

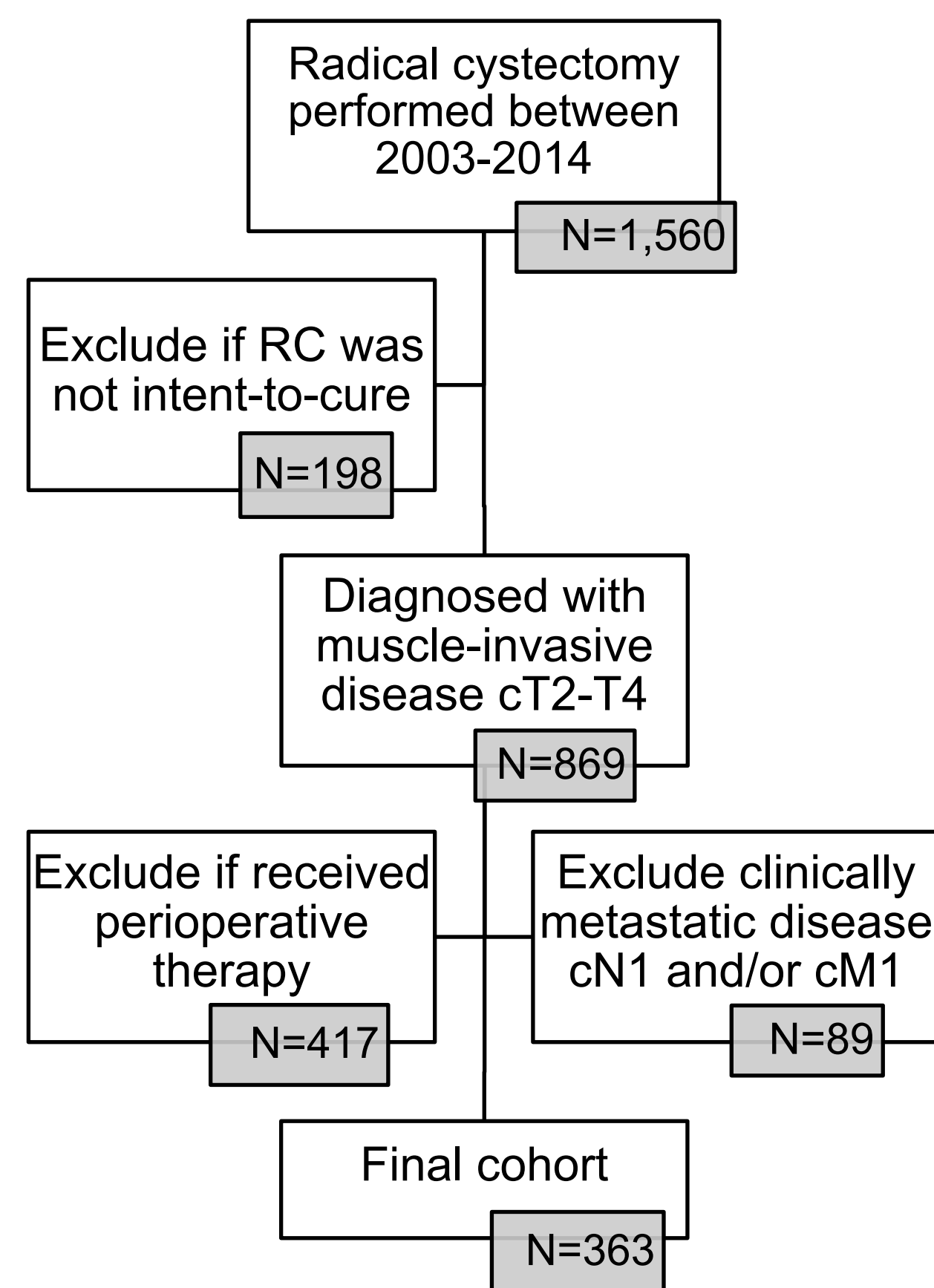
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Background

- Variant histology (VH) can arise from pure urothelial carcinoma (PUC)
- Previous studies have examined the impact of time from diagnosis to radical cystectomy (RC) for UC with a 12-week cutoff showing worse outcomes
- However, the timing of RC for VH has not been explored
- Our objective was to analyze the impact of time from diagnosis to cystectomy on oncologic outcomes for PUC and VH

Materials and Methods



- Patient selection is described in Fig. 1 to reach our final cohort of 363 patients
- Histopathology at cystectomy was determined by genitourinary pathologists and was classified as PUC or VH
- The primary outcomes were overall survival (OS) and recurrence free survival (RFS)

Fig. 1 Patient selection flowchart

Materials and Methods cont.

