

RISK FACTORS FOR DISEASE PROGRESSION AND BLADDER RECURRENCE IN PATIENTS SUBMITTED TO RADICAL NEPHROURETERECTOMY FOR UPPER URINARY TRACT UROTHELIAL CELL CARCINOMA



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INTRODUCTION

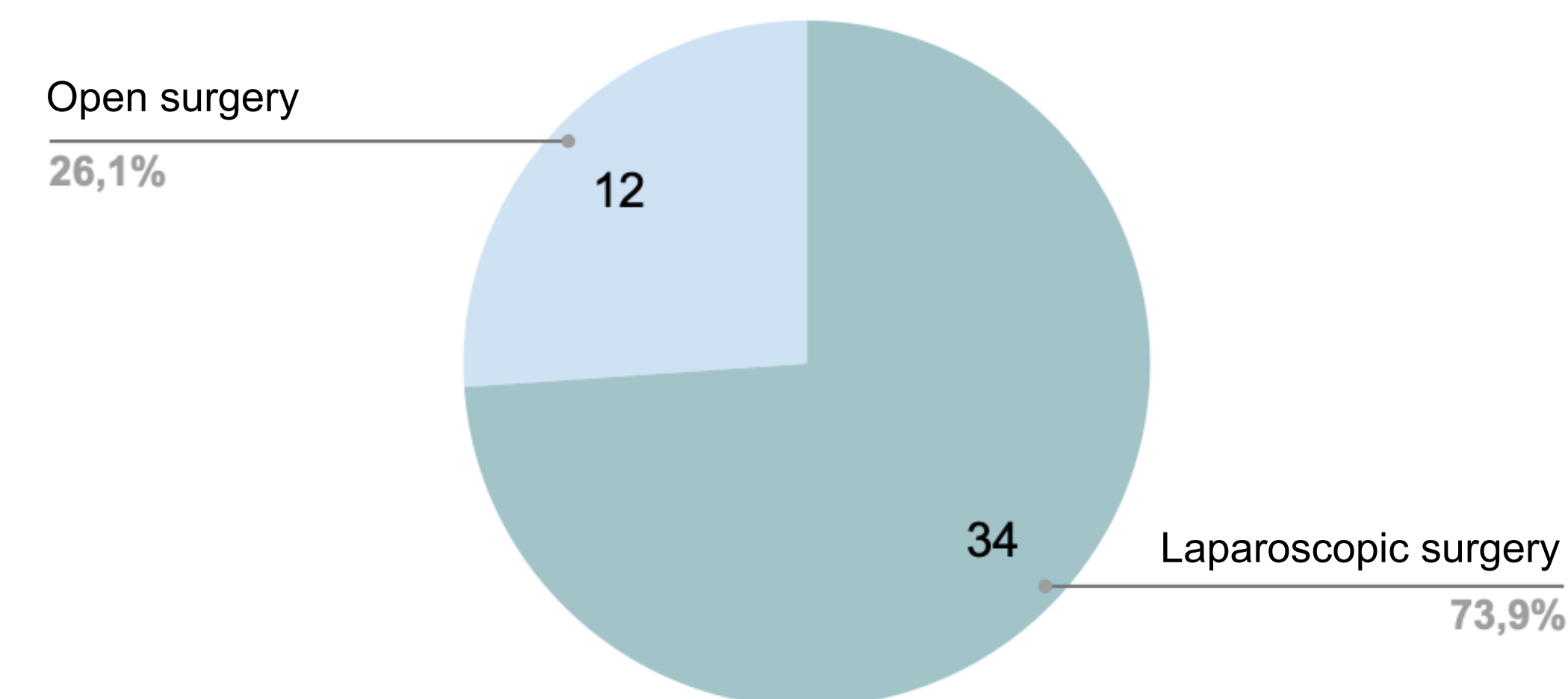
Upper Urinary Tract Urothelial Cell Carcinoma (UTUC) is a rare neoplasm, representing 5-10% of the urothelial cancers. Its aggressive course is well acknowledged, with about 66% cases presenting invasive disease at diagnosis. Bladder recurrence occurs in 20 to 50% of these. There is lack of data concerning the risk stratification and the best surgical approach of the distal ureter.

