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In this study, the authors performed a retrospective review of 363 patients who underwent radical cystectomy at their institution for cT2-T4 bladder cancer between 2003 and 2014. Notably, they excluded patients who received intravesical immunotherapy or chemotherapy, systemic chemotherapy (either neoadjuvant or adjuvant), or postoperative radiation. Their main objective was to determine whether time from diagnosis to radical cystectomy impacted oncologic outcomes. Consistent with previous studies, the authors found that patients with variant histology were more likely to have nonorgan confined disease, upstaging, and lymphovascular invasion. On univariate analysis, patients with histologic variants who experienced a delay in surgery for 8 weeks or longer had a worse overall survival but not recurrence-free survival compared with patients with conventional urothelial carcinoma who experienced the same delay. A delay of 12 weeks or longer was associated with worse overall survival for both histologic variant and conventional urothelial carcinoma groups. Interestingly, there was no differences seen in recurrence-free survival.

The literature regarding the effect of delaying cystectomy on oncologic outcome has been mixed, since the definition of delay is variable, and delay can be due to a number of reasons including but not limited to risk stratification by the treatment team, medical optimization for borderline surgical candidates, recovery from the adverse effects of neoadjuvant chemotherapy, and seeking multiple opinions.⁶⁻¹⁰ These reasons can confound any relationship between cystectomy timing and oncologic outcome. Nonetheless, the present study suggests that those with histologic variants should be prioritized so that no delay occurs. Additionally, the authors did not evaluate the effect of neoadjuvant chemotherapy on the study population. Although cisplatin-based chemotherapy appears to be effective against certain histologic variants (eg, small cell carcinoma), its role needs to be clarified with other variants. Whether or not radical cystectomy should be delayed for neoadjuvant chemotherapy or other novel therapies will require further investigation.

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EDITORIAL COMMENT



Most bladder cancers present as classic urothelial carcinoma, but up to 30% of invasive urothelial carcinomas will contain at least 1 histologic variant. There are over 15 histologic variants recognized by the World Health Organization Classification, which demonstrates the vast potential of the urothelium for divergent differentiation during carcinogenesis.¹ These variants can be present at varying percentages, and they are associated with higher rates of locally advanced and metastatic disease at radical cystectomy.²⁻⁵

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