BACKGROUND

-Hemorrhagic cystitis (HC) is a complication of pelvic radiation.
-Reported incidence of ~5%; however these studies do not take into account that HC increases with time.
-Despite improvements in radiation, series have shown significantly lower rates of GI but not GU toxicity.
-Morbidity and complications of HC have yet to be fully assessed in the literature.

OBJECTIVES

-To report the incidence, treatment, and associated morbidity of HC after radiation therapy for prostate and bladder cancer at our institution.

METHODS

-Retrospective chart review from January 2000 to September 2015.
-788 patients underwent radiation therapy for prostate or bladder cancer.
-In patients who developed HC, we analyzed the incidence, radiation modality, morbidity, treatment, and complications.

RESULTS

-Incidence of HC 10.4%.
-Patients developed HC at an average of 70.3 months (4-300) after radiation.

Radiation treatment

-EBRT 52.4%
-IMRT 13.4%
-Salvage radiation 2.4%
-Mixed neutron/photon EBRT 8.5% or IMRT 3.7%
-EBRT with brachytherapy 7.3%
-Adjuvant radiation 4.9%
-Unknown type 7.3%

RESULTS CONTINUED

-Morbidity:
-Average number of admissions 2.6 (1-9)
-Average LOS 7.3 days (1-42)
-Average of 4.6 units transfused (0-33)
-86.4% of patients underwent cystoscopy for fulguration/clot evacuation.
-Required average of 2.6 cystoscopies (0-11).

CONCLUSIONS

-Based on our results, the incidence of HC after radiation therapy for prostate or bladder cancer is under-reported in the literature.
-HC is associated with high morbidity for patients
-Often requires multiple hospitalizations, blood transfusions, and trips to the OR.
-Complications range from infection to death, and urologists must educate their patients accordingly.

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