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INCONGRUENCE BETWEEN TURB AND RADICAL CYSTECTOMY FINDINGS IN TERMS OF HISTOLOGICAL VARIANT IDENTIFICATION: ANALYSIS OF ALL POTENTIAL CLINICAL RISK FACTORS

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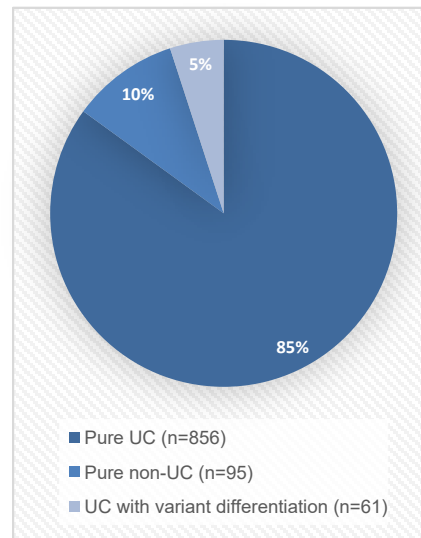
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Materials and Methods

- BACKGROUND: A non-negligible proportion of RC patients present a BCa histological variant (HV) component that was not detected at the time of TURB.
- AIM: to explore potential pre-surgical factors associated with the incongruence between TURBT and RC histology, in terms of HV identification.

Histological variants at Radical cystectomy



Histology (n=1012)	n	%
Pure UC	856	85%
Squamous-cell carcinoma	44	4,3%
Squamous.df	31	3%
Other	29	3%
Glandular df	11	1%
Neuroendocrine	10	1%
Other df	9	1%
Adenocarcinoma	8	0,8%
Micropapillary	6	0,6%
Sarcomatoid df	4	0,4%
Sarcoma	4	0,4%



Results and Conclusions

MVA assessing predictors of
incongruences between TURB
and RC histology

Variables	OR (CI 95%)	p-value
Age	1.07 (1 - 1.14)	0.03
Female gender	3.1 (10 - 1)	0.049
CCI ≥ 1	2.1 (7.8 - 0.65)	0.2
Dimension of TURBK	1.02 (1.08 - 0.94)	0.5
Cygarattes smoking		
- Current or former smoker	0.12 (0.01 - 4.13)	0.2
- Non smoke	0.12 (0.01 - 5.11)	0.2
cT stage (MIBC)	3.4 (14.5 - 1.03)	0.06
Multifocal disease at TURBK	0.2 (0.7 - 0.05)	0.01
Neoadjuvant chemotherapy	11.1 (74.02 - 1.88)	0.01

CONCLUSIONS: Incongruence between TURB and RC histology is a frequent event, especially in old female patients with a single bulky lesion. Moreover, the use of neoadjuvant chemotherapy might cause a clonal selection of HV tumor cells, that may account for the higher rate of HV incongruences in this sub-group of patients