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Urothelial carcinoma of the prostatic urethra: Long-term follow-up study.

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Abstract Disclosures

Abstract

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Background: The involvement of the prostatic urethra in high risk non muscle-invasive bladder cancer (NMIBC) varies between 10 to 40%. Treatment strategies and expected outcomes of this disease are not well defined. In a retrospective study, we look at the long-term outcomes in patients with urothelial carcinoma of the prostatic urethra (UCPU) concomitant with high risk NMIBC. **Methods:** From 1998 to 2010, 39 patients with high risk NMIBC and concomitant UCPU were recruited. After the initial transurethral resection (TUR) of all tumor visible on endoscopy and random cold-cup biopsies of the bladder and prostatic urethra, all patients underwent restaging TUR of the bladder and prostatic urethra 4–6 weeks later. Patients with non-muscle invasive UCPU (n = 33) underwent adjuvant intravesical BCG therapy, while patients with prostatic stromal or ductal invasion (n = 6) underwent neoadjuvant systemic chemotherapy and radical cystectomy. Patients with non-muscle invasive UCPU were followed-up with cystoscopy and urinary cytology every 3 months. A yearly CT scan was performed in all patients. The primary endpoint was disease-free interval. Analyses were done by intention to treat. **Results:** Median follow-up was 96 months (IQR 73-122). The median disease-free interval was 15 months (IQR 12-18) and 9 months (IQR 7-11) for UCPU and NMIBC, respectively; recurrence rate was 30% for UCPU and 38% for NMIBC; progression rate was 10.2% (4 patients) for UCPU and 17.9% (7 patients) for NMIBC; time to progression was 12 months (IQR 10-14) for UCPU and 9 (IQR 8-10) for NMIBC; overall and disease-specific survival rates for UCPU were 87.2% and 92.4% respectively. In patients with prostatic stromal or ductal invasion the disease free-interval was 8 months (IQR 7-9) and progression to metastatic disease was observed in 3/6 patients (50%). During the follow-up an upper urinary tract urothelial carcinoma was diagnosed in 6/39 patients (15.4%) **Conclusions:** TUR and adjuvant intravesical BCG therapy are effective treatments for UCPU. Radical cystectomy should be reserved as primary treatment in patients with stromal or ductal involvement. Strict follow-up of UCPU patients with concomitant NMIBC is mandatory to detect upper urinary tract tumors.

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