Poster Session (Poster presentations categorized by each organ)

**P1 - 5 - 3**

**ADJUVANT CHEMOTHERAPY WAS A PREDICTIVE FACTOR FOR LOCALLY ADVANCED UROTHELIAL CARCINOMA FOLLOWING RADICAL SURGERY**

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**Background:** Radical surgery is the gold standard approach for the patients with locally advanced urothelial carcinoma (UC). However, there is no definitive evidence in regard to adjuvant chemotherapy (AC), and benefit of AC remains controversial. The aim of this study was to evaluate the efficacy of AC in patients with locally advanced UC, and to determine the prognostic factors of survival after AC treatment.

**Methods:** From 1975 to 2012, 384 patients were performed with either radical cystectomy or nephroureterectomy. Excluding 24 patients who had performed neoadjuvant chemotherapy, 145 eligible patients with locally advanced UC (pT3-4, N0-2, M0) enrolled in this study. Of the 145 patients 41 were AC arm and 104 were non-AC arm. For the risk stratification model, patients were categorized into 3 groups based on the presence of 2 risk factors that were pathological stage (pT3 vs pT4) and lymphovascular invasion (LVI negative vs positive). According to the number of risk factors, the patients were stratified as followed: low (pT3 and negative LVI); intermediate (the others); or high (pT4 and positive LVI) risk group.

**Results:** The 5-year OS rate were 57.7% in AC arm, and 35.8% in non-AC arm, respectively (P = 0.044). In multivariate analysis, pT stage, LVI, and AC were significant predictors of OS. In stratification model, the 5-year OS rate in low, intermediate, and high risk were 73.5%, 34.3%, and 14.0%, respectively (P < 0.0001). Especially, the 5-year OS rate in low risk group was 100% in AC arm and 64.7% in non-AC arm, respectively (P = 0.024).

**Conclusions:** In patients with locally advanced UC, OS was significantly prolonged in the AC arm, but there was no difference in terms of PFS in both groups. Especially, the patients with pT3 and negative LVI status treated with AC showed higher rate of OS than those without AC. We will investigate a large number of cases in the future, and possibly need to take AC into consideration of treatment strategy for locally advanced UC.