

**AUA-2020  
Chicago**

**MP55-14**

# The impact of treatment modality on survival in patients with clinical node-positive bladder cancer: results from a multicenter collaboration



Luca Afferi<sup>1</sup>, Stefania Zamboni<sup>1,2</sup>, R. Jeffrey Karnes<sup>3</sup>, Florian Roghmann<sup>4</sup>, Paul Sargos<sup>5</sup>, Francesco Montorsi<sup>6</sup>, Alberto Briganti<sup>6</sup>, Andrea Gallina<sup>6</sup>, Agostino Mattei<sup>1</sup>, Gerald Bastian Schulz<sup>7</sup>, Kees Hendricksen<sup>8</sup>, Charlotte Voskuilen<sup>8</sup>, Michael Rink<sup>9</sup>, Cedric Poyet<sup>10</sup>, Ettore di Trapani<sup>11</sup>, Alessandro Antonelli<sup>2</sup>, Claudio Simeone<sup>2</sup>, Matteo Soligo<sup>3</sup>, Giuseppe Simone<sup>12</sup>, Mario Alvarez-Maestro<sup>13,14</sup>, Atiqullah Aziz<sup>15</sup>, Shahrokh F. Shariat<sup>16,17,18,19,20</sup>, Evanguelos Xylinas<sup>21</sup>, Marco Moschini<sup>1,6</sup>  
on behalf of the European Association of Urology - Young Academic Urologists (EAU-YAU), Urothelial carcinoma working group

<sup>1</sup> Department of Urology, Luzerner Kantonsspital, Lucerne, Switzerland, <sup>2</sup> Department of Urology, Spedali Civili Hospital, University of Brescia, Brescia, Italy, <sup>3</sup> Mayo Clinic Urology, Rochester, MN, USA, <sup>4</sup> Department of Urology, Ruhr-University Bochum, Marien Hospital, Herne, Germany, <sup>5</sup> Department of Radiation Therapy, Institut Bergonié, Bordeaux, France, <sup>6</sup> Department of Urology, Urological Research Institute, San Raffaele Scientific Institute, Milan, Italy, <sup>7</sup> Urologische Klinik und Poliklinik, Klinikum der Universität München, Ludwig-Maximilians-Universität München, Marchioninistraße 15, D-81377, München, Deutschland, <sup>8</sup> Department of Urology, Netherlands Cancer Institute-Antoni van Leeuwenhoek Hospital, Amsterdam, The Netherlands <sup>9</sup> Department of Urology, University Medical Center Hamburg-Eppendorf, Hamburg, Germany, <sup>10</sup> Department of Urology, University Hospital Zürich, University of Zürich, Zürich, Switzerland, <sup>11</sup> Division of Urology, European Institute of Oncology, Milan, Italy <sup>12</sup> Department of Urology, IRCCS "Regina Elena" National Cancer Institute, Rome, Italy, <sup>13</sup> Department of Urology, La Paz University Hospital, Madrid, Spain, <sup>14</sup> Instituto de Investigación Hospital Universitario La Paz (IdiPAZ), Madrid, Spain, <sup>15</sup> Department of Urology, University Medical Center Rostock, Rostock, Germany, <sup>16</sup> Department of Urology, Comprehensive Cancer Center, Medical University of Vienna, Vienna General Hospital, Vienna, Austria, <sup>17</sup> Institute for Urology and Reproductive Health, I.M. Sechenov First Moscow State Medical University, Moscow, Russia, <sup>18</sup> Department of Urology, Weill Cornell Medical College, New York-Presbyterian Hospital, New York, NY, USA, <sup>19</sup> Department of Urology, University of Texas Southwestern Medical Center, Dallas, Texas, USA, <sup>20</sup> Department of Urology, Second Faculty of Medicine, Charles University, Prag, Czech Republic, <sup>21</sup> Department of Urology Bichat Hospital, Paris Descartes University, Paris, France

## Introduction

No clear data exists regarding the **optimal management** of patients affected by **bladder cancer (BCa) with clinical node metastases (cN+)**.

