RESULTS

Frequency of Low Grade T1 Bladder Cancer Has Decreased but Continues to Vary by Institution

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BACKGROUND

• Low grade but invasive papillary urothelial carcinomas are rare
• Current bladder cancer grading system aimed to reduce tumor heterogeneity and was widely adopted in 2004
• There is a paucity of data on the questionable clinical entity of low grade (LG) T1 bladder cancer

OBJECTIVES

To evaluate the incidence and factors associated with the diagnosis of LG T1 bladder cancer since the adoption of the 2004 grading system

METHODS

• SEER (2004 – 2014) and National Cancer Database (NCDB) (2004 – 2013) were queried for all T1 bladder cancer patients
• Proportion of T1 patients with LG disease was trended over time
• Overall and cancer-specific mortality was compared between LG and HG
• Factors associated with a diagnosis of LG were assessed using logistic regression
  – Year of diagnosis
  – Age
  – Race
  – Sex
  – Charlson Comorbidity Index
  – Treatment facility type
  – Income and insurance
  – Distance from treatment facility
• Institutions that did not contribute cases in each successive year were excluded

CONCLUSIONS

• Since the adoption of the current grading system the percentage of T1 bladder cancers designated as LG has declined substantially but continues to vary widely by institution
• This variability raises concerns for grading misclassification within the current system
• Given the worse overall and cancer-specific survival for HG T1, the misclassification of T1 disease at LG could have a negative impact on survival