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Second TURB in non-muscle invasive bladder cancer – experience on 400 cases

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Introduction and Objectives: Even experienced urologists have a high percentage of persisting carcinoma after transurethral bladder tumor resection (TURB) for non-muscle invasive bladder tumors (NMIBT). The aim of our study was to quantify the percentage of residual tumors detected by re-TURB.
Material and Methods: Between January 2005 and January 2009, 400 patients with NMIBT underwent re-TURB at 4–6 weeks after the initial resection. The indications were represented by absence of muscle tissue in the specimen from the initial resection, large, multiple, high grade or T1 tumors. After the first TURB, the pathologic stage was pTa in 102 patients (25.5%), pT1 in 288 (72%) and CIS in 10 (2.5%). The pathologic records of the second TUR were reviewed and compared with the findings of the first operation.
Results: Re-TURB was negative in 262 patients (65.5%). Of 102 patients with pTa and 288 patients with pT1 at the first TURB, 71 (69.6%) and 184 (63.9%) had a negative re-TUR, respectively. Three patients with initial CIS had residual tumors. Eighty-eight patients (22%) had residual tumors of the same stage, 28 (7%) had a lower stage and 22 (5.5%), a higher stage. In 85% of the cases, residual tumors were located at the initial site. The protocol treatment was changed in 26 cases (6.5%).
Conclusions: A routine re-TURB should be advised in selected patients with NMIBT in order to achieve a more complete tumor resection and to identify patients in which the treatment protocol should be changed. In addition, removal of residual cancer is achieved early.

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Recurrence rates in high-risk non-muscle invasive bladder tumors – the real impact of HAL blue light fluorescence cystoscopy and TURB

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Introduction and Objectives: In this study, we aimed to evaluate the importance of hexaminolevulinate (HAL) blue light cystoscopy (BLC) and transurethral resection of the bladder (BL-TURB) in the treatment of high-risk non-muscle invasive bladder tumors (NMIBT), by comparison to white light cystoscopy (WLC) and white light TURB (WL-TURB).
Material and Methods: Between December 2007 and May 2009, WLC, BLC, BL-TURB and WL-TURB were performed in 155 patients suspected of bladder cancer. After 6 weeks, the 112 cases diagnosed with high-risk NMIBT underwent conventional re-TURB. The control group consisted of 112 patients with the same type of malignancy, which initially benefited only from WLC and WL-TURB, and subsequently re-TURB.
Results: After re-TURB, the recurrence rate in high-risk NMIBT patients was 9% (10 patients) for the study group and 33% (37 cases) for the control group. Recurrence lesions were orthotopic in 23.4% of the cases and heterothopic in 76.6% of the cases. The recurrence rate for G3 tumors was 5% in the study group and 50% in the control group. The G1-G2 multiple or large tumors without CIS lesions emphasized a recurrence rate of 7% in the HAL-BLC series by comparison to 30% in the WLC series, while cases of G1-G2 tumors associated with CIS had a recurrence rate of 21% for the HAL-BLC group and of 54% for the WLC group, respectively.
Conclusions: HAL fluorescence BLC and BL-TURB significantly improve the diagnostic accuracy and treatment efficacy in high-risk NMIBT. Consequently, a more complete endoscopic resection is achieved, thus reducing the tumors' recurrence rate.

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Urinary cytology and cystoscopy in recurrent bladder tumors

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Introduction and Objectives: A comparative study between urinary cytology and cystoscopy for detection of the early recurrences during the follow up of patients with non-invasive bladder tumors. The final purpose of the study is lowering the number of cystoscopic examinations, by replacing them with noninvasive investigations.
Material and Methods: This study included a group of 69 patients with superficial bladder tumors, treated during 2000–2009. 21 patients were staged pTa, 37 were pT1 and 4 pT2a. For 10 patients, the histopathology could not be retraced. The follow up of the patients was made according to the EAU protocol. In the past 30 months they were evaluated by simple and exfoliative cytology and cystoscopy.
Results: Urinary cytology was positive in 33 cases, with a sensitivity of 45.5% and a specificity of 92%. Cystoscopic examination discovered 11 cases of tumoral recurrence.
Conclusions: The results of the study indicate that cytology may be a useful addition to cystoscopy in detection of early recurrences during the follow up of the superficial bladder tumors.

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Early post TURB instillational treatment in Ta,T1 bladder cancers

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Introduction and Objectives: To compare transurethral resection only with transurethral resection plus early instillational treatment for non-invasive (Ta,T1) bladder cancer.
Material and Methods: Between 2000–April 2005, 130 patients with Ta and T1 bladder cancers were included in this study. The patients were divided in two groups: Group A including 81 patients who were treated (2000–2002) with transurethral resection of the bladder tumours (TURB). Follow-up:48–80 months (mean 73.4). Goup B including 50 patients with TURB, 1 instillation with 50 mg of Epirubicin in the first 6 po hours. Follow-up 24–60 months (mean 43). The patients refused, ignored or were not fit for other adjuvant treatment. The follow-up were performed every 3 months in the first year, 4 months in the 2nd year, 6 months in the 3th and 4th year, than every year.
Results: In group A, the percent of recurrences according to the risk categories are: 30%; 37.5%; 58%. The total recurrence in group A is 44.4%. In group B,t he percent of recurrences are: 0%; 25.8%; 75%.The total recurrence is 34%. The benefit of 1 instillation with Epirubicin post-TURB is 8.2%, particularly for low risk group is 30. The progression rate in group A are: 0%, 12.5%; 29%. The global progression is 17.2%. In the group B, the progression rate is: 0%; 10%; 25%. The global progression is 12%.
Conclusions: The global benefit regarding recurrence is 10.4%. The study indicated a significant benefit in favor of the early instillational treatment in the low and medium risk group, reducing the percent of tumor recurrence. Regarding progression there is a benefit of 5.2%.