- Time from first diagnosis of muscle-invasive disease on biopsy to RC was measured as a continuous variable and dichotomized at three time points: 4, 8, and 12 weeks
- Multivariable Cox proportional hazard models were used to analyze impact of time to RC on OS and RFS

Results

- 71 patients (19.6%) had VH
- Median follow-up time was 42.4 months
- Median days from diagnosis to RC did not differ between PUC (55.5) and VH (55), $p=0.92$
- For PUC, 81.5% of patients and for VH 81.7% of patients underwent RC within 12 weeks of diagnosis
- VH was more likely to present with advanced local disease, have tumor upstaging at RC (60.6% vs 30.8%), nodal metastasis (28.2% vs 14.4%), and LVI (40.8% vs 28.8%) compared to PUC
- Controlling for age, CCI, pathologic tumor stage, lymph node status, LVI, and surgical margin status, every month in delay was associated with a worse OS for VH [HR=1.35 (95% CI 1.11-1.64); $p=0.003$].
- No difference in RFS was found for both PUC and VH due to delay in surgery

Results cont.

- Median survival at an 8-week cutoff was 84 and 23 months
- For VH, 5-year OS estimate for RC ≤ 8 and >8 weeks was 63.4% and 34% respectively, log-rank test $p=0.02$ (Fig 2.)

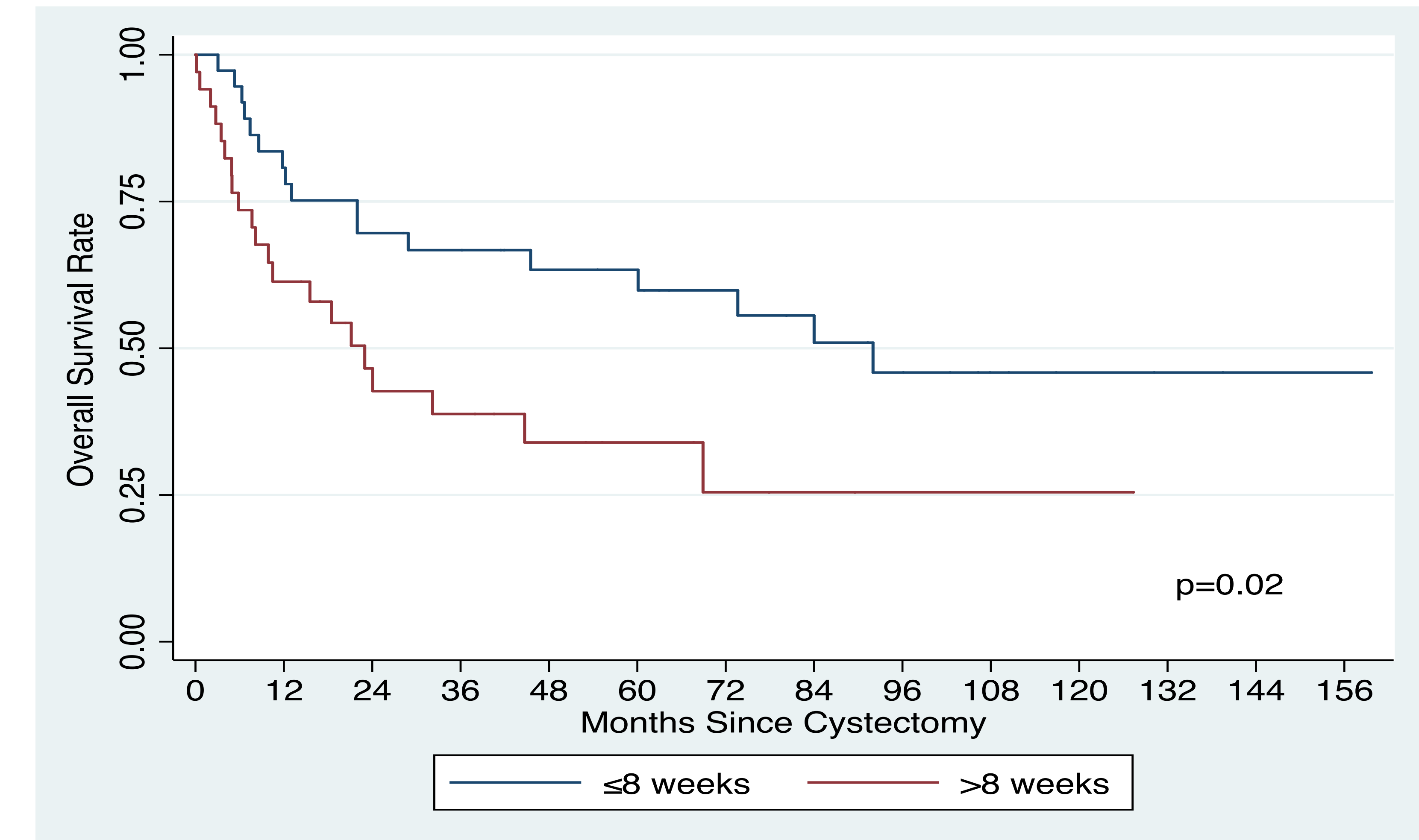


Fig. 2 Overall survival Kaplan-Meier curves for VH stratified by time to RC

Conclusions

- For variant histology, every month in delay from initial diagnosis to radical cystectomy and delays >8 weeks were associated with worse survival