

## Unmoderated Posters Oncology: Bladder

### UP-01

#### Prostate Pathology in Partial Versus Complete Submissions of Cystoprostatectomy Specimens

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**Introduction and Objectives:** The incidence of clinically significant prostate cancer (PCa) in cystoprostatectomy (CP) specimens is 25%. There are no guidelines for the pathological examination of prostates in CP specimens. The aim of this study is to evaluate the incidence, pathological features and clinical outcomes of patients with PCa found on CP specimens with partial versus complete submission of the prostate.

**Methods:** CP specimens with incidental PCa were identified from 1990 to 2006. Patients with known metastatic PCa, previous radiotherapy or partial prostatectomy were excluded. A total of 72 patients were found, 51 (complete group) had CP specimens with complete submission versus 21 (partial group) that were partially submitted. Clinical outcomes were retrospectively collected. Each CP specimen was reviewed by a pathologist. Clinically significant PCa was defined as: Gleason >7, seminal vesicle invasion, extraprostatic extension (EPE) and positive surgical margins. Statistical analysis was performed with the Student t-test, Fisher's exact test and the Kaplan-Meier method. Significance was set at <0.05.

**Results:** Patient demographics between the two groups were similar. Median follow-up for the partial and complete group were 65.7 and 72.9 months respectively. There was a total of 40 (55.5%) clinically significant PCa, of these 13 were in the partial group versus 27 in the complete group. Positive surgical margins at the apex were found in 7% of specimens. EPE was found in 2 versus 11 specimens in the partial and complete group respectively. Invasive urothelial carcinoma was found in 7 specimens in the partial group versus 11 in the complete group. There was one death from metastatic PCa in the complete group. There was no significant difference in overall mortality (Fig. 1).

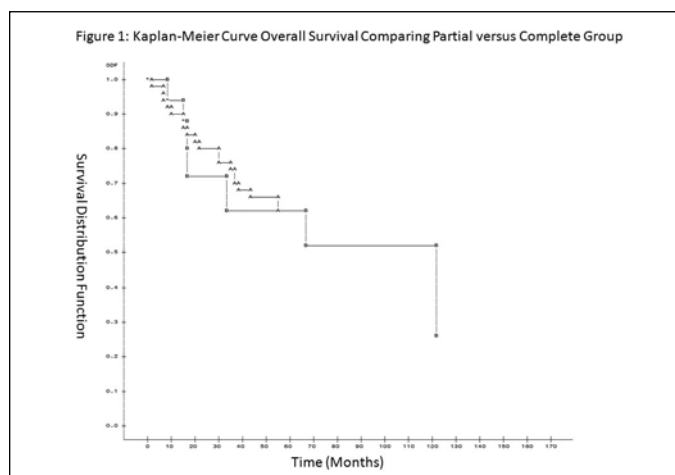


Fig. 1. UP-01.

**Table 1. UP-02. Summary of pairwise comparison between fixation groups with respect to probability of developing hernia. Comparisons were based on logistic regression model estimates. Tukey-Cramer adjustment was used to control overall type 1 error rate at 5.**

Comparison	Odds ratio	Adjusted lower 95% CI	Adjusted upper 95% CI	Adjusted p value
Anterior vs. no fixation	2.30	1.03	5.14	0.04
Anterior vs. posterior	1.34	0.45	4.00	0.53
No fixation vs. posterior	0.58	0.17	2.02	0.57

CI: confidence interval.

**Conclusions:** This study comparing partial versus complete submission of the prostates in CP specimens showed no significant differences in the detection of clinically significant PCa or survival.

### UP-02

#### Anterior Fascial Fixation does not Reduce the Parastomal Hernia Rate After Radical Cystectomy and Ileal Conduit

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**Introduction and Objectives:** Whether anterior fascial fixation of the ileal conduit reduces the rate of parastomal hernia remains unclear. We hypothesized that anterior fixation reduces the parastomal hernia rate. We directly compared the parastomal hernia rate between patients with and without anterior fixation of the ileal conduit.

**Methods:** Data from 496 consecutive patients undergoing radical cystectomy and ileal conduit reconstruction from 1995 to 2010 were retrospectively reviewed. With the exception of fascial fixation, conduit creation was similar for all patients including a 2 finger-breadth-wide aperture through the rectus muscle and sheath. Patients were divided into three groups based on fascial fixation type: anterior fixation (n=281), posterior tightening of the aperture (n=51) or no fixation (n=164). A parastomal hernia was defined as a palpable bulge at the stoma site present on physical examination during serial outpatient follow-up visits. Patient, disease and treatment factors were recorded and compared between groups. Multivariate logistic regression modeled for the occurrence of parastomal hernia was performed to control for any confounding factors potentially associated with parastomal hernia formation.

**Results:** Mean patient follow-up was 25.1 months and there was no difference between groups. The parastomal hernia rate was significantly greater in the anterior than the no fixation group (15.3 vs. 7.3%, respectively,  $p=0.02$ ). There was no difference in parastomal hernia rate between the posterior tightening (11.8%) and either of the 2 other groups. Multivariate logistic regression demonstrated that anterior fixation was an independent predictor for the development of a parastomal hernia. (OR: 2.3, 95% CI: 1.03-5.14,  $p=0.04$ ) (Table 1).

