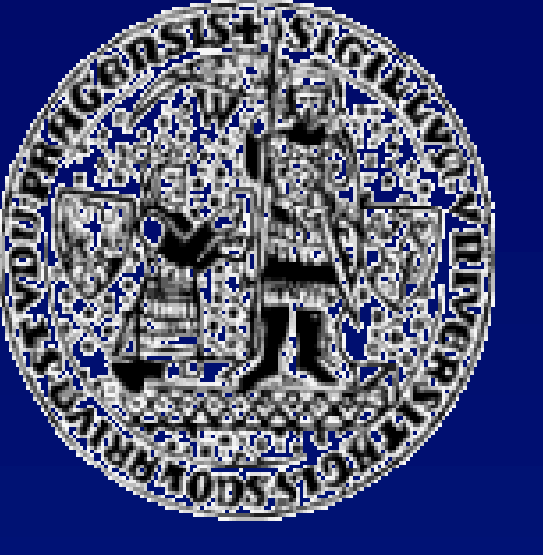


IMPACT OF TRANSURETHRAL RESECTION WITH NARROW BAND IMAGING ON PROGNOSIS OF PATIENTS WITH BLADDER CARCINOMA

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Abstract

IMPACT OF TRANSURETHRAL RESECTION WITH NARROW BAND IMAGING ON PROGNOSIS OF PATIENTS WITH BLADDER CARCINOMA

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Aim. The aim of our study was to assess impact of TUR-BT with narrow band imaging (NBI) on prognosis of patients with bladder tumours.

Methods. A total of 52 consecutive subjects with multiple recurrent bladder cancer were enrolled in the retrospective study. TUR with white light (WLC) was used in 25 patients and NBI in 27 patients. The mean age of the patient population was 72 years, the mean follow-up was 7,5 months. Selected tumour risk factors (stage and grade) were evaluated (6x T1, 33x Ta, 2x CIS, 10x HG, 39x LG and 3x PUNLMP). The tissue samples were taken by means of transurethral resection (TUR-BT), all the tumours were histologically verified. The disease free survival functions were compared by the means of Log-Rank test and Wilcoxon generalised test. The Kaplan-Meier method of the survival function estimation was used. Statistical analysis was performed using the SPSS 13.0 software. The level of significance was set at p=0,05.

Results. The recurrence was found in 13 (52 %) patients with WLC and only in 6 (22 %) with NBI (p= 0,049).

Conclusions. Our results suggest that TUR-BT with NBI may have positive impact on recurrence free survival in patients with multiple recurrent bladder tumours. We plan to enlarge the group of patients and the follow-up to bring more valuable and prospective data.

The study was supported by grant from PRVOUK P27/LF1/1.

Introduction

Narrow-band imaging (NBI) cystoscopy detects more bladder tumors than standard white-light imaging (WLC) cystoscopy, but it is unclear whether NBI improves recurrence free survival in patients with non-muscle invasive bladder tumors.

The aim of our study was to assess impact of TUR-BT with narrow band imaging (NBI) on prognosis of patients with bladder tumours.

