

MP08-15 CORRELATION BETWEEN SURGEON'S EXPERIENCE AND PATHOLOGICAL AND ONCOLOGICAL OUTCOMES AFTER TRANSURETHRAL RESECTION OF THE BLADDER: RESULTS FROM A MULTICENTRIC RETROSPECTIVE STUDY

Naspro R¹, Manica M¹, Hurle R², Cristinelli L³, Colombo R⁴, Lattarulo M³, Simeone C³, Gallina A⁴, La Croce G¹, Lazzeri M², Guazzoni G², Moschini M⁴, Da Pozzo LF¹



BACKGROUND AND AIM OF THE STUDY

A good-quality transurethral resection of the bladder (**GQ-TURB**):

- warrants the removal of all visible lesions,
- provides good quality specimens for analysis, allowing an accurate staging.

Literature suggests that surgeon's experience can influence the outcome of this procedure.

The **aim of the study** was to investigate the **correlation between the surgeon's experience and the pathological and oncological outcomes**, following the well-established good-quality markers for TURB.

MATERIALS AND METHODS

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

Surgeons were classified as:

- junior (JS) <100 TURB,
- intermediate (IS) 100< TURB <250,
- expert (ES) >250 TURB.

For each procedure we focused on the presence of detrusor muscle (DM) in bladder specimen, any complication using the Clavien-Dindo classification, recurrence at 3-months, any Re-TURB.

Outcomes were stratified according to surgeon experience.

RESULTS

Out of 410 procedures, 64 (15.6%), 108 (26.6%) and 238 (58%) were performed by the JS, IS, ES, respectively.

Complications were reported in 6/64 (9.3%), 3/108 (2.7%) and 28/238 (11.7%) patients, respectively (JS, p=0.91, OR 1.05; IS, p=0.015, OR 0.22; ES p=0.026, OR 2.41).

Cystoscopy at the 3 month follow-up was performed in 279/410 patients and a recurrence was found in 9/48 (18.75%), 10/70 (14.28%), 34/161 (21.1%) of the JS, IS and ES groups, respectively (JS, p=0.96, OR 0.98; IS, p=0.24, OR 0.64; ES p=0.29, OR 1.39).

Overall, 80/410 (19.5%) patients underwent Re-TURB. Of this group, the first TUR was performed by JS, IS or ES in 13/80 (16.25%), 24/80 (30%), 43/80 (53.7%) patients, respectively. No statistical difference was found between the groups when considering tumour size and number of tumours (p=0.1 and p=0.3 respectively).

Re-TURB showed a residual tumour in 2/13 (15.3%), 7/24 (29.1%) and 24/43 (55%) of patients (JS, p=0.018, OR 0.17; IS, p=0.35, OR 2.26; ES p=0.019, OR 6.94), in the JS, IS and ES groups, respectively.

Status of DM was reported in 59/64 (92.1%), 102/108 (94.4%), 173/238 (72.6%) in the JS, IS and ES groups respectively.

No DM was found in 9/59 (15.2%), 21/102 (20.5%) and 38/173 (21.9%) in the JS, IS and ES groups, respectively (p=0.54).

	JS	IS	ES
N° of procedures (410)	64 (15.6%)	108 (26.6%)	238 (58%)
Complications	6/64 (9.3%) p=0.91 OR 1.05	3/108 (2.7%) p=0.015 OR 0.22	28/238 (11.7%) p=0.026 OR 2.41
Recurrence at 3months follow-up cystoscopy (53/279)	9/48 (18.75%) p=0.96 OR 0.98	10/70 (14.28%) p=0.24 OR 0.64	34/161 (21.1%) p=0.29 OR 1.39
Re-TURB (80/410)	13/64 (20.3%)	24/108 (22.2%)	43/80 (18%)
Residual tumour at Re-TURB	2/13 (15.3%) p= 0.018 OR 0.17	7/24 (29.1%) p= 0.35 OR 2.26	24/43 (55%) p= 0.019 OR 6.94
DM status (%) reported not present (p= 0.54)	59/64 (92.1%) 9/59 (15.2%)	102/108 (94.4%) 21/102 (20.5%)	173/238 (72.6%) 38/173 (21.9%)

Patients' features	PT (410 patients)
Age, mean (±SD)	68.3 (±10.4)
Size (mm) mean (min-max) % reported	24.48 (1-150) 94.1%
Number of tumours mean (min-max) % reported	1.9 (1-24) 90.7%
Type of resection (%) In fractions En bloc	392 (95.7%) 18 (4.3%)
T classification (%) CIS Ta T1 T2	20 (5.0%) 254 (61.9%) 89 (21.7%) 47 (11.4%)
Early instillation (%)	44 (10.7%)

CONCLUSIONS

No difference was found among the groups when comparing the presence of DM in the specimen.

Although no significance was found between early recurrence, residual tumour was more likely to be found in the ES group at Re-TURB. ES seem to have more surgical complications than JS, while the IS seem to have overall less complications.

These findings underline the importance of respecting the guidelines of a GQ-TURB regardless of surgical experience.

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Early instillation (%) Re-TURB (%)	44 (10.7%) 80 (19.5%)

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Histotype (%) Pure transitional Pure variant Mixed transitional	395 (96.3%) 6 (1.6%) 9 (2.1%)
T classification (%) CIS Ta T1 T2	20 (5.0%) 254 (61.9%) 89 (21.7%) 47 (11.4%)
Grading classification (%) WHO 1973 WHO 2004	194 (47,3%) 407 (99.2%)
Detrusor Muscle –DM- in the specimen (%) Present Not present Not reported	266 (64.9%) 68 (16.6%) 76 (18.5%)
Early instillation (%)	44 (10.7%)
Re-TURB (%)	80 (19.5%)

CONCLUSIONS

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