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DISPARITIES IN THE UTILIZATION OF RADICAL CYSTECTOMY IN YOUNG PATIENTS WITHOUT COMORBIDITY: AN UNFORTUNATE TALE OF MISSED OPPORTUNITY

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INTRODUCTION AND OBJECTIVES: Radical cystectomy (RC) is the preferred treatment for muscle-invasive bladder cancer (MIBC), particularly in young patients with little burden of comorbid illness. We sought to evaluate the patterns of care for younger, healthy patients with MIBC, and to identify non-clinical patient characteristics associated with receipt of RC.

METHODS: We analyzed patients with clinical T2 (cT2) or T3 (cT3) bladder cancer (BC) diagnosed between 1998 and 2010 from the National Cancer Data Base (NCDB) cancer registry. The NCDB captures approximately 70% of all cancer diagnoses annually from 1400 accredited hospitals in the US. We examined the relationship between clinical and socioeconomic variables and treatment for cT2 or cT3 BC in patients < 65 years old with no comorbidities. Inclusion criteria were stage cT2 or cT3/cN0/cM0, histology-proven urothelial cell carcinoma, any treatment for bladder cancer, age < 65, and Charlson Comorbidity Index (CCI) equal to 0. Using receipt of RC as the dependent variable, we performed both univariate chi-squared and t-test analyses and multivariate logistic regression analysis to identify independent predictors of RC in our cohort.

RESULTS: 4027 patients met our inclusion criteria, 1979 (46.5%) underwent RC. Of the patients who did not undergo RC, 1186 (29.5%) underwent TURBT alone, 751 (18.6%) underwent TURBT with radiation, chemotherapy, or a combined chemoradiation. The mean age of the RC and non-RC cohorts was 56.3 and 55.4 years, respectively (p<0.01). Univariate analysis revealed statistically significant associations between RC and age, sex, race, year of diagnosis, insurance status, distance from hospital, geographic location, cT stage, and tumor grade (p<0.05 for each). Multivariate logistic regression modeling identified several non-clinical predictors of RC in this cohort, including sex, race, insurance status, distance from hospital, and geographic location. (Table)

CONCLUSIONS: The majority (53.5%) of patients < 65 years old without comorbidity do not undergo RC for cT2 or cT3 BC, suggesting that RC-appropriate candidates are being undertreated. It is essential to improve the structure and process of care for patients with MIBC to facilitate appropriate therapy.

Multivariate Analysis: Predictors of RC/PLND in young, healthy patients** (referent treatment is non-RC/PLND)			
Covariate	Odds Ratio	95% Confidence Interval	P value
Sex			
Male	Referent		
Female	1.28	1.09-1.50	<0.01
Race			
White	Referent		
Black	0.71	0.55-0.92	0.01
Other	0.61	0.37-1.00	0.05
Unknown	0.65	0.36-1.19	0.16
Distance from hospital			
Lives in same zip code	Referent		
< 60 miles	1.56	1.21-2.00	<0.01
60 to 120 miles	3.12	2.18-4.46	<0.01
> 120 miles	5.41	3.61-8.12	<0.01
Geographic location			
Northeast	Referent		
Southeast	0.97	0.79-1.18	0.75
Midwest	1.79	1.48-2.17	<0.01
West	1.54	1.26-1.89	<0.01

**Unlisted covariates: age, year of diagnosis, insurance status, median income, metro/urban/rural, cT stage, tumor grade

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LONG TERM RESULTS WITH BLADDER-SPARING APPROACH IN MIBC

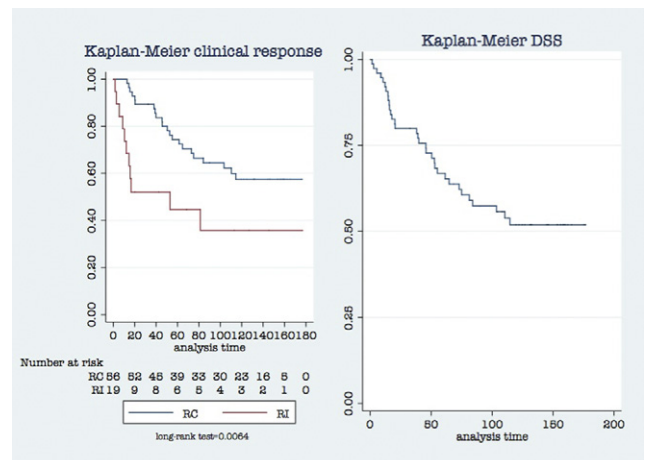
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INTRODUCTION AND OBJECTIVES: Gold standard treatment for muscle invasive bladder cancer (MIBC) is radical cystectomy. Combined-modality treatment concept has been introduced to enhance local control with the same oncological results. Previously bladder-sparing approach has been evaluated showing that can be a reasonable option treatment for selected patients enrolled in research program protocol. The main problematic aspect is the risk to delay too much a definitive treatment and expose the patient to an unacceptable risk. We evaluate the data of a prospective study of patient enrolled in a bladder sparing protocol with a 175 months follow up.

METHODS: Starting from February 1994 to March 2000, 75 patients with muscle invasive bladder cancer (MIBC) underwent a complete TURB, abdomen-staging CT and chemotherapy (cisplatin +5-FU) plus pelvic 40 Gy radiotherapy. Cisplatin 20 mg/m2/die for 5 days plus 5-FU 200 mg/m2/die x 5 day weekly on week 1°, 4° and 7° as radiation sensitizers was the study protocol. Re-TURB and CT has been performed in all patients and according to clinical response (complete CR, incomplete IR) patients received radical cystectomy in case of IR meanwhile patients achieving CR have been followed on regular basis. The median age of the patients was 67 years old (range 42-80 years), 9 female and 66 males. Median follow up was 94 months. In 24 case (32%) hydronephrosis was present at the time of diagnosis. 32 patients (42,6%) had a clinical T 2 tumor, 35 patients (46,7%) T3 and 8 patients (10,7%) a clinical T4 TCC. G3 grade was present in 66 cases.

RESULTS: CR has been achieved in 45 patients, and 50 patients (67%) preserved the bladder, 25 patients underwent to radical cystectomy 6 for salvage cystectomy and 1 patient for late toxicity. 25 patients (33%) are alive at 175 months of follow up, 33 patients (44%) died of TCC and 17 (23%) patients died of other causes not related to TCC. OS of the population is 60% at 5-years and respectively 33% at the end of the follow up. DSS is 51% at 175 months of follow up.

CONCLUSIONS: Long time results show that preserving the bladder in a bladder-sparing approach is feasible in patients achieving CR and further randomized study should be performed to compare ultimately radical cystectomy to bladder sparing and to understand which patients could take advantage of this approach.



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