Obesity has been linked with increased risk of many cancers but its influence on risk of urothelial carcinoma of the bladder (UCB) is not well established. In this study, we examined the relationship between obesity and morbidity and mortality following radical cystectomy for UCB management. The primary outcomes of interest were postoperative length of stay and perioperative complications adjusting for CCI score, gender, and smoking status.

### Limitations

- Lack of complete patient CT data led to smaller study cohort
- Retrospective nature of study
- Single slice CT

### RESULTS

- There were 154 males enrolled in this study (76.2%) with an average age of 70 (IQR 60-78).
- 119 patients had smoked cigarettes (58.9%) and 43 (21%) died from bladder cancer while 65 (32%) died from all causes.
- 40% of patients received chemotherapy with 28% receiving neoadjuvant or adjuvant chemotherapy.

#### Perioperative Outcomes

- Median length of stay was 9 days (IQR 7-12)
- Median follow-up was 37 months (IQR: 27-54)
- VAT was predictive of longer LOS (β-coeff 0.0233, 95% CI 0.0002-0.0463) while SAT was predictive of more serious post-operative complications (OR 1.004, 95% CI 1.001-1.008).

#### Survival Outcomes

- Zach to insert survival data for DSS
- Zach to insert survival data for OS

### CONCLUSIONS

- VAT and SAT were predictive of increased length of stay and serious postoperative complications (CD grade III-V), respectively.
- Due to the use of CT staging prior to radical cystectomy, VAT and SAT may provide more reliable measures of obesity risk than BMI.

### REFERENCES