Materials and methods

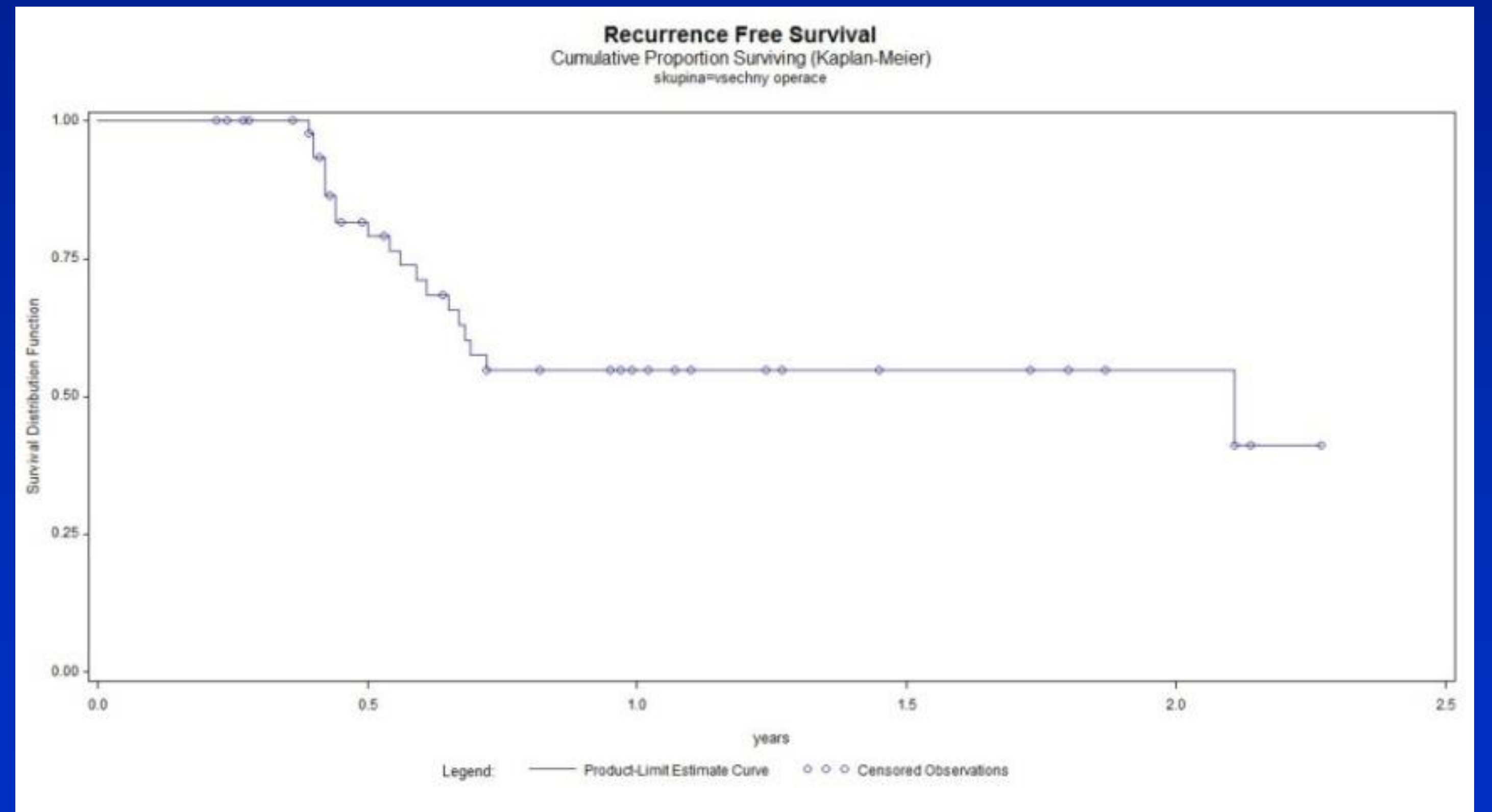
A total of 52 consecutive subjects with multiple recurrent bladder cancer were enrolled in the retrospective study. TUR with white light (WLC) was used in 25 patients and NBI in 27 patients. The mean age of the patient population was 72 years, the mean follow-up was 7,5 months. Selected tumour risk factors (stage and grade) were evaluated (6x T1, 33x Ta, 2x CIS, 10x HG, 39x LG and 3x PUNLMP). The tissue samples were taken by means of transurethral resection (TUR-BT), all the tumours were histologically verified. The disease free survival functions were compared by the means of Log-Rank test and Wilcoxon generalised test. The Kaplan-Meier method of the survival function estimation was used.

