

# OUTCOMES AFTER RADICAL CYSTECTOMY FOR HR-NMIBC

Author	Pts.	5y Surv
Shariat SF(07)	99	90.7%
Shariat SF(06)	105	90%-Cis; 79%+Cis
Masood (04)	44	68%
Solsona (04)	46	65.2%
Bianco (04)	66	78%
Weichert (97)	94	90-62.5%
Huguet (01)	43	74
Dalbagni (01)	85	64
Stein (01)	421	80-88%
Amling (94)	220	76%
		<b>80.1 (64-90)</b>

*Retrospective* studies confirm that radical cystectomy provides excellent oncologic long-term outcomes

# HR-NMIBC: PRO RC

## NMIBC UNDERSTAGING at RC

	No. C:T1-Cis	No. pT $\geq$ 2(%)
Gupta A.(08)	167	82 (49%)
Hollenbeck CK (05)	31	13 (41%)
Raj GV (07)	65	34 (52%)
Lee (04)	38	15 (39.6%)
Solsona (04)	46	15 (32.6%)
		<b>42%(32-52)</b>

*Retrospective* studies confirm the high rate of understaging at time of radical cystectomy

# HR-NMIBC: early versus delayed RC

	3-Y CSS	5-y CSS
109 cT2	72%	61%
45 cT2 post BCG	75%	62%

Türkölmez K Urology; 2007

**Takenaka A(08)**  
**Nieder AM(06)**  
**Kamat AM (06)**  
**Hollenbeck B(05)**  
**Schrier BP(04)**  
**Thalmann (04)**  
**Freeman (95)**

**Controversial evidences from retrospective studies that HR-NMIBC Pts treated by an early RC will have better survival to those with the same clinical and pathologic stage treated by delayed RC**



**Recent studies do not confirm an evident superiority of early over delayed RC**

# HR- NMIBC

- There is no definitive evidence that one approach is better than other in terms of cancer specific survival
- There is evidence that QoL is reduced after radical cystectomy
- Extremely delayed radical cystectomy can significantly compromise survival

- **Overall 60-70% of radical cystectomies are probably unnecessary**
- **Consistent peri and post-operative morbidity**
- **Not negligible intraoperative mortality**
- **Reduced QoL**

# HR- NMIBC

## Role of prognostic factors in decision making

LYMPHATIC INVASION

Kyo-hong (05), Leissner (03);  
Hara (02), Bassi (99)

CONSISTENT  
EVIDENCES

MICROSTATING<sub>(T1a/T1b/T1c)</sub>

Bassi (99), Holmäng (97)  
BCC (98)

CONTROVERSIAL  
EVIDENCES

Re-TUR

Dalbagni (02 ), Bauers (01)  
Shahin (03), Davis (02)

CONTROVERSIAL  
EVIDENCES

MULTIFOCALITY

Herr (87), Millan(2000)  
Brake (03), Herr (92)

DEFINED

TUMOR RESPONSE TO ICT

Sylvester (05)  
Andrius (04)  
Holmang (04), Solsona(00)

DEFINED

CONCOMITANT CIS

Shariat(07)  
Brake(03)

DEFINED

## PROGRESSION RATE AT 2 YEARS AFTER SALVAGE TREATMENTS FOR BCG FAILURES

**BCG +INF  $\alpha$**  5%

**EMDA/MMC** 8% - 12%

**Thermo-chemotherapy** 3% - 7%

**Gemcitabina** 2% - 8%

## PROGRESSION RATE AFTER RADICAL CYSTECTOMY FOR BCG FAILURES

up to 35%



**Probably we are comparing two completely different patient populations**