**Conclusions:** Anterior fixation was associated with a significantly higher incidence of parastomal hernia formation. Surgeons should consider avoiding anterior suture fixation during ileal conduit creation.

**UP-03**  
**Evaluating the Effectiveness of a Smoking Warning Label on Raising Patient Awareness of Smoking and Bladder Cancer**

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**Introduction and Objectives:** Cigarette smoke is a well-established risk factor for the development of bladder cancer (BC), despite low public awareness. Smoking warning labels have been shown to be an effective tool in alerting individuals to the consequences of smoking. Until recently, there were no warning labels present on smoking packages in North America that depicted its association with BC. The aim of the current study was to assess the knowledge of patients with regard to the association between smoking and BC and to examine the impact of a novel warning label to raise public awareness.

**Methods:** We conducted a prospective cross-sectional study involving patients who presented to urology and family practice clinics. A questionnaire was used to assess knowledge regarding the association between smoking and various diseases. Participants were also asked to evaluate a novel smoking warning label for bladder cancer.

**Results:** A total of 291 (97%) patients responded to the questionnaire: 143 (95.3%) in urology clinics vs. 148 (98.7%) in family practice clinics. Overall, only 45.2% of people were aware of the association between smoking and bladder cancer compared to 97.4% who knew that there was an association between smoking and lung cancer. There were not significant differences in knowledge between those in urology and family practice clinics.

After viewing the warning label, 58.1% of responders stated that it had changed their opinion on smoking and bladder cancer and 74.8% felt that this label would be an effective tool to raise awareness of the issue. Patients who changed their opinion had statistically significant less initial knowledge about the association between smoking and bladder cancer (36.7% vs. 57.5% the ones who did not change their opinion,  $p < 0.001$ ).

**Conclusion:** Awareness regarding the link between smoking and bladder cancer remains low. The use of a smoking warning label may help raise awareness of this important public health issue.

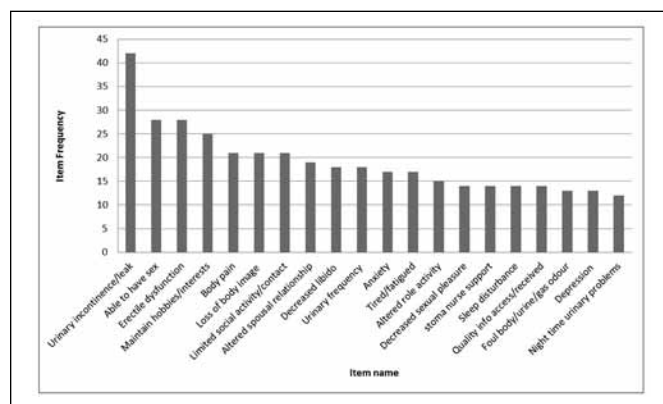


Fig. 1. UP-04.

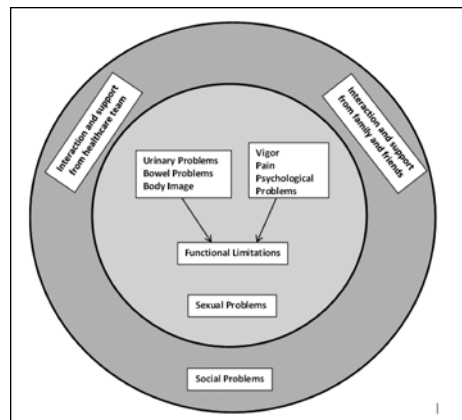


Fig. 2. UP-04.

**UP-04**  
**Developing the Bladder Utility Symptom Scale (BUSS): A Quality of Life Instrument for Bladder Cancer - Phase One**

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**Introduction and Objectives:** Bladder cancer (BC) and its treatment impair patients' health-related quality of life (HRQOL). Most available HRQOL instruments for BC are for specific patient groups, and none generate utilities, which are global preference-based measures of HRQOL. Generic utility tools (e.g., EQ-5D) do not include specific constructs (e.g., sexual, urinary) important in BC. Our objective is to develop the Bladder Utility Symptom Scale (BUSS) to measure HRQOL and utilities for BC. In phase 1 we identify the most important HRQOL items for inclusion in the BUSS.

**Methods:** From a comprehensive literature review we identified relevant HRQOL items. In focus groups, experts (e.g., urologists, oncologists, psychologists, nurses) modified and supplemented this list. BC patient focus groups determined item relevance and generated others. In individual interviews, 38 BC patients rated the impact of each item on their HRQOL to provide importance scores.

**Results:** 112 items were identified from 120 publications (Fig. 1). Many of these items were endorsed by both experts and patients. By combining all results and emphasizing patient perspective, 12 unique domains were identified: urinary, pain, bowel, sexual, body image, vigor, sleep, social, functional status, psychological, family well-being and medical care. Items pertaining to medical care were rated among the most important (Fig. 2).

