from rehabilitation to home. It is obvious why an obese person or a woman in a wheelchair would have trouble accessing the urethra. However, many physicians underappreciate that there are also CIC challenges for men with partial quadriplegia: lifting the hips to lower the pants, shifting forward in the chair to visualize the penis, opening the catheter packaging, and holding the penis with one hand while catheterizing with the other.

The most common reasons patients report for converting to IDC are frustration with urinary incontinence and a desire for independence from caregivers [2]. For men with poor UE function and for most women with SCI, we can facilitate CIC independence by creating a catheterizable channel. We can also help patients avoid IDC by keeping them dry between CICs. With close follow-up we can guide patients through an escalation care algorithm from anticholinergics to botulinum toxin to bladder augmentation.

Individuals with SCI rank bladder function as their top health concern (even above walking again) because urinary incontinence negatively impacts sociability, employability, and recreation. By optimizing bladder management, urologists can help patients with SCI re-engage with society [3].

Conflicts of interest: The author has nothing to disclose.

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Re: Impact of Adjuvant Chemotherapy in Patients with Adverse Features and Variant Histology at Radical Cystectomy for Muscle-invasive Carcinoma of the Bladder: Does Histologic Subtype Matter?

Berg S, D'Andrea D, Vetterlein MW, et al

Cancer. In press. https://doi.org/10.1002/cncr.31952

Experts' summary:
Using the National Cancer Data Base (NCDB), Berg et al investigated the role of adjuvant chemotherapy (aCT) among 15 397 bladder cancer (BC) patients treated with radical cystectomy (RC) and bilateral pelvic lymph node dissection for locally advanced disease, defined as pT3–4 and/or pN+. Patients were stratified according to the presence or absence of histological variants in the RC specimen: pure urothelial carcinoma, micropapillary, sarcomatoid, squamous cell, adenocarcinoma, and neuroendocrine tumors. The main objective was to evaluate the impact of aCT administration on overall survival according to the presence of histological variants. In multivariable Cox regression analyses, only patients with pure urothelial carcinoma had an overall survival benefit associated with aCT administration (hazard ratio 0.87, 95% confidence interval 0.82–0.91), whereas no benefit was observed for those who harbored variant BC histology.

Experts' comments:
Histological variants on the final pathological specimen after RC are a common event, accounting for up to 30% [1]. However, few specific data are available regarding the optimal treatment and follow-up regimens for these patients after surgery. For instance, trials testing the potential benefit associated with aCT administration included only patients affected by pure urothelial cancer [2]. In this regard, the authors have to be complimented for their work, reporting the lack of benefit associated with aCT administration in terms of overall survival for patients who harbor variant BC histology. A similar NCDB project by the same group tested the impact of neoadjuvant CT among patients affected by variant histology and BC before RC, which revealed that only patients with neuroendocrine tumor may benefit from this approach [3].

However, there are several aspects of this study that must be considered. First, although the NCDB is an important hypothesis-generating tool, some important data are missing because they are not collected and therefore are not evaluable. For example, the type of CT and the number of cycles administered were not included in the analyses, which represents an important limitation. Therefore, patients treated with suboptimal aCT regimens were potentially included in the outcomes analyses. Second, sparse data are reported with regard to the quality of the surgery performed, such as the extent of lymph node dissection, and therefore could have impacted the outcomes. Third, central pathological review is essential for the diagnoses of histological variants. The literature has extensively reported differences in the prevalence of histological variants on the basis of pathologist experience and dedication to uro-oncology. New data are urgently required to validate these important findings.

Conflicts of interest: The authors have nothing to disclose.

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