

Optimal management for initially diagnosed Ta high grade bladder cancer.

What does matter for intravesical recurrence?

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AIM: To evaluate key treatment option to reduce the risk of intravesical recurrence in newly diagnosed Ta high grade (TaHG) non-muscle invasive bladder cancer patient.

DESIGN: Multicenter retrospective study (Institutional review board number 302-162).

PATIENTS: Newly diagnosed TaHG bladder cancer patients between 2007 and 2018.

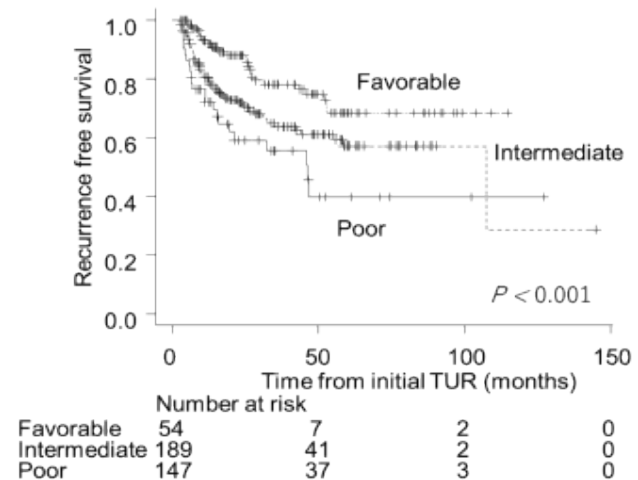
RESULTS: We analyzed 390 TaHG bladder cancer patients. From the aspect of treatment option, immediate intravesical instillation and induction intravesical instillation were the key treatment to reduce intravesical recurrence. (Table 2) We classified the patients according to the risk for intravesical recurrence. The risk factors were no immediate intravesical instillation and no induction intravesical treatment. Patients with 2 risks were categorized as Poor risk, 1 risk factor as intermediate risk, no risk factor as favorable risk group. (Figure 2)

Table 2. Risk factors affecting intravesical recurrence according to treatment options

	Univariate		Multivariate	
	OR (95% CI)	P	HR (95% CI)	P
Second TUR (Yes)	0.67 (0.44-1.01)	0.053	0.70 (0.46-1.09)	0.12
Immediate intravesical instillation (Yes)	0.58 (0.40-0.85)	0.004	0.56 (0.39-0.82)	0.003
Induction intravesical instillation (Yes)	0.59 (0.41-0.87)	0.007	0.65 (0.44-0.96)	0.03

OR, odds ratio;
HR, hazard ratio.

Figure 2. Intravesical recurrence free survival rate according to the risk classification.



CONCLUSION: Immediate intravesical chemotherapy and induction instillation were the key treatment strategy to reduce the risk of intravesical recurrence in newly diagnosed TaHG bladder cancer patients.