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The challenge of high risk non muscle invasive bladder cancer treatment in elderly patients

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Objectives

To evaluate the efficacy and safety of a tailored endovesical immunotherapy protocol with BCG for elderly Patients with high risk non muscle invasive bladder cancer (HG-NMIBC).

Materials & Methods

We enrolled 200 consecutive patients older than 80 years newly diagnosed with HGNMIBC: 100 (group 1) with multiple comorbidities (WHO PS 2-3, ASA score ≥ 3 , Charlson Comorbidity index ≥ 3 , GFR < 60 mL/min) were treated with BCG induction course administered biweekly; 100 (group 2) with statistically significant better conditions were treated with standard weekly BCG therapy. After the induction treatment disease-free patients underwent to at least one year of BCG maintenance therapy. Endpoints were: initial response to BCG, cancer-free survival and rate of progression at 2 years, rate of complications.

Results

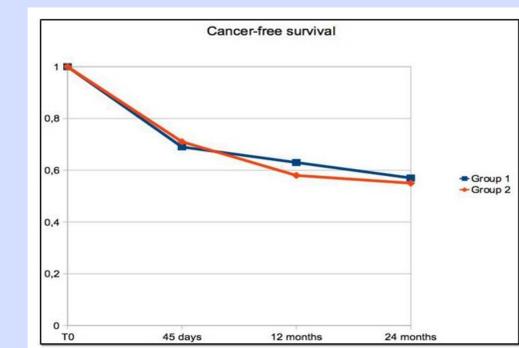
No statistically significant differences were found in terms of:

- initial response to BCG (69% vs 71%, $P=0,75$);
- cancer free-survival at 2 years (57% vs 55%, $P=0,77$);
- rate of progression at 2 years (20% vs 14, $P=0,26$).

The difference between the rate of overall complications was statistically significant ($P=0,03$); the rate of severe complications was not statistically significant ($P=0,61$).

Complications

	Group 1	Group 2	<i>P value</i>
Overall	15	27	0,03
- Not severe (grade 1-2)	10	20	0,04
Bladder pain	3	5	
Voiding symptoms	5	10	
Flu-like symptoms	2	5	
- Severe (grade 3)	5	7	0,61
Prostatitis/epididymitis	3	4	
Fever >2 days	2	3	



Conclusions

A tailored regimen of BCG administration is possible and safe in frail elderly patients, limiting side effects and the risk of undertreatment but maintaining oncological outcomes. Mandatory is the most possible comprehensive assessment of the patient; thus, all patients can receive the proper treatment. We propose to continue with the enrollment and with follow-up to give greater significance to our experience.