of cystectomy, where an ERAS program is already implemented, the objective being a standardization of optimal care within the RCN institutions.

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