Aim: A Cis-based CT has become a standard in first-line for mUC in fit pts, whereas a Ca-based CT is usually preferred in unfit pts. A significant advantage of Cis-based CT on objective response had previously been observed in a meta-analysis (Galsky, 2012), but survival endpoints could not be assessed.

Methods: Clinical, biological, radiological data and CT modalities of mUC pts who achieved a first-line CT were retrospectively collected. Objective response rates (ORR), progression-free survival (PFS) and overall survival (OS) were determined. Hazard Ratio and 95% confidence intervals were derived from univariate or multivariate model including Platinum agent, Bajorin prognostic groups, presence of a 2nd line CT and ORR.

Results: 99 consecutive mUC pts treated from 2002 to 2014 at the Georges Pompidou Hospital were evaluated. Age: median = 67 years (range: 41-87, >75y = 25%), sex ratio = 4, ECOG-PS: 0-1 = 78%, creatinine clearance: median = 60ml/min [10-136], Bajorin prognostic factors: 0 = 42%, 1 = 55%, 2 = 3%, severe cardiovascular comorbidities = 19.6%. Median follow-up = 27.3months (13.4-56.4). Most frequent metastatic sites were: nodes = 71%, lung = 30%, bones = 27%, liver = 19%. Median number of CT cycles: Cis = 6 (3-7), Ca = 6 (1-12). In univariate Cox model, a Cis-based CT was significantly associated with a better OS: HR = 0.50 (0.26-0.97), median (Cis) = 14.4 months (10.0-21.2), median(Ca) = 10.2m (8.7–10.9). No difference was observed in PFS: HR = 0.95 (0.58-1.55), median(Cis) = 6.3m (5.1-7.7), median(Ca)= 5.3m (4.3-6.3), (Log-Rank test: p = 0.845). Upon multivariate analysis only Bajorin criteria [HR = 1.76 (1.02-3.02)] and the presence of a subsequent line of CT [HR = 0.38 (0.22-0.66)] were significantly correlated to OS, the benefit of Cis-based CT being not significant [HR = 0.78 (0.39-1.55)], possibly due to the low number of events in the Cis group (11 upon 24 pts).

Conclusions: Cis-based 1st-line CT was associated with better OS in mUC pts but this result was not confirmed in the multivariate model. Presence of a 2nd line CT was the most influential factor on survival.

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