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

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 C1S 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 2016 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.

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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