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AUA VIRTUAL EXPERIENCE

SHOULD WE CONSIDER ALL AJCC STAGE IIIB BCA EQUAL? THE IMPACT OF LOCAL T STAGING IN N2 AND N3 PATIENTS AFTER RADICAL CYSTECTOMY

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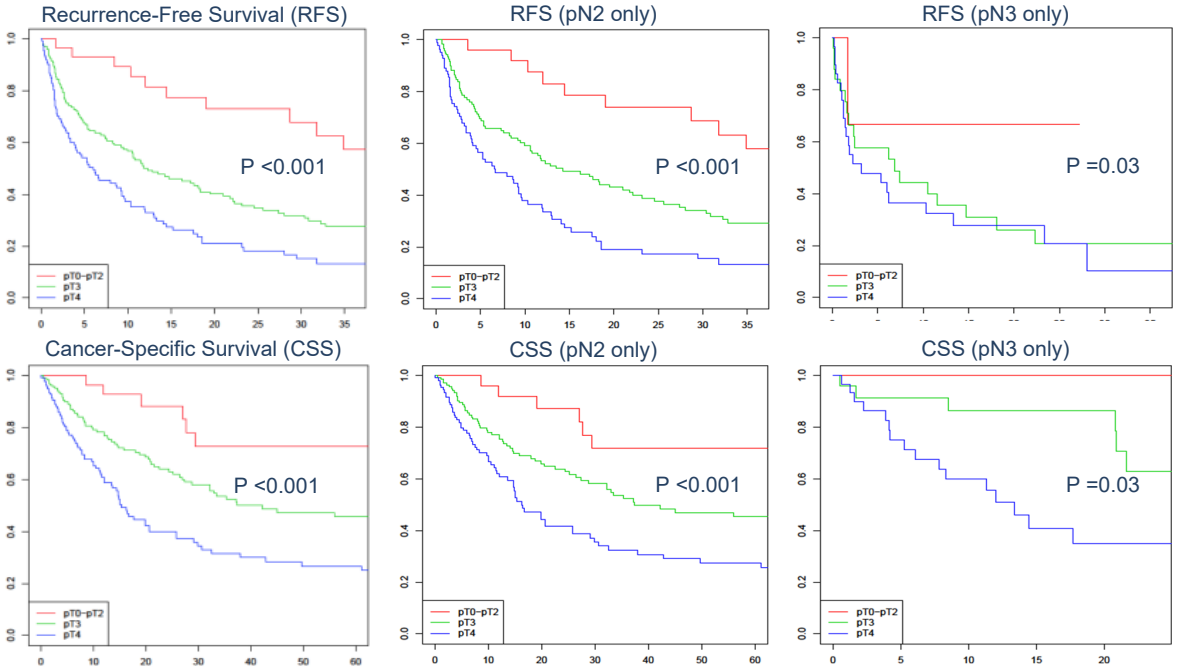
Materials and Methods

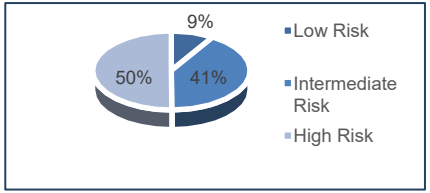
- AIM: To test the prognostic impact of T stage in AJCC Stage IIIB BCa in patients treated with RC
- 499 patients with pT0-T4a and pN2 or pN3 after RC

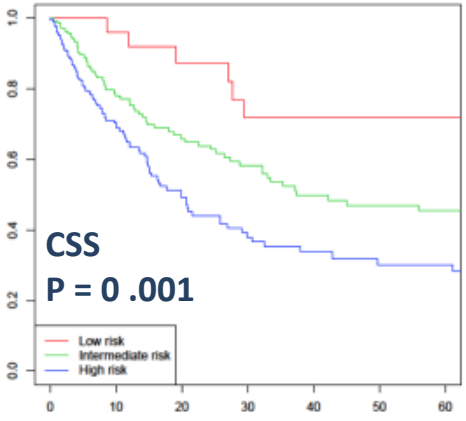
Descrtiptive characteristics	
Age	
Median	69.2
IQR	62.5-76.1
Charlson Comorbidity Index	
Median	1
IQR	0-2
Removed Lymph nodes	
Median	20
IQR	14-28
Urinary diversion	
Neobladder	57 (11.4)
Ileal conduit	161 (23.3)
Ureterocutaneostomy	183 (36.7)
Pathological stage	
pT0-pT2	50 (10.0)
pT3	236 (47.3)
pT4a	213 (42.7)
Nodal stage	
pN2	421 (84.4)
pN3	78 (15.6)
Surgical technique	
Open	475 (95.2)
Laparoscopic	2 (0.4)
Robotic	8 (1.6)

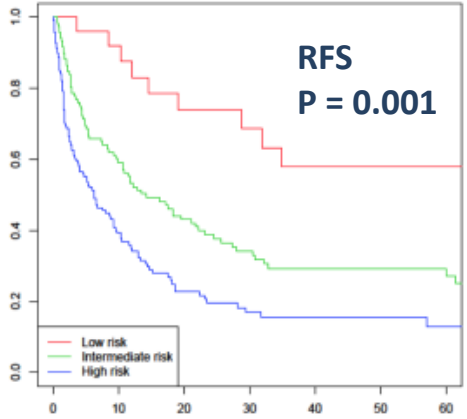


Results and Conclusions

RISK STRATIFICATION	
Low risk	pT0-pT2 and pN2
Intermediate risk	pT3 and pN2
High risk	pT4 anyN anyT pN3







Variable	HR (95% CI)	p
Risk group		
Low	Ref.	-
Intermediate	2.37 (1.02-5.52)	0.04
High	4.06 (1.74-9.46)	< 0.01

Variable	HR (95% CI)	p
Risk group		
Low	Ref.	-
Intermediate	11.5 (1.6-83)	0.01
High	17.5 (2.4-127)	< 0.01

CONCLUSIONS: Our results should suggest that a substaging of AJCC stage IIIB treated with RC, accounting for local tumor staging offers a higher discrimination on both recurrence and survival. In light of our results, a re-stratification of stage IIIB BCa should be advocated