

postoperative irrigation of less than 1 day in these patients. The average catheterization time was less than 2 days and hospitalization of 3 days. Detrusor muscle was present in the histopathology report of 37 patients (92.5%). None of the patients needed a switch to conventional TURBT. Overall complication rate was low (Clavien = 3, n = 5 [12.5%]). No patient needed blood transfusion and no patient had any obturator spasms or bladder perforation. At 4-hours post-op 35 patients had clear urine.

CONCLUSIONS: En-bloc holmium laser excision of bladder tumors is feasible safe and effective.

Source of Funding: None

MP83-09

CHEMOHYPERTHERMIA WITH MITOMYCIN C AND COMBAT SYSTEM A NEW ALTERNATIVE TO BCG IN HIGH RISK NON MUSCLE INVASIVE BLADDER CANCER?

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INTRODUCTION AND OBJECTIVES: Maintenance intravesical BCG therapy is the gold standard treatment for high risk non-muscle invasive bladder cancer (HR NMIBC). However, adverse effects and recent problems with BCG supply and production has led to a lack of treatment in these patients. The objective is to analyze the effectiveness of MMC and chemohyperthermia (CHT) with COMBAT HIVEC™ treatment in HR NMIBC

METHODS: Multicentre European retrospective analysis of 145 patients with HR NMIBC treated by 14 centres across Europe between December 2014 to October 2017. High risk disease was defined according to EAU risk classification. After transurethral resection of bladder tumour (TURBT), all patients were treated with adjuvant intravesical instillations of 40mg MMC at 43°C, for 60 minutes using COMBAT HIVEC™ device. All cases received CHT instead of BCG because BCG was unavailable, or they had intolerance to BCG due to adverse events. Approval of local ethics committee was obtained in all cases. Treatment protocols differs between although majority received 6 weekly instillations of induction with a variable maintenance regime. ReTURBT prior to instillation was at the discretion of the clinician and local institutional recommendation. Patients had follow up with cystoscopy every 3 months.

RESULTS: 145 patients were treated with the COMBAT system with a median follow up of 20.8 months. The mean age of patients was 70.6 years. 65% of NMIBC were primary tumours with 65% pT1 and 66% G3. 46% of patients had multiple tumours and 36% were \leq 3cm. 116 patients (80%) received a minimum of 6 weekly instillations as part of induction therapy. 79 patients (55%) received some form of maintenance therapy. In the Intention to Treat analysis (145 patients), mean follow up 21 months, recurrence free rate (RFR) was 82% (27 patients) and progression free rate (PFR) to T2 was 98% (3 patients). In the Per Protocol analysis (at least 6 instillations, 116 patients), mean follow up was 22 months, RFR was 83% (20 patients) and PFR to T2 1 was 93% (2 patients). RFR at one year follow up was 87.3%.

CONCLUSIONS: CHT with 6 weekly induction 40 mg MMC using the COMBAT system represents an attractive alternative to intravesical BCG therapy. RFR and PFR at 12 months are comparable to EORTC nomograms. Randomised controlled trials are needed to define the true role of CHT in HR NMIBC.

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MP83-10

CLINICAL EFFICACY OF SUB-STAGING AND EN-BLOC TUR SPECIMEN FOR PT1 BLADDER CANCER

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INTRODUCTION AND OBJECTIVES: T1 bladder cancer has various pathological features individually, and has high rate of not only recurrence but progression. Some studies have reported sub-staging of T1 bladder cancer could be prognostic factor of progression, but it hadn't become widespread yet. We evaluated correlation between sub-staging and oncological outcome, and compared conventional TUR-BT with En-bloc TUR-BT.

METHODS: We retrospectively analyzed the record of the 90 patients who were diagnosed as pT1 bladder cancer in our institution between November 2011 and June 2017. We compared conventional TUR-BT (n=72) with En-bloc TUR-BT (n=18) about pathological and oncological outcome. All specimens were reviewed by single urological pathologist and diagnosed pT1a/b staged vertically by muscularis mucosae (MM).

RESULTS: Median follow up period was 21 months. The overall 3-year recurrence-free survival rate was 69.6%, and the 3-year progression-free survival rate was 85.1%. There was significant difference in progression by pT1a/b sub-staging, the 3-year progression-free survival was pT1a (n=30): 100% and pT1b (n=36): 68.1% (p=0.01). In comparison with conventional TUR-BT and En-bloc TUR-BT, there was no significant difference in patient characteristics, tumor size and outfit. Median follow up period of TUR-BT was 22 months and of En-bloc TUR was 10 months, the 2-year recurrence-free survival rate was 76.1% vs. 76.4%, and the 2-year progression-free survival rate was 86.1% vs. 100%, respectively (p=0.2). The diagnose rate of T1a/b sub-staging in TUR-BT was only 77.6%, but that of En-bloc TUR-BT was 100% (p=0.01).

CONCLUSIONS: Vertical invasion such as pT1a/b sub-staging of T1 bladder cancer could be prognostic factor of progression. En-bloc TUR specimen can lead to more accurate sub-staging diagnosis compared with conventional TUR-BT specimen. Further investigation with long-term follow-up is needed.

Figure.1

3-year PFS of pT1a/b -Total 90 cases-