**Conclusions:** The literature, experts, and patients identified similar items as important to BC HRQOL. Patients desired a normal life, and many developed coping strategies; however, BC symptoms and treatment impacted patients' physical, functional, and emotional status. Using the importance scores as our guide we will develop questions and levels for the BUSS.

**UP-05****Robotic Radical Cystectomy with Intracorporeal Neobladder**

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**Introduction and Objectives:** Recently, robotic radical cystectomy has gained momentum in many centres worldwide. The complexity of the procedure lends itself to prolonged operative times and often, the associated urinary diversion is performed extracorporeally. We present a case series of robotic radical cystectomy with intracorporeal neobladder at our institution, illustrating our technique and reporting early perioperative data and complications.

**Methods:** Between May and December 2012, 4 patients underwent total robotic radical cystectomy, pelvic lymphadenectomy and creation of an intracorporeal ileal neobladder. All cases were performed by a single surgeon (BSM) at the Royal Alexandra Hospital in Edmonton, Canada. Surgical technique is described and demonstrated in the accompanying video. Perioperative variables, pathological data and perioperative complication rates are reported.

**Results:** Mean patient age and Body Mass Index (BMI) were 61.8 years and 27.01 kg/m<sup>2</sup>. The mean operative time, estimated blood loss, time to full diet and length of stay were 522.8 minutes (stdev: 74.5), 237.5 ml (stdev: 47.9), 9 days (stdev: 4.6) and 12.8 days (stdev: 7.2), respectively. Two patients have had postoperative urodynamic evaluation showing neobladder capacities of 500 ml and 716 ml. Surgical margins and pathological nodal status were negative in all patients with no evidence of disease recurrence or progression in our follow-up period. Three of the 4 patients suffered a complication within 90 days. All complications were Clavien grade I-II (grade I [n=1]; grade II [n=2]). Mean follow-up was 150 days (stdev: 130.3).

**Conclusions:** We present our initial experience with robotic radical cystectomy and intracorporeal neobladder. Although, our series is limited by a small sample size and immature follow-up, the outcomes reported are comparable to early experiences reported at other institutions.

**UP-06****Sociodemographic Inequalities and Access to High-volume Surgeons and/or Hospitals Among Bladder Cancer Individuals Treated with Radical Cystectomy**Meskawi, Malek<sup>1</sup>; Abdo, Al'a<sup>1</sup>; Becker, Andreas<sup>2</sup>; Lavigueur-Blouin, Hugo<sup>1</sup>; Roghmann, Florian<sup>3</sup>; Tian, Zhe<sup>1</sup>; Perrotte, Paul<sup>4</sup>; Karakiewicz, Pierre<sup>1</sup>; Trinh, Quoc-Dien<sup>1</sup>; Sun, Maxine<sup>1</sup>

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**Introduction and Objectives:** Radical cystectomy (RC) for urothelial carcinoma of the urinary bladder (UCUB) performed by high-volume (HV) surgeons and/or hospitals results in lower postoperative morbidity and mortality. We sought to examine access to HV surgeons and hospitals according to various available sociodemographic profiles.

**Material and Methods:** Between 1998 and 2008, 5370 patients diagnosed with UCUB underwent RC within the Florida Inpatient Database. HV was defined using the top 75th percentile, which resulted in respectively  $\geq 11$  and  $\geq 24$  RC per year. Separate generalized estimating equations were performed for prediction of HV surgeons and hospitals. Covariates consisted of race, gender, age, baseline comorbidities, and insurance status.

**Results:** With respect to surgical volume, females (odds ratio [OR]: 0.84, 95% confidence interval [CI]: 0.71--0.99,  $p=0.04$ ), and increasing number of baseline comorbidities (OR: 0.96, 95% CI: 0.94--0.99,  $p=0.007$ ) were significantly associated with lower odds of treatment by HV surgeons. Similarly, persons of black race and patients with Medicare insurance were 34% and 46% less likely to be operated by HV surgeons (both  $p \leq 0.03$ ). Conversely, increasing age (OR: 1.01, 95% CI: 1.00-1.02,  $p=0.01$ ) and Hispanics (OR: 1.45, 95% CI: 1.16-1.82,  $p=0.001$ ) were more likely to be treated by HV surgeons. In analyses focusing on hospital volume, both black race (OR: 0.57, 95% CI: 0.39-0.84,  $p=0.004$ ), Medicare insurance (OR: 0.41, 95% CI: 0.35-0.49,  $p < 0.001$ ) and increasing comorbidities (OR: 0.97, 95% CI: 0.94-0.99,  $p=0.02$ ) were less likely to be treated at HV hospitals. Conversely, Hispanics (OR: 1.40, 95% CI: 1.11-1.76,  $p=0.004$ ) and increasing age (OR: 1.01, 95% CI: 1.00-1.03,  $p < 0.001$ ) resulted in higher odds of HV hospital access.

**Conclusions:** Some patient and demographic characteristics are associated with unequal access to HV surgeons and/or hospital for RC. Efforts should be made to reduce such disparities in the community.

**UP-07 – WITHDRAWN**