



A Second-Look at the Repeat Resections of Bladder Tumors

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Abstract:

Research looking at the effects of repeat transurethral resection of bladder tumor (TURBT) on long-term survival and recurrence of bladder cancer has mixed results, with some studies showing improvement and others showing unclear benefit. The purpose of this current study is to evaluate the differences in recurrence rates, progression, and survival for patients with non-muscle invasive bladder cancer (NMIBC) who underwent a second TURBT 2 - 6 weeks after an initial TURBT, as compared to patients who only had an initial TURBT.

Methods: We performed a retrospective analysis of patients who received a TURBT at our institution over a 12-year period (2005 - 2017). Patients 18 years or older with high-grade pT1 or pTis pathology on initial TURBT were included. Patients with low-grade, pTa, or stage pT2 or greater on initial TURBT and patients with variant histology other than urothelial carcinoma were excluded from the study. Differences in overall survival, recurrence rates, and cancer progression were analyzed using Cox regression to event and Poisson regression to number of occurrences in patients who had repeat TURBT vs. those who did not. Cancer progression was measured as time to cystectomy.

Results: One hundred fifty-three patients with a diagnosis of high-grade NMIBC were included in the study. Forty-six patients (30.1%) had a repeat TURBT. There was no significant difference in baseline characteristics including age, stage, or gender between the two groups. After a median follow-up of 67.5 months (range 7.5 - 200 months), there was no significant difference in overall survival (OS) ($P = 0.63$), cancer progression ($P = 0.51$) or



recurrence rates ($P = 0.60$) for patients who underwent second-look TURBT compared to those who did not. Of those patients who underwent repeat TURBT, 32 (69.6%) had residual tumor and 13 (28.2%) had a change in stage. Of the patients that had a change in stage, five were upstaged to muscle invasive (pT2) disease.

Conclusions: Our analysis did not show an association between second-look TURBT with overall survival, progression, or recurrence rate of bladder cancer as compared to no second-look TURBT. However, there was a small rate of upstaging to pT2 disease on repeat TURBT. Even though there was no change in OS, repeat TURBT has an important role in finding T2 disease, and this is so critical that continuing with this conservative approach of a second TURBT is still recommended.

Biography:

Madison Lyon is a pediatric Nephrologist from University of Medical Sciences, Sanandaj, Iran

Recent Publications:

1. J Ped. Nephrology 2017;5(3)

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