

(MP55-05) Survival of Patients with Muscle-Invasive Urothelial Cancer of the Bladder with Residual Disease at the Time of Cystectomy Following Neoadjuvant Chemotherapy: An Analysis of the National Cancer Database

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Study Objectives and Methods

- **OBJECTIVES:**

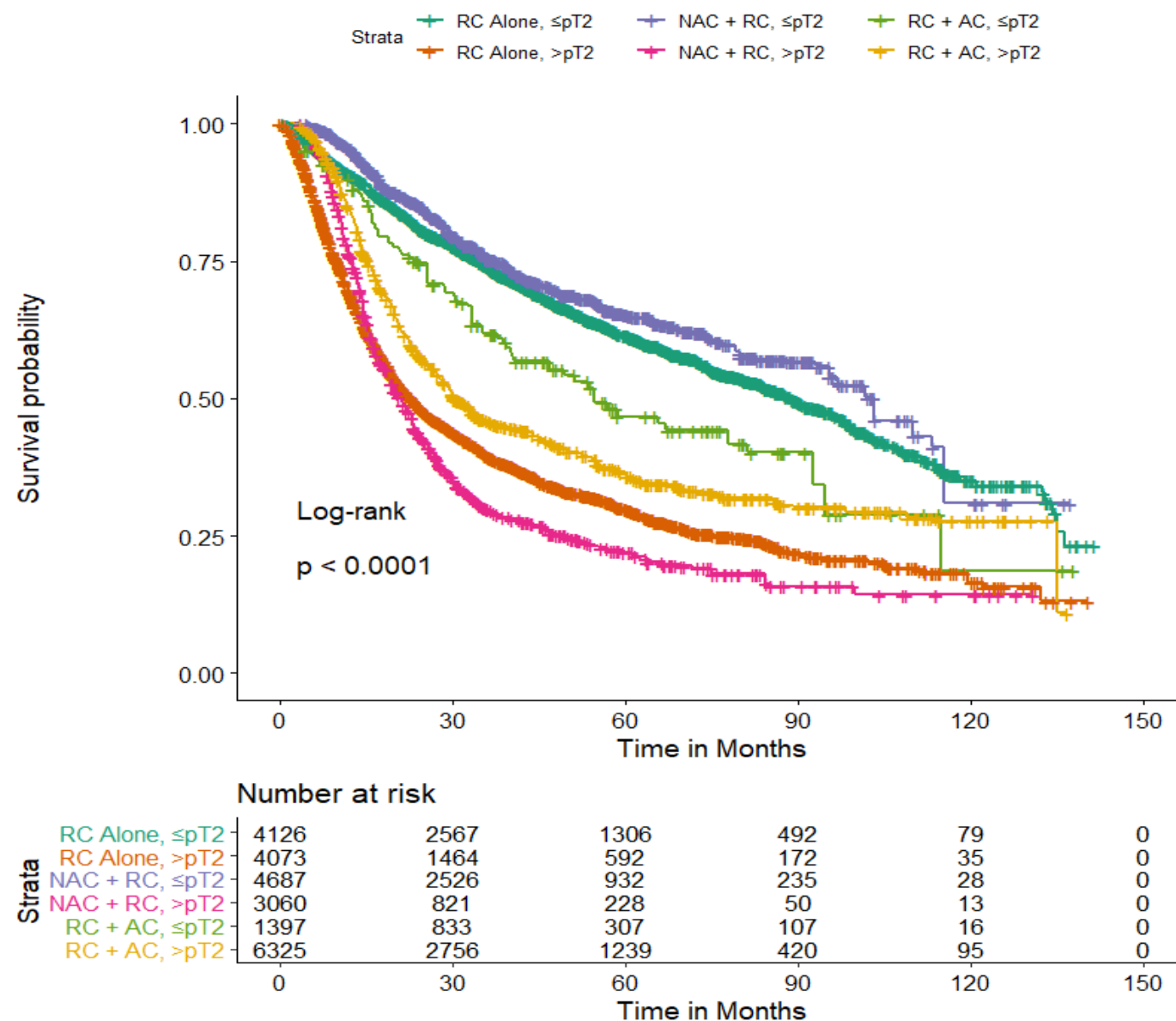
- Analyze the association of residual disease after neoadjuvant chemotherapy at radical cystectomy with overall survival among patients with muscle-invasive bladder cancer.

- **METHODS:**

- Retrospective analysis of patients undergoing RC for MIBC between 2004-2015 using the NCDB
- Compared overall survival between patients with MIBC treated with RC alone, NAC plus RC, or RC plus AC
- Covariates (Age, Sex, Race, Insurance, Income, Education, County, Facility, cT, and Charlson-Deyo comorbidity classification) were balanced using Propensity-score (PS) weighting
- PS-adjusted Kaplan-Meier curves were calculated and stratified based on pathological stage
- A Cox proportional hazards model, with a 6 month conditional landmark, was then used to assess hazard ratios in the fully weighted cohort

Results and Conclusions

- Presence of >ypT2 disease is associated with particularly poor outcomes when compared with >pT2 disease in patients treated with cystectomy alone
- Biomarkers predictive of NAC resistance may be important to optimize individualized treatment regimens for patients with MIBC



	No Landmark			6-month Landmark		
	HR (Ref. RC Alone)	95% CI	p-value	HR (Ref. RC Alone)	95% CI	p-value
No Stratification:						
NAC + RC	0.889	0.850-0.930	<0.001	1.033	0.985-1.084	0.18
RC + AC	1.11	1.064-1.158	<0.001	1.274	1.274-1.333	<0.001
Stratification by ≤pT2 vs. >pT2:						
≤pT2:						
NAC + RC	0.848	0.787-0.914	<0.001	0.951	0.880-1.027	0.2
RC + AC	1.462	1.336-1.599	<0.001	1.508	1.372-1.658	<0.001
>pT2:						
NAC + RC	1.113	1.051-1.178	<0.001	1.336	1.256-1.42	<0.001
RC + AC	0.737	0.701-0.774	<0.001	0.872	0.827-0.92	<0.001