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Neoadjuvant therapy for muscle invasive CA bladder

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Introduction

- Standard treatment for patients with muscle-invasive bladder cancer (MIBC) is radical cystectomy (RC)
- Cisplatin-based neoadjuvant chemotherapy (NAC) has been shown to improve survival in patients with MIBC who underwent RC
- NAC remains under-utilised despite its benefit in patients with MIBC
- This may be due to delay in surgery, side effect of chemotherapy, suboptimal collaboration with oncologist

Objective

- To investigate the outcome of neoadjuvant chemotherapy therapy (NAC) in patients with muscle invasive bladder cancer (MIBC) in a single centre.

Patients and methods

- Retrospective review of all patients who underwent radical cystectomy or pelvic exenteration for bladder cancer at our centre from 6/2019 to 6/2023.
- Utilisation rate and outcome of NAC were analysed

Results

- 47 patients underwent radical cystectomy or pelvic exenteration for bladder cancer
 - 18 patients medically not fit or not indicated for NAC
 - Remaining 26/29 patients received NAC
 - **Utilisation rate for NAC = 89.6%**
- Mean follow up: 2.3 years

Demographics	Non-NAC group	NAC group
Patients	21	26
Mean age (years)	69.4	64.0
Sex (M:F)	19:2	22:4

Results

- 22/26 (84.6%) patients completed full three cycles of NAC
- 21 patients received gemcitabine-cisplatin
- Side effects reported in 10 patients
 - 4 patients had significant neutropenia, thrombocytopenia, hyponatremia and rash respectively requiring suspension of NAC

Clinical staging	Non-NAC group	NAC group
T0	2	7
Ta	0	5
Tis	0	2
T1	4	3
T2	7	4
T3	5	4
T4	3	1

- Response on follow up CT
 - Complete response: 11/26 (42.3%)
 - Partial response 12/26 (46.2%)
- Pathological downstaging response
 - Complete response ypT0: 7/26 (26.9%)
 - <ypT2: 17/26 (65.4%)
- Mean duration
 - Between TURBT and NAC: 59.2 days
 - Between NAC and definitive surgery: 141.3 days
- Overall survival rate
 - NAC group: 88.5%
 - Non-NAC group: 81%

Conclusion

- NAC is safe and well utilized in our centre with favourable response rate and survival benefit
- Prolonged time of around 6 months from TURBT to definitive surgery did not affect survival rate