MATERIAL & METHODS

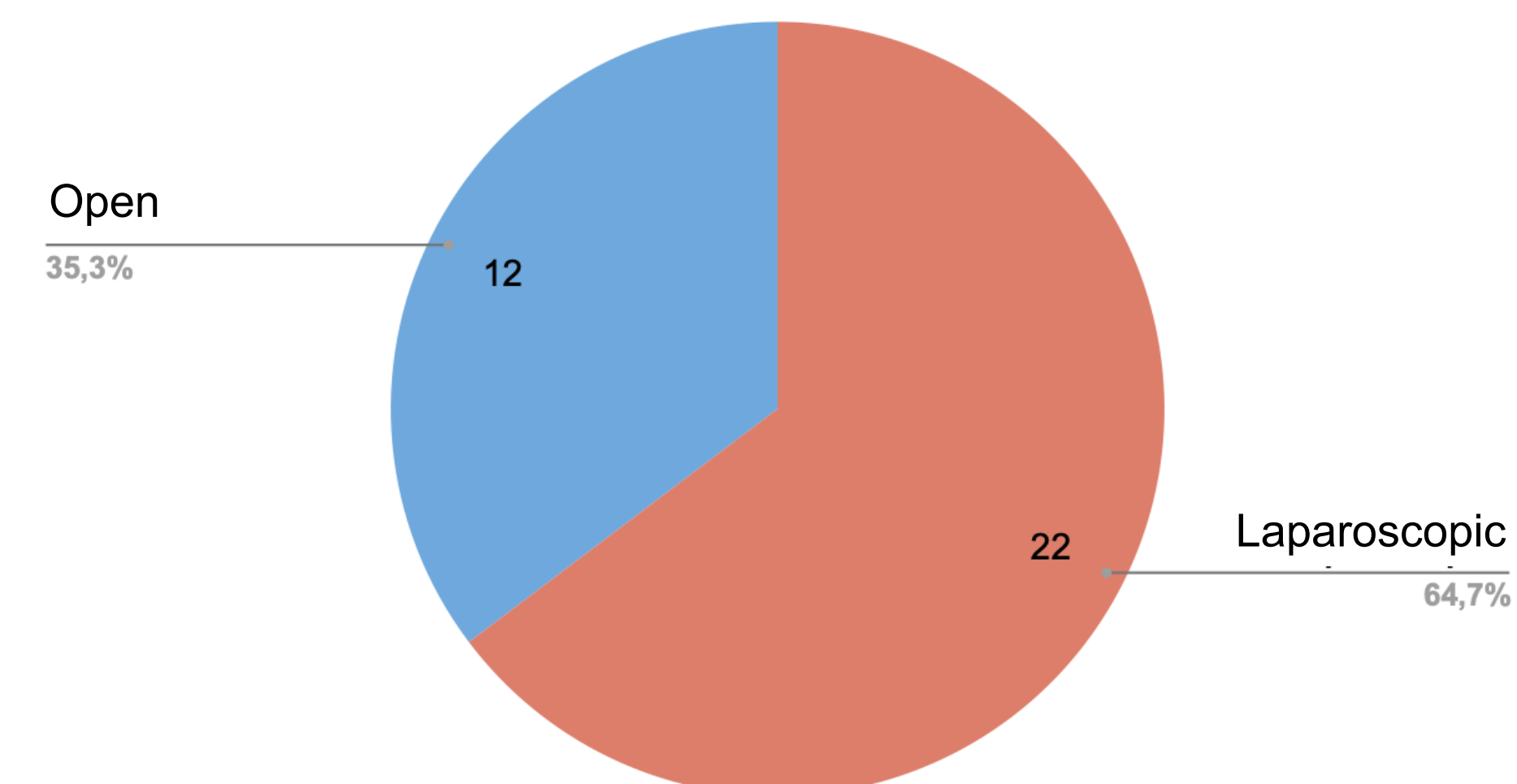
Retrospective study of patients undergoing radical nephroureterectomy with perimeatic cystectomy for localized UTUC between 2012 and 2020 in a Urology Department of a University Hospital.

