

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

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## INTRODUCTION

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

## AIM OF THE STUDY

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

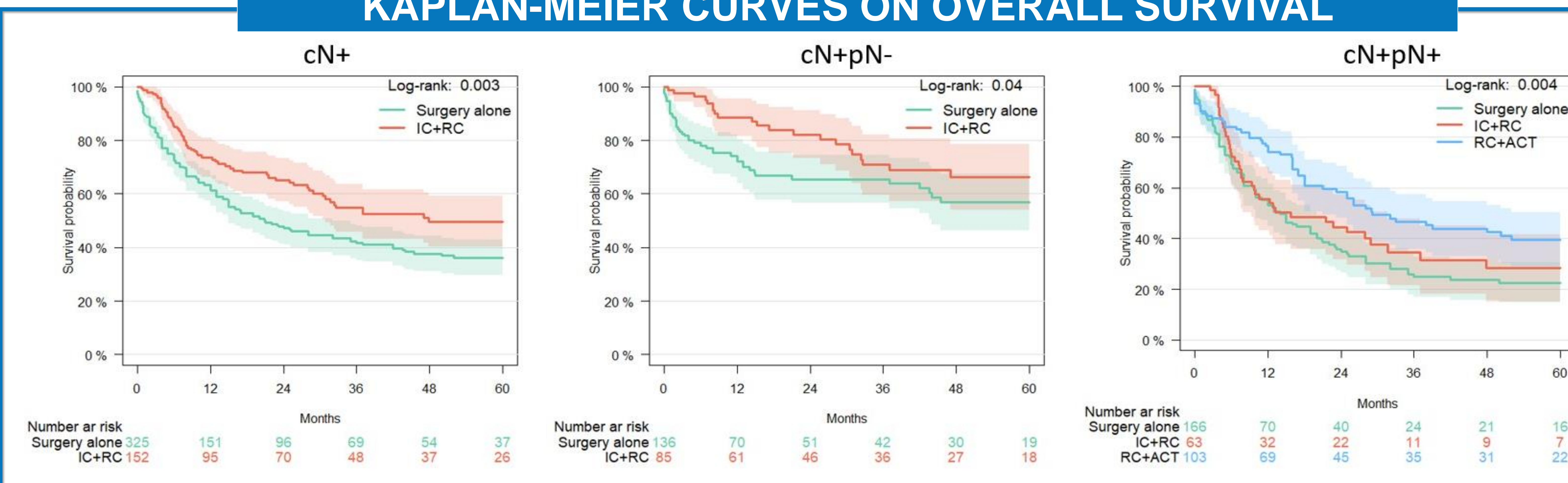
## MATERIALS AND METHODS

- Retrospective analysis of data of **639 patients** with **cN1-3M0 BCa** treated with **RC and bilateral LND** with or without **perioperative chemotherapy** at 7 tertiary care centers between 1990 and 2017.
- **Selected cN+** patients received **induction chemotherapy (IC)**, whereas **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.

## STUDY POPULATION

Variables	Overall (n= 639, 100%)	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	446 (69.8)	266 (74.7)	98 (63.2)	82 (64)	<b>&lt;0.001</b>
2	119 (18.6)	68 (19.1)	22 (14.2)	29 (22.7)	
3	74 (11.6)	22 (6.2)	35 (22.6)	17 (13.3)	
<b>pN stage</b>					
0	273 (42.8)	169 (47.4)	88 (57)	17 (13.3)	<b>&lt;0.001</b>
1	167 (26.1)	81 (22.7)	32 (19.9)	55 (42.9)	
2	139 (21.7)	82 (23.3)	17 (11.3)	38 (29.7)	
3	60 (9.6)	24 (6.6)	18 (11.9)	18 (14.1)	
<b>Follow up</b>	25 (7-59.2)	18 (3.6-53.7)	30 (13.3-59.2)	54 (12-83)	<b>&lt;0.001</b>

## KAPLAN-MEIER CURVES ON OVERALL SURVIVAL



## CONCLUSIONS

1. Patients with **cTany 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.
2. Even though our study showed that **ACT leads to superior OS** in patients with **confirmed nodal metastases** compared to **IC**, more data are needed to assess its definitive role in the management of cN+ patients.