MP83-14 ADHERENCE TO GOOD QUALITY TRANSURETHRAL RESECTION OF THE BLADDER (GQ-TURB) MARKERS IN HIGH VOLUME CENTRES: RESULTS FROM NORTH ITALIAN INSTITUTIONS

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BACKGROUND AND AIM OF THE STUDY

The goals of transurethral resection of the bladder (TURB) are:

- to remove all visible lesions,
- to make a correct diagnosis.

An incomplete or "poor-quality" resection can result in either inaccurate staging or early recurrence.

The **aim of the study** was to verify the **adherence to the well established good-quality markers for TURB (GQ-TURB) in daily practice** in 4 high volume centres.

MATERIALS AND METHODS

Data from **410 consecutive** patients (pts) who underwent **TURB** before August 2016 at 4 high-volume North Italian Institutions (two academic and two non academic) were retrospectively collected. Inclusion criteria were the presence of macroscopic bladder lesions and positive pathological report for bladder cancer.

GQ-TURB was evaluated on:

Surgery report

- size - number of tumors,
- type of resection (in fractions / en bloc),
- patient receiving early instillation (mitomycin C) within 24 hour after the resection,

Pathological report

- histological type of tumor,
- presence and status of detrusor muscle (DM),
- T classification,
- WHO grading system (1973 - 2004),
- lymphovascular invasion (LVI),
- necrosis status

Re-TURB

RESULTS

Size and **number** of tumor were not available in 12 pts (3%).
En bloc resection was performed in 4.3%.
Histological **variants** (pure + mixed) were present in 15 pts (3.7%).
T1 substaging (T1f/s, T1rol1/2, T1a/b) was not comparable between the centers.
Both WHO **grading** system (1973 -2004) were reported in 47.3%: of the 87 G2 tumors, 70% were classified as high grade (HG).
LVI and **necrosis** status were reported in 59% e 4.4% respectively.

DM status was **reported** in 81.5% of the specimens.
DM was present in 64.9% and not present in 68 pts (16.6%): of these 68, Ta, T1 and CIS was found in 44, 17, and 7 pts, respectively. Nine patients with Ta were HG.
Of these TaHG and T1, only 11/25 (44%) underwent re-TURB and 36% (4/11) had residual tumor.
Out of the **non-reported DM** group 18 specimens were TaHG, 12 were T1. Out of these only 9/30 (30%) underwent re-TURB and 7/9 (77.7%) had residual tumour.
According to the 2017 EAU guidelines, 185/410 pts should have received an **early instillation**, but only 44/185 pts (23.7%) received it.
Re-TURB was performed in 80/410 (19.5%) pts, even if it was expected in 146 (35.6%) or 115 (28%) pts according to the 2016 or 2017 EAU guidelines, respectively.

Patients' features	PT (410 patients)
Age, mean (±SD)	68.3 (±10.4)
Size (mm)	
mean (min-max)	24.48 (1-150)
% reported	94.1%
Number of tumors	
mean (min-max)	1.9 (1-24)
% reported	90.7%
Type of resection (%)	
In fractions	392 (95.7%)
En bloc	18 (4.3%)
Histotype (%)	
Pure transitional	395 (96.3%)
Pure variant	6 (1.6%)
Mixed transitional	9 (2.1%)
T classification (%)	
CIS	20 (5.0%)
Ta	254 (61.9%)
T1	89 (21.7%)
(T1 substaging not comparable)	
T2	47 (11.4%)
Grading classification (%)	
WHO 1973	194 (47,3%)
WHO 2004	407 (99.2%)
Lymphovascular invasion - LVI (%)	
Reported	244 (59.5%)
Positive	24 (9.8%)
Necrosis Status (%)	
Reported	18 (4.4%)
Positive	12 (2.9%)
Detrusor Muscle –DM- in the specimen (%)	
Present	266 (64.9%)
Not present	68 (16.6%)
Not reported	76 (18.5%)
Early instillation (%)	44 (10.7%)
Re-TURB (%)	80 (19.5%)

CONCLUSIONS

Our findings showed that the **adherence to international guideline remains low even in high volume centers**. International educational programs should be improved worldwide in order to offer higher standardized procedures.

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