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**Introduction & Objectives:** Primary urethral carcinoma (PUC) is a rare entity, peaking after the age of >75 years and occurring more often in men than in women with a 2.9 ration.

Our objective was to assess the outcomes after managing patients with PUC and also to observe the differences between groups after treatment.

**Materials & Methods:** In this study we retrospectively collected all patients in our institution with PUC in the last 4 years.

The data analyzed was patient sex, age, comorbidities, prior surgeries, type of surgery performed, re-intervention rate, clinical TNM stage at time of surgery, TNM after surgery, histologic type and grade of PUC, loco-regional extension, resection margins, lymphovascular invasion (LVI), radiotherapy (RXT), chemotherapy (CHT) before and after, recurrence after treatment.

**Results:** From a total of 14 patients, median age of 67.5 years. Clinical pathologic stage was: 9 patients had T4 disease, 3 had T3, 0-T2 and 2 were T1. Four patients had positive lymph nodes (LND) on imaging studies. After surgery we encountered 7 patients with UC, 4 patients with SCC, 2-AC and 1-other malignancies. Clinical assessment was accurate, only 2 patients being under-staged at the time of diagnosis. All women had open surgery, 6 out of 7 had T4 disease, radical cystectomy with wide anterior vaginal excision was performed, 4 patients had ureterocutaneostomy and 3 had Bricker ileal conduit urinary diversions. Men with PUC had less aggressive tumors resulting in 2 transurethral resections (TUR), 1 patient had partial urethrectomy with penis preserving surgery, 3 patients had total penis ablation with perineal urethrostomy and 1 patient underwent radical cystoprostatectomy with ureterocutaneostomy. Positive surgical margins were present in 4 patients 28.6%, LVI was found in 8 patients (57.1%). One patient (7.1%) underwent neo-adjuvant RXT and 6 patients (42.8%) adjuvant RXT, also neo-adjuvant CHT was administered in 1 case and adjuvant in 5 cases (35.7%). At 1 year follow-up 1 patient died (7.1%), 4 had local or distant recurrences (28.6%) and 9 had no evidence of recurrence (64.3%). At 3 years, 7 patients died, mortality rate was 50%, 1 patient (7.1%) had distant recurrence undergoing CHT, 6 patients (42.8%) had no evidence of local or distant recurrences.

**Conclusions:** The results showed that men had less aggressive disease and higher survival rates than women and organ-preserving surgery was possible.

We identified as negative prognostic factors the following: patient sex, LVI, positive lymph nodes at the time of diagnosis, UC pathology.

Due to the small patient cohort and low patient compliance after surgery, larger studies are needed to prove the efficacy of CHT and RXT in the multimodal management of advanced disease in order to improve survival.