

AB119. Clinical significance of residual tumors at repeat transurethral resection in patients with T1 bladder cancer

Jinchao Chen, Teng Li, Xianghui Ning, Shuanghe Peng, Jiangyi Wang, Nienie Qi, Kan Gong

Peking University First Hospital, Beijing 100034, China

Objective: We investigated the clinical markers for the prediction of residual tumors at repeat transurethral resection (re-TUR) for patients with T1 bladder cancer and evaluated the effect of the residual tumor on the prognosis of the disease.

Methods: We reviewed the clinical data of the patients undergoing transurethral resection of bladder tumor (TURBT) from 2008 to 2015 in our department. Of these, 72 patients with the T1 tumors received re-TUR 2-4 weeks after the initial TUR. A total of 65 patients were followed up, and we recorded the events of tumor recurrence, tumor progression, radical cystectomy and cancer specific death.

Results: On re-TUR, 33.3% (24/72) of the patients had residual tumours. A statistically significant difference was noted between tumour size and possibility of residual tumors at re-TUR. Residual tumors tended to be detected in patients with larger tumors (diameter ≥ 4 cm) and might be unrelated to tumor grade or number. The mean follow-up period was 24.0 months. Tumour recurrence occurred in 43.1% of the patients (28/65), with 45.0% (9/20) in the patients with residual tumours and 40.0% (18/45) in patients with not (P=0.71). The overall median recurrence-free survival (RFS) was 21.0 month, and there was no significant difference between patients with residual tumours and patients with no residual tumours in RFS (P=0.11). A total of 7.7% (5/65) of the patients suffered recurrence within 3 months, and the rate of tumor progression, the rate of radical cystectomy and cancer specific mortality was 6.2% (4/65), 7.7% (5/65) and 3.1% (2/65), respectively. We noticed that the presence of residual tumours at re-TUR was related to the rate of tumor recurrence within 3 months (P<0.001), but was not related to overall recurrence rate, progression rate, rate of radical cystectomy and cancer specific mortality.

Conclusions: For patients with T1 bladder cancer, larger tumors could be a predictive marker for residual tumors on

re-TUR. The presence of residual tumors is associated with early recurrence, but has no relationship with prognosis of the disease.

Keywords: Bladder cancer; T1 stage; repeat transurethral resection; prognosis

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AB120. Early radical cystectomy in BCG naive pathological non-muscle invasive bladder cancer: results from a retrospective study with 164 cases

Han Hao, Peng Ge, Wei Zheng, Xuesong Li, Liqun Zhou

Peking University First Hospital, Beijing 100034, China

Objective: Bladder cancer is the most common malignancy of urinary system in China. Radical cystectomy with bilateral pelvic lymph node dissection is indicated for high-risk non-muscle invasive bladder cancer after BCG failure. But data regarding early cystectomy before BCG failure is lacking. We aimed to investigate the overall survival and disease-specific survival and related influence factors in patients undergoing radical cystectomy for pathological non-muscle invasive bladder cancer without prior BCG therapy.

Methods: From Jan 2006 to Dec 2012, a total of 524 patients underwent radical cystectomy in Peking University 1st Hospital. Selection criteria as below: (I) pathological stage Ta, T1 or Tis; (II) urothelial carcinoma on pathological diagnosis; (III) no neoadjuvant chemotherapy or radiotherapy before operation; (IV) no intra-vesical

BCG treatment before radical cystectomy. A total of 164 patients were included in this study. Clinical data were retrospectively collected.

Results: Of all the patients included, 159 had T1 disease, 5 had CIS only, and no Ta patient was included. Lymph node metastasis was noted in 6 patients. All of the 6 patients were in T1 stage. Of all the patients, 136 underwent standard bilateral lymph node dissection, 5 underwent extended lymph node dissection, while 23 didn't have any LND. The 5-year OS and disease-specific survival for all the patients was 85% and 91%, respectively. The 5-year OS and disease-specific survival for patients undertaken lymph node dissection was 89% and 95%. The 5-year OS and disease-specific survival for patients didn't undertake lymph node dissection was 66% and 73%. There was a significant difference both on OS ($P=0.012$) and DFS ($P=0.011$) between patients with or without LND. Presence of lymph node metastasis was associated with a decreased survival ($P=0.060$). Recurrence occurred in 18 patients. And patients with recurrence harbored a significant poorer survival ($P<0.001$). No significant statistical difference was found on different tumor grade ($P=0.931$). No other related influence factors were noted.

Conclusions: Patients with pathological non-muscle invasive bladder cancer underwent early radical cystectomy had a favorable prognosis, bilateral pelvic lymph node dissection is essential for this procedure as it gains a survival benefit for the patients.

Keywords: Non-muscle invasive; bladder cancer; radical cystectomy

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AB121. The prognostic impact of squamous and glandular differentiation for upper tract urothelial carcinoma patients after radical nephroureterectomy

Qi Tang, Gengyan Xiong, Xuesong Li, Dong Fang, Chenguang Xi, Lei Zhang, Kaiwei Yang, Lin Yao, Cuijian Zhang, Wei Yu, Qun He, Kan Gong, Zhisong He, Liquan Zhou

Peking University First Hospital, Beijing 100034, China

Objective: To evaluate the association between tumor squamous and/or glandular differentiation and tumor biological characteristics, to validate the impact of these histologic variants on oncologic outcomes of UTUC patients.

Methods: We retrospectively analyzed the data of 687 UTUC patients who underwent radical nephroureterectomy in our institute, from Aug 1, 1999 to Dec 31, 2011. All pathologic sections were reevaluated for histologic differentiation variations (squamous and glandular). The clinicopathological variables of patients were reviewed.

Results: Among the 687 UTUC patients in our study, 53 (7.7%) had squamous differentiation, 20 (2.9%) had glandular differentiation and 8 (1.2%) had both histologic variants. Patients with mixed histologic variant tended to have significant larger percentage of sessile tumor architecture (58.0% *vs.* 18.2%), presence of CIS (7.4% *vs.* 2.3%), advanced T stage, advanced tumor grade and lymph node metastasis (17.3% *vs.* 6.6%) (all $P<0.05$). Median follow-up duration was 65 months (range 3 to 144). The 5-year cancer specific survival was 72.0% for patient with pure UTUC, and 48.9% for patients with histologic variants ($P<0.001$). Patients with both squamous and glandular differentiations did not show significantly worse CSS than those with single histologic variant. Univariate analyses revealed that tumor squamous and/or glandular differentiation were significant factors on survival ($P<0.001$). However, the influence did not remain significant after