

Mitigating pelvic recurrence and improving overall survival

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In their study, Eapen et al have highlighted the ongoing and significant problem of pelvic recurrence (PR) following radical cystectomy for urothelial carcinoma of the bladder.¹ In keeping with literature to date, PR was defined as recurrence of disease within soft tissues in the region of surgical resection or lymph node recurrence in the region of pelvic lymph node dissection below the level of aortic bifurcation. It is well-recognized that prognosis in this cohort of patients is uniformly poor, with median survivals ranging from 4–8 months from diagnosis despite treatment.

The patient cohort in the current study was captured using a survey approach involving 111 patients across 10 institutions in Canada. Overall, 11.7% had PR only, which is in keeping with a PR rate of 5–15% in contemporary cystectomy cohorts. However, if those with concomitant distant metastases (DM) are to be included, a total of 34.2% patients were assessed to have PR. This distinction is an important one, given that in those with DM, it is possible, and likely, that PR preceded DM. Unfortunately, given the size and nature of this study, it is not reasonable to ascertain patient and treatment risk factors for PR and DM.

Assuming that PR is influenced by both patient, as well as treatment-related events, and given that the former cannot be modified, the focus continues to be on optimizing our treatment outcomes. Unfortunately, from a systemic standpoint, the use of neoadjuvant chemotherapy does not appear to influence PR following cystectomy. The adequacy of surgery and extent of pelvic lymphadenectomy continue to be areas of active interest in mitigating PR and improving overall survival. Importantly, the NRG-GU001 randomized, phase 2 trial of postoperative adjuvant intensity modulated radiotherapy is poised to answer whether radiotherapy can reduce PR in those at-risk for its development (pT3-4pN0-2).

Competing interests: The author declares no competing financial or personal interests.

Reference

1. Eapen LJ, Jones E, Kassouf W, et al. Enumerating pelvic recurrence following radical cystectomy for bladder cancer: A Canadian multi-institutional study. *Can Urol Assoc J* 2016;10(3-4):90-4. <http://dx.doi.org/10.5489/cuaj.3456>

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