EVALUATION OF PROGNOSTIC FACTORS IN THE SURVIVAL OF THE BLADDER INVASIVE MUSCLE TUMOR

João Vasco Barreira¹; Gil Falcão²; Anuraj Parmanande¹; Patrícia Winckler¹; Ricardo da Luz¹

¹ Medical Oncology, Centro Hospitalar Universitário Lisboa Central - Hospital dos Capuchos. Lisboa, Portugal

² Urology, Centro Hospitalar Universitário Lisboa Central - Hospital de São José. Lisboa, Portugal

INTRODUCTION:

Urothelial carcinoma of the bladder (UCB) is the second most common genitourinary malignancy and is associated with a heterogeneous clinical outcome. Radical cystectomy (RC) with bilateral pelvic lymph node dissection (PLND) is currently the gold standard treatment for muscle-invasive UCB. Despite that, a significant proportion of patients develop disease recurrence. Several studies have evaluated the risk factors for survival after cystectomy. The implication of such factors will help in modification of treatment strategies to improve the prognosis of bladder cancer patients.

OBJECTIVES, MATERIAL AND METHODS:

Our aim is to evaluate the influence of clinical and histopathological parameters on outcomes of patients with urothelial carcinoma of the bladder (UCB). A retrospective analysis was performed through the electronic process of all patients undergoing radical cystectomy between January 2014 and January 2019 (5 years). Demographic and clinical data were collected and the information was cross-checked with that of the anatomopathological and pharmaceutical services. Significance (p) of less than 0.05 was considered statistically significant. Statistical analysis was performed in Stata.

Graphic 1 - Sample Description

Graphic 2 - Tumor Stage

RESULTS:

83 patients with a mean age of 70 years were analyzed. About 90% of the patients were male. The following factors were evaluated: age, gender, smoking habits, comorbidities (Charlson Index), tumor stage, tumor differentiation, histological variant, necrosis, lymphovascular/perineural invasion (LVI/PNI), concomitant carcinoma in situ (CIS), presence of lymph node metastasis, disease recurrence and performance of neoadjuvant chemotherapy. Of all the factors evaluated, a statistically significant relationship was observed between OS and tumor stage, presence of lymph node metastasis and disease recurrence.

DISCUSSION/CONCLUSION:

Invasive muscle tumors of the bladder and cystectomy are associated with high morbidity and mortality, and it is important to identify risk factors for a better treatment of this population. In this series of patients only presence of lymph node metastasis, disease recurrence and tumor stage were associated with higher mortality. The small sample size may justify the non-association of other risk factors as predictive of survival.

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