

Figure: (abstract: SC78).

best effect (OR 0.232). Organ non-confined disease at RC (OR 1.2, p=0.049), hepatic recurrences (OR 2.1, p<0.0001) and multiple recurrences (OR 1.8, p<0.0001) were associated to shorter OS. All type of salvage treatments were associated with longer OS (p<0.0001 in every case), but surgery+chemotherapy showed again the best effect (OR 0.229).

Discussion: DR are associated to poor prognosis, but outcomes differ significantly according to DR patterns and types of salvage treatments. A better understanding of the DR biology would guide us to better salvage strategies.

SC79 Survival outcomes according to salvage treatments for local bladder cancer recurrences following radical cystectomy

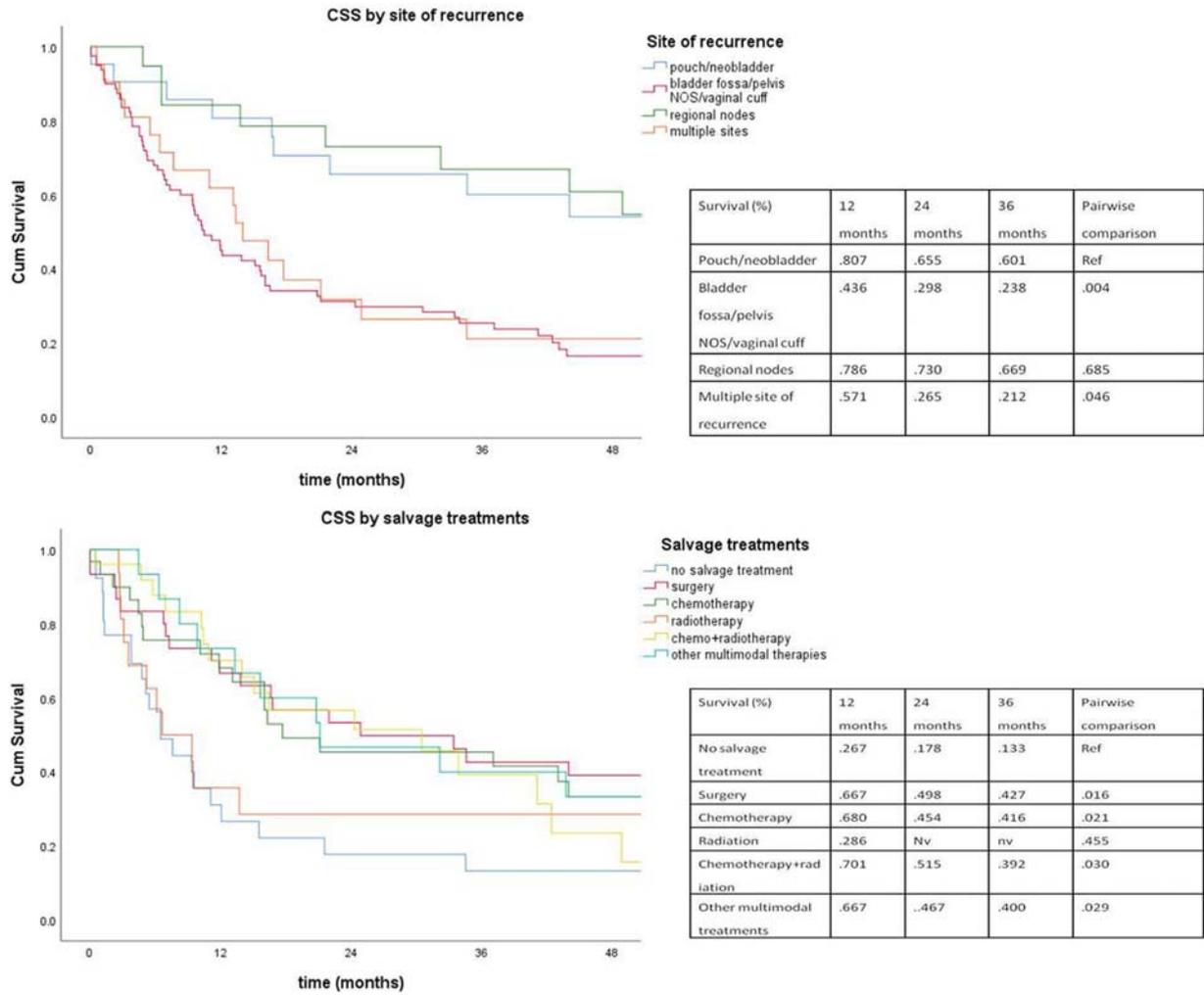
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Aim of the study: The 5-year bladder cancer recurrence rate after radical cystectomy (RC) ranges 15%-70%; around 30% of these patients are diagnosed with local recurrence (LR). Cisplatin-based chemotherapy is currently the standard treatment for LR, whilst radiotherapy and surgery have marginal roles. However, salvage treatments are rarely

curative. The aims of the present study are: to describe patterns of LR; to identify the most effective salvage treatments and any predictors of CSS and OS.

Materials and methods: Among 3700 cM0 patients who underwent RC in a tertiary referral center between 1980–2017, we identified 145 patients who experienced LR during follow-up. Exclusion criteria were: incomplete demographic and clinical data; non-urothelial histology at RC; rare recurrence sites. LR were grouped as: recurrences in pouch/neobladder, bladder fossa/pelvis/vaginal cuff, regional nodes, >2 of the previous sites. Descriptive statistics were used to show baseline data. Multivariable Cox regression analysis was used to identify any predictors of CSS and OS.

Results: 71 (49%) patients had non organ confined disease; 24 (16.6%) had nodal involvement at RC. Median time to recurrence was 10.7 (5.9–24.6) months; median follow-up time was 31 (15.9–72.9) months. All-cause death and cancer-specific death rates were 86.9% (126 pts) and 71% (103). The most common site of LR was bladder fossa/pelvis/vaginal cuff (82, 56.6%). 21.4% of patients received surgery, 21.4% chemotherapy, 17.2% chemotherapy+radiation as salvage treatments. At multivariable analysis, higher age at recurrence (HR 1.02, p=0.011), bladder fossa/pelvis/vaginal cuff recurrences (HR 3.2, p=0.003) and multiple recurrence sites (HR 2.4, p=0.03) were associated to shorter CSS. Chemotherapy (HR 0.45, p=0.015), chemotherapy+radiation (HR 0.39, p=0.006) and miscellaneous multimodal treatments (HR 0.45, p=0.037) were significantly



associated to longer CSS, without a significant difference among them. Higher age at recurrence (HR 1.03, $p < 0.0001$) and bladder fossa/pelvis non nodal/vaginal cuff recurrence (HR 2.4, $p = 0.012$) were associated to shorter OS. All treatments except for radiation were associated to longer OS (all $p < 0.05$), but none demonstrated a significant better effect.

Discussion: LR are associated to poor prognosis, but outcomes differ significantly according to LR patterns. A multimodal approach including chemotherapy may achieve the best effect in prolonging CSS and OS.