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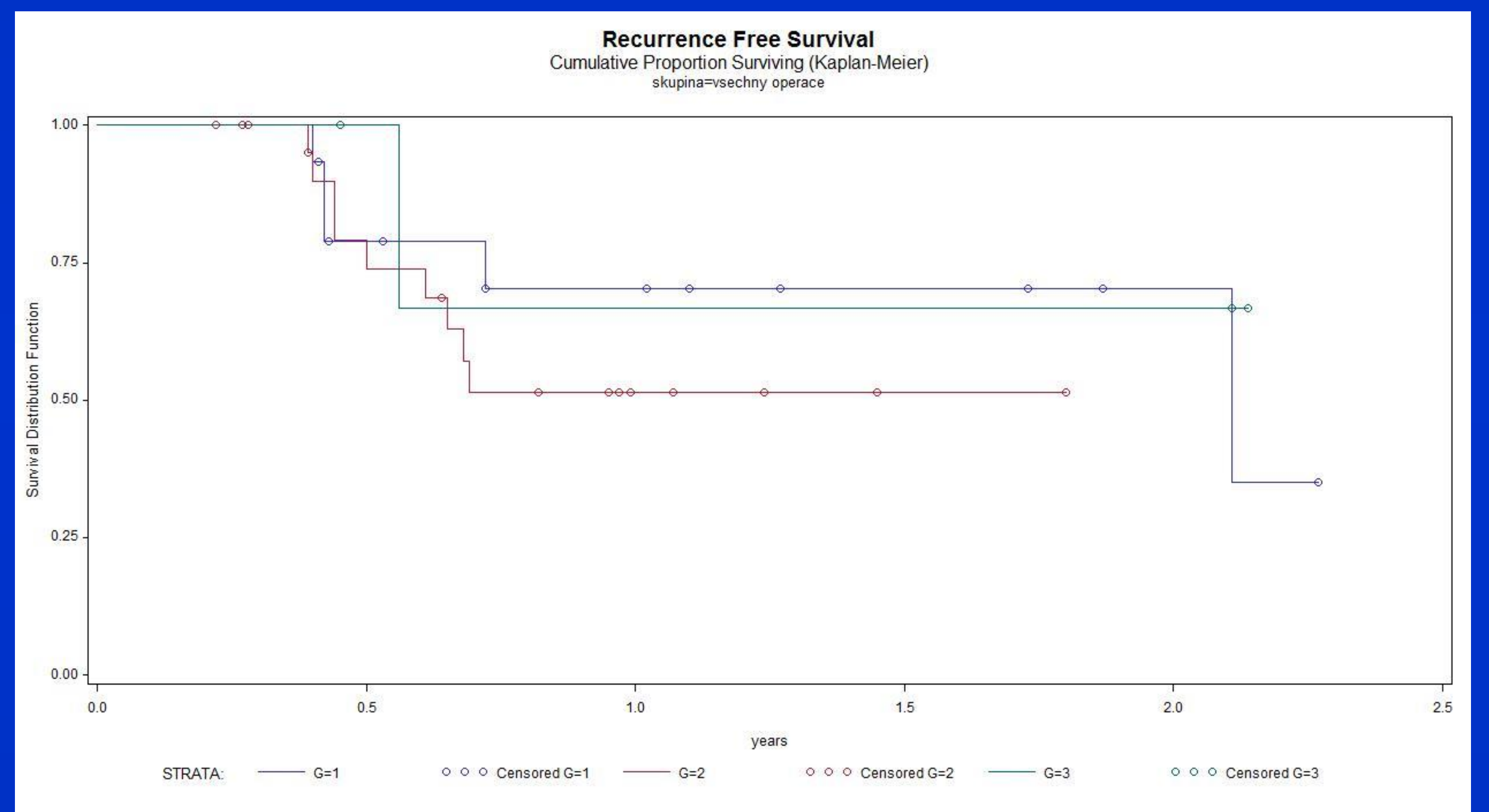
| | | NBI | WLC | Total |
|--------------|-----|-----|-----|-------|
| n | | 27 | 25 | 52 |
| TNM | CIS | 2 | 0 | 2 |
| | Ta | 19 | 22 | 41 |
| | T1 | 6 | 3 | 9 |
| G | 1 | 6 | 9 | 15 |
| | 2 | 12 | 11 | 23 |
| | 3 | 4 | 0 | 4 |
| | x | 5 | 5 | 10 |
| PUNLMP | | 2 | 1 | 3 |
| LG carcinoma | | 19 | 20 | 39 |
| HG carcinoma | | 6 | 4 | 10 |