RESULTS

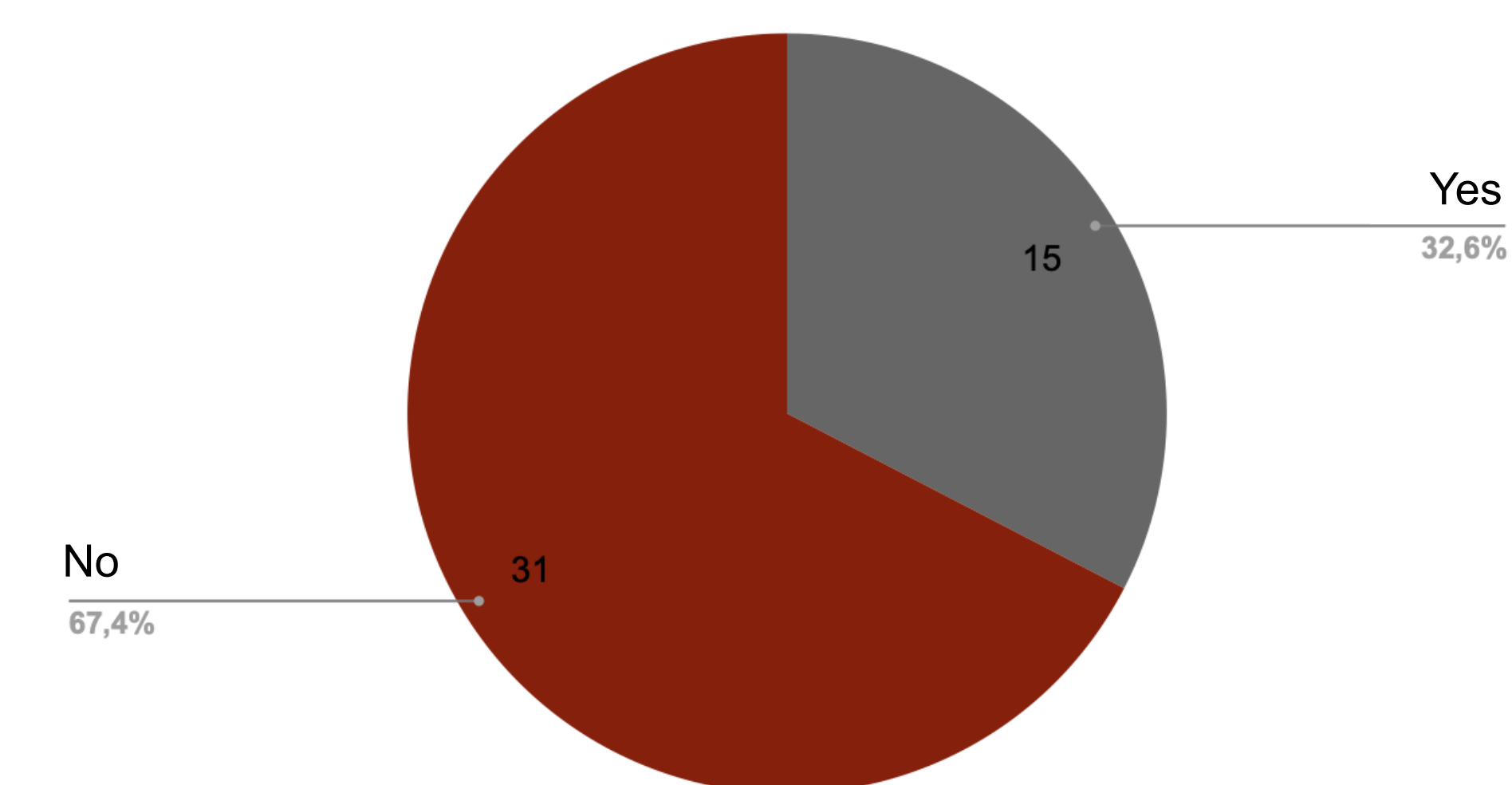
Surgical Approach



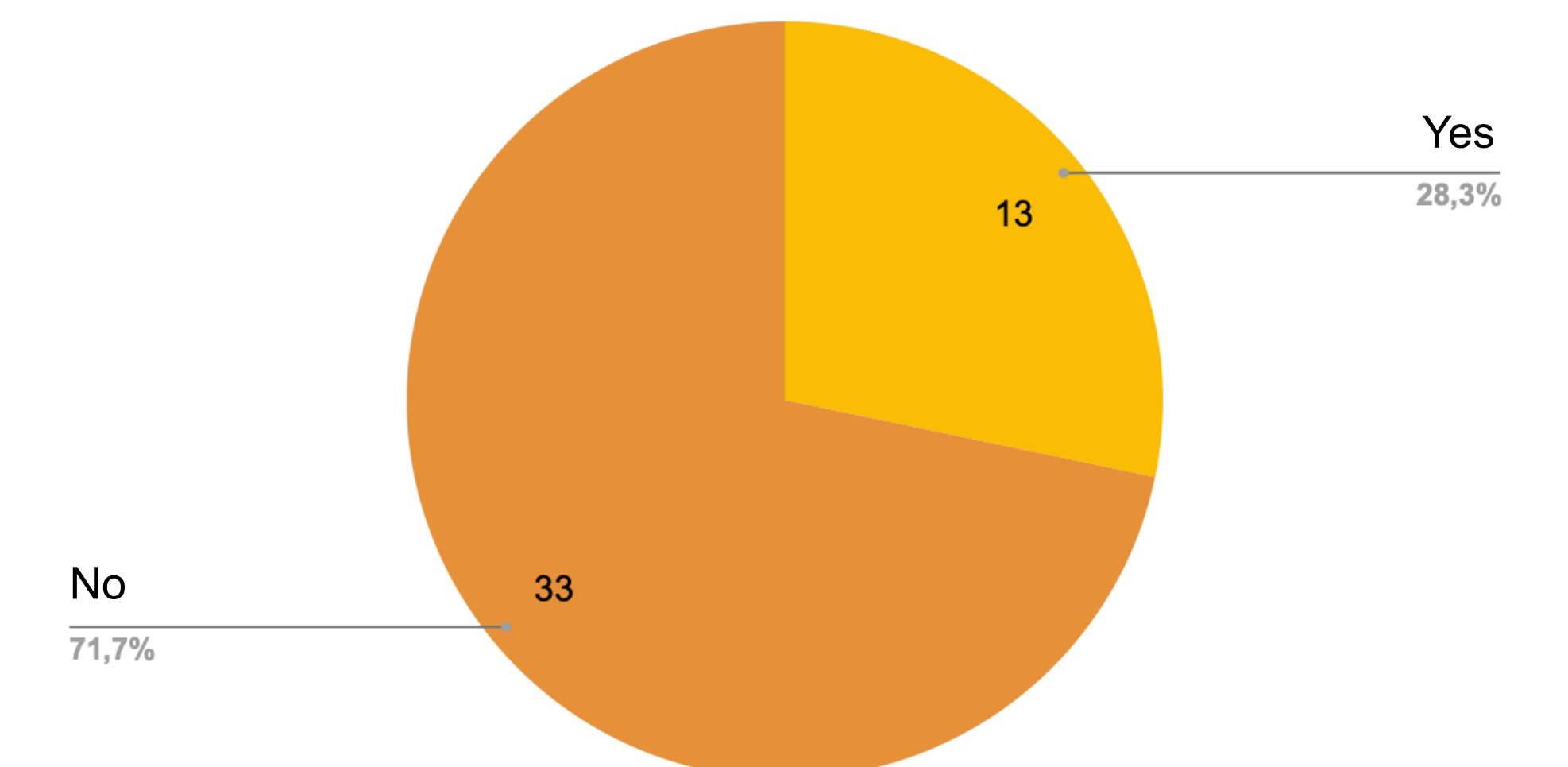
Management of bladder cuff



Bladder recurrence



Disease progression



46 patients included.

33 patients excluded.

Fully laparoscopic surgery did not increase the risk of progression and had lower bladder recurrence risk, compared to open surgery ($p < 0.05$).

Muscle-invasive disease was significantly related to risk of progression but other factors such as multifocal disease, or active/past smoking were not.

CONCLUSIONS

Radical nephroureterectomy and perimeatic cystectomy is the standard treatment for localized disease, but there is still considerable debate about the best approach to the distal ureter. The authors demonstrated that fully laparoscopic surgery did not increase the risk of disease progression but also had lower bladder recurrence risk. Future studies should continue to try to find the best method for evaluating the risk of recurrence and progression of this tumor, contributing to the best stratification and possible use of adjuvant systemic therapies.