## Objective

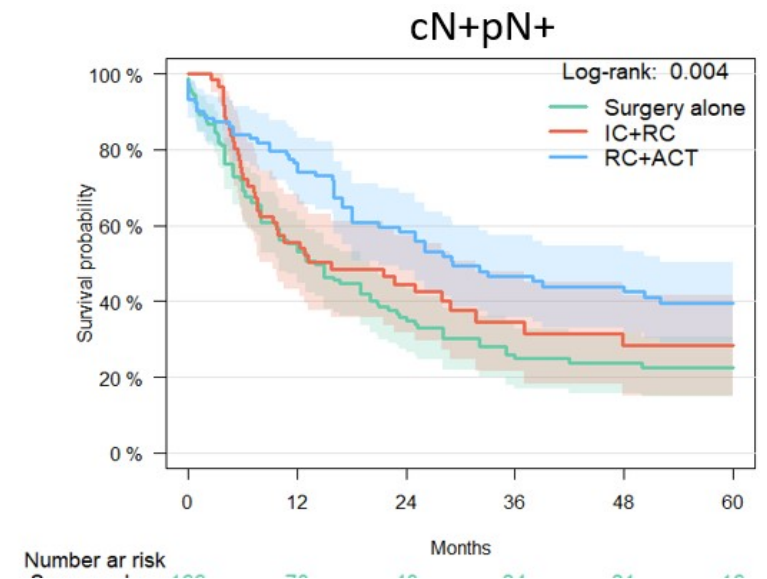
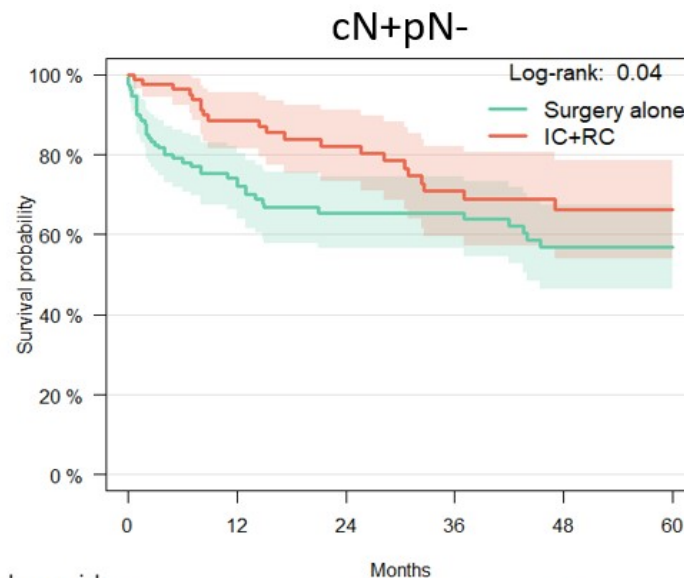
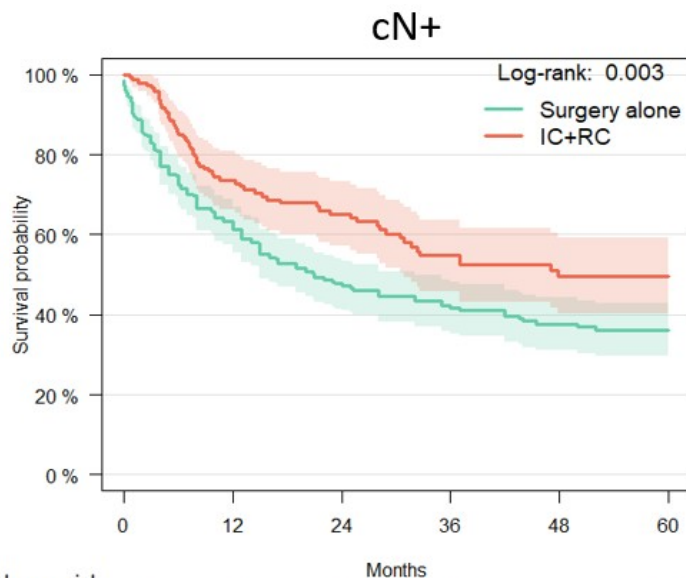
To test the **impact of perioperative chemotherapy on overall survival (OS) in cN+ BCa patients** and analyzed them according to the pN status.

## Materials & Methods

- Retrospective analysis of data of **639 patients with cN1-3M0 BCa** treated with **RC and bilateral LND with or without perioperative chemotherapy**
- **Selected cN+ patients** received **induction chemotherapy (IC), adjuvant chemotherapy (ACT)** was delivered to **selected pN+ patients**
- **Kaplan-Meier curves, uni- and multivariable Cox regression** analyses were used to predict overall mortality (OM) after surgery.

# Results

Variables	RC+LND only (n= 356, 55.7%)	IC with RC+LND (n= 155, 24.3%)	RC+LND with ACT (n= 128, 20%)	p value
<b>cN stage</b>				
1	266 (74.7)	98 (63.2)	82 (64)	<b>&lt;0.001</b>
2	68 (19.1)	22 (14.2)	29 (22.7)	
3	22 (6.2)	35 (22.6)	17 (13.3)	
<b>pN stage</b>				
0	169 (47.4)	88 (57)	17 (13.3)	<b>&lt;0.001</b>
1	81 (22.7)	32 (19.9)	55 (42.9)	
2	82 (23.3)	17 (11.3)	38 (29.7)	
3	24 (6.6)	18 (11.9)	18 (14.1)	
<b>Follow up</b>	18 (3.6-53.7)	30 (13.3-59.2)	54 (12-83)	<b>&lt;0.001</b>



# Conclusions

-Patients with **cN+ cM0 BCa** benefit more in terms of **OS** when treated with **IC followed by RC + LND** compared to **RC + LND** alone, regardless of lymph node metastases at final histopathology examination.