Results

Recurrence free survival

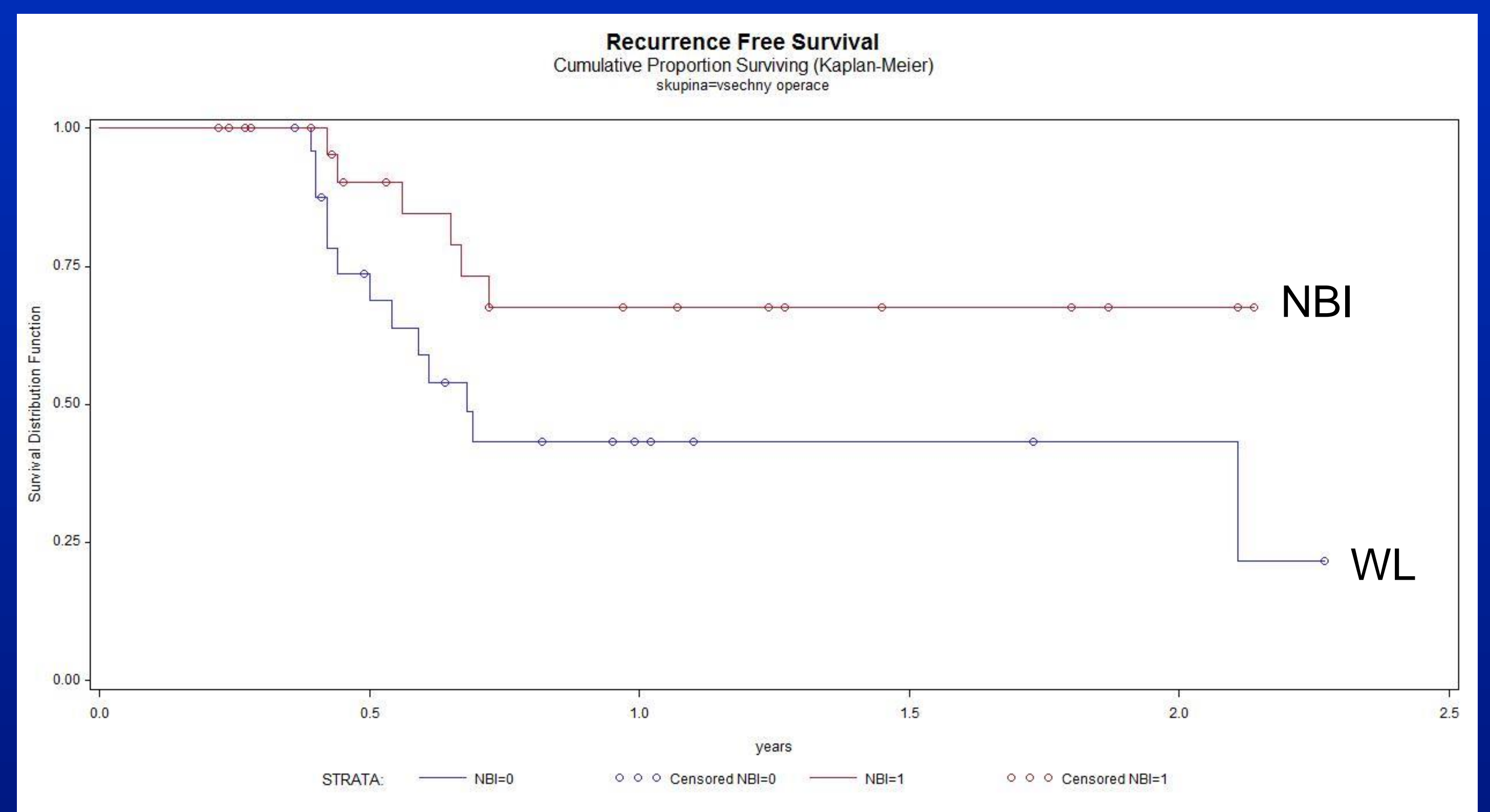


Recurrence free survival – tumour grade



Log-Rank p= NS

The recurrence was found in 13 (52 %) patients with WLC and only in 6 (22 %) with NBI (p= 0,049).



Log-Rank p= 0.0493

Conclusions

Our results suggest that TUR-BT with NBI may have positive impact on recurrence free survival in patients with multiple recurrent bladder tumours. We plan to enlarge the group of patients and the follow-up to bring more valuable and prospective data.

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