## Accepted Manuscript

Title: Minimally Invasive Versus Open Approach for Cystectomy: Trends in the Utilization and Demographic or Clinical Predictors Using the National Cancer Database (Ncdb)

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PII: S0090-4295(17)30150-4

DOI: http://dx.doi.org/doi: 10.1016/j.urology.2017.02.018

Reference: URL 20294

To appear in: Urology

Received date: 4-11-2016 Accepted date: 9-2-2017



Please cite this article as: Andrew G. Bachman, Alexander A. Parker, Marshall D. Shaw, Brian W. Cross, Kelly L. Stratton, Michael S. Cookson, Sanjay G. Patel, Minimally Invasive Versus Open Approach for Cystectomy: Trends in the Utilization and Demographic or Clinical Predictors Using the National Cancer Database (Ncdb), *Urology* (2017), http://dx.doi.org/doi: 10.1016/j.urology.2017.02.018.

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# ACCEPTED MANUSCRIPT

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Key Words: Bladder Cancer; Cystectomy; Minimally Invasive Surgery

**NCDB Disclaimer:** The National Cancer Data Base (NCDB) is a joint project of the Commission on Cancer (CoC) of the American College of Surgeons and the American Cancer Society. The CoC's NCDB and the hospitals participating in the CoC NCDB are the source of the de-identified data used herein; they have not verified and are not responsible for the statistical validity of the data analysis or the conclusions derived by the authors.

#### **Abstract**

**OBJECTIVES:** To examine temporal national trends of operative approach for cystectomy and identify demographic or clinical predictive factors that influence choice of approach.

**METHODS**: We performed a retrospective cohort study of patients who underwent cystectomy for bladder cancer between 2010 and 2013 using the National Cancer Database (NCDB). Approach was stratified by open vs. minimally invasive (robotic or laparoscopic). Univariate Pearson chi-square and multivariate logistic regression analysis was used to assess relationships between demographic and hospital factors and the receipt of minimally invasive or open surgical approach.

**RESULTS:** A total of 9439 patients met our inclusion criteria, of which 34.1% received a minimally invasive approach (MIA). Frequency of MIA increased from 26.3% in 2010 to 39.4% in 2013 (p< 0.0001). Univariate analysis identified statistically significant associations between year of diagnosis, sex, age, race, clinical T stage, insurance status, income, education, distance from

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