



REVIEW ARTICLE

Indication for early cystectomy in nonmuscle-invasive bladder cancer. Literature review[☆]



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KEYWORDS

Cystectomy;
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Abstract

Context: High-risk nonmuscle-invasive bladder cancer is a disease that includes a heterogeneous group of patients, for whom close follow-up is recommended due to the risk of progression to a muscle-invasive tumor. The treatment of choice for these tumors is transurethral resection of the bladder tumor followed by a program of bacillus Calmette-Guerin instillations. There is a subgroup of patients who have a greater risk of progression and who benefit from early radical treatment.

Objective: To identify which patient group with nonmuscle-invasive bladder cancer will benefit from early radical treatment.

Searching the evidence: We performed a literature review to identify the risk factors for progression for these patients and thereby recommend a treatment that improves their survival rate.

Synthesis of the evidence: We identified the various prognostic factors associated with tumor progression: the persistence of T1 tumor in re-resection of the bladder tumor, the presence of carcinoma in situ, patients refractory to bacillus Calmette-Guerin treatment, patients older than 70 years, tumors larger than 3 cm, the substaging of T1 tumors, the presence of lymphovascular invasion and the presence of a tumor in the prostatic urethra. Similarly, we comment on the advantages of radical versus conservative treatment, considering that the performance of an early cystectomy due to a high-risk noninvasive vesical tumor has a better cancer prognosis than those in which the operation is deferred until the progression.

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PALABRAS CLAVE

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Cáncer vesical no
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Alto riesgo;
Bacilo de
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Conclusions: In this disease, it is important to individualize the patients to provide them personalized treatment. For patients with the previously mentioned characteristics, it is recommended that early cystectomy not be delayed.

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Indicación de cistectomía precoz en el cáncer vesical no músculo infiltrante. Revisión de la literatura

Resumen

Contexto: El cáncer vesical no músculo infiltrante de alto riesgo es una enfermedad que integra un grupo heterogéneo de pacientes, en los que se recomienda un seguimiento estrecho debido al riesgo de progresión a tumor músculo infiltrante. El tratamiento de elección de estos tumores es la resección transuretral de vejiga seguido de un programa de instilaciones con BCG. Existe un subgrupo de pacientes que tiene un mayor riesgo de progresión, y que se benefician de un tratamiento radical de inicio.

Objetivo: Identificar qué grupo de pacientes con cáncer vesical no músculo infiltrante se benefician de un tratamiento radical precoz.

Búsqueda de la evidencia: Se realizó una revisión bibliográfica para identificar los factores de riesgo de progresión de estos pacientes, y así poder recomendar un tratamiento que mejore su tasa de supervivencia.

Síntesis de la evidencia: Se identificaron los diferentes factores pronósticos asociados a progresión tumoral: la persistencia de tumor T1 en la re-resección transuretral de vejiga, la presencia de carcinoma *in situ*, refractariedad al tratamiento con BCG, los mayores de 70 años, los tumores mayores 3 cm, la subestadificación de los tumores T1, la presencia de invasión linfovascular y la presencia de tumor en la uretra prostática. Igualmente se comentan las ventajas del tratamiento radical frente al conservador, apreciando que la realización de una cistectomía precoz por un tumor vesical no infiltrante de alto riesgo tiene un mejor pronóstico oncológico en comparación con aquellos en los cuales se difiere la realización de la misma hasta la progresión.

Conclusiones: En esta enfermedad es importante individualizar a los pacientes, para así ofrecerles un tratamiento personalizado. En pacientes con las características mencionadas previamente se recomienda no demorar la cistectomía precoz.

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Introduction

Bladder cancer is the seventh most common tumor in men and the eleventh when taking both sexes into account. 75% of these tumors are non-muscle-invasive bladder carcinomas (NMIBC) because they do not invade the detrusor muscle. According to the T-category of the TNM staging system of the American Joint Committee on Cancer and to the degree of tumor differentiation of the World Health Organization, the NMIBC is classified into tumors of high risk, intermediate risk and low risk of recurrence and progression¹ (Table 1).

Standard treatment of high-risk bladder tumors is based on transurethral resection of bladder tumor (TURBT) for a proper staging, followed by Calmette-Guérin bacilli instillation (BCG) to decrease the risk of recurrence and progression.² Multiple nomograms have been proposed to try to predict the behavior of NMIBC. The 2 most frequently used ones are the one proposed by the European Organization for Research and Treatment of Cancer (EORTC),^{3,4} and the one proposed by the Spanish Urological Club for Oncological Treatment (CUETO),⁵ which classify tumors according to their different characteristics (Table 2) and inform us about the risk of recurrence and progression.

Table 1 Classification table by risk groups.

Risk group	Characteristics
Low risk	Primary tumor, single, Ta, G1, <3 cm, without CIS
Intermediate risk	All tumors that are not high or low risk
High risk	With any of these characteristics: <ul style="list-style-type: none"> - T1 category - Grade 3 (or high grade) - CIS - Multiple, recurrent and large (<3 cm) Ta G1/G2 (it has to meet all these conditions)

Modified from Babjuk et al.¹

Patients with high-risk NMIBC are the group of tumors with the worst prognosis, but continue to be a heterogeneous group. The challenge for the urologist is to identify which patients require a more aggressive treatment. We must bear in mind that the alternative to conservative treatment (BCG) is radical cystectomy with lymphadenectomy,

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