Clinical Outcomes of Patients with Squamous Cell Carcinoma of the Bladder Compared with Urothelial Carcinoma with Extensive or Focal Squamous Differentiation after Radical Treatment

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Purpose: Squamous differentiation (SD) is found in up to 20% of urothelial carcinomas [1], with retrospective studies showing no clear prognostic difference compared with pure urothelial carcinoma. Clinical significance of the extent of SD also remains unclear, with recent case series suggesting that extensive SD may be associated with worse outcomes [2]. We wanted to compare outcomes of SD patients with those suffering from squamous cell carcinoma (SCC) of the bladder treated at our centre.
Methods: We retrospectively studied patients with bladder SCC or urothelial carcinoma with SD treated with radical cystectomy or radiotherapy at our centre between 2007 and 2017. Diagnostic, treatment and outcome data were collected, with patients subdivided into 3 groups: patients with SCC, with extensive (more than 50%) SD or with focal SD (less than 50%).
Results: 59 patients were identified: 28 bladder SCC patients, 10 patients with extensive SD, 11 patients with focal SD and 10 patients with no comment on SD percentage on histological reports. The most common tumour stage of patients at initial diagnosis for all groups was T2. 63.6% of patients with focal SD received neoadjuvant chemotherapy compared with 40% with extensive SD and 0% of SCC patients. 81.8% of patients with focal SD received cystectomy rather than radiotherapy, compared with 90% with extensive SD and 100% of SCC patients. 28.6% of SCC patients relapsed after definitive treatment compared with 50% of extensive SD patients and 54.6% of focal SD patients. All-cause mortality was 34.5% in the squamous group compared with 50% in the extensive SD group and 54.6% in the focal SD group.
Conclusion: We found no evidence to suggest that more extensive SD correlates with worse clinical outcomes after radical treatment, nor that SD carries better prognosis than bladder SCC. Further work is required to elucidate whether SD percentage carries clinical relevance.
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Adjuvant Radiotherapy in the Management of High Risk Penile Cancer – Outcomes from a Single Institution

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Purpose: The role of adjuvant radiotherapy within the management of high risk (extracapsular extension/N≥1) penile squamous cell carcinoma (SCC) has not been confirmed [1]. We therefore report survival outcomes for penile SCC patients treated with adjuvant radiotherapy at a single institution.
Methods: Patients with histologically proven pN+ penile SCC referred for postoperative radiotherapy at UCLH from 2010 to 2016 were identified. Patient/tumour characteristics were investigated. Survival time from radiotherapy completion date to date of death from any cause was calculated. Patients alive at the time of analysis were censored. During the study period radiotherapy practices were changing. However, all patients underwent CT planning and were treated with 1.8 Gy fractions.
Results: 19 patients were treated radically with adjuvant radiotherapy. 3 received concomitant cisplatin. 63% had grade 3 disease. 95% were N2/N3. 79% had ECE. The primary dose of radiotherapy delivered to the groin/pelvis ranged from 45 to 54 Gy with boost doses of 4–10.8 Gy (IMRT/RA or conventional plans). The median overall survival was 27 months, with a third of patients still alive at 6.5 years. There were 7 deaths recorded during the study period. 4 patients died directly as a consequence of metastatic disease. Locoregional control was achieved in 79% of patients with only one patient developing in field recurrence.
Conclusion: Within our cohort of patients treated with adjuvant radiotherapy we demonstrate prolonged survival outcomes and low within-field recurrence. Controlling local recurrence is central to reducing patient morbidity [2]. Although our cohort size is small, the patients were disproportionately high risk. ECE is an independent negative prognostic indicator [3]. The outcomes we have achieved match outcomes achieved elsewhere [4] with lower rates of local recurrence.
Further research is mandated to confirm the role of adjuvant radiotherapy, especially given the high rates of locoregional recurrence.
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Does the Reduction in Dexamethasone Used as an Anti-emetic Lead to a Reduced Incidence of Infection during BEP Chemotherapy?

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Purpose: Olanzapine when added to standard anti-emetics reduces acute and delayed nausea and vomiting. Studies have suggested that dropping dexamethasone after day 1 does not lead to reduced anti-emetic control [1,2]. Steroid use is associated with an increased risk of infection. We wanted to see whether reduced doses were associated with a reduction in infection rate in patients receiving BEP chemotherapy for germ cell tumours.
Methods: Retrospective audit of 108 patients who received BEP (cisplatin 100 mg/m^2, etoposide 500 mg/m^2 and bleomycin 90 000 units) chemotherapy from 2008 to 2017. All patients received prophylactic ciprofloxacin without filgrastim prophylaxis. 54 patients between 2008 and 2014 received dexamethasone 16 mg IV on days 1, 2 followed by 4 mg BD for 3 days in addition to ondansetron and domperidone. Patients in the second group (2014–2017) received olanzapine (5 mg BD for 5 days) and had a single dose of dexamethasone on day 1 only.
Results: 93% (50/54) of patients in the first group developed neutropenia while 20% of them (10/50) were admitted due to fevers. In the olanzapine group this was 96% and 4%, respectively ($P = 0.0149$). There was no relationship between admissions and total number of cycles received. Of the admissions for febrile neutropenia, 50% of patients were admitted on cycle 1 of treatment, 42% on cycle 3 and 8% cycle 4. There was no suggestion that anti-emetic control was compromised.
Conclusion: This audit has shown that the use of olanzapine with reduced steroid doses is associated with a reduction in the rate of febrile neutropenia admissions.
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Favourable Tumour Marker Decline Following CBOP/BEP Chemotherapy in Poor Prognosis Testicular Patients Does Not Serve as a Predictor for Improved Progression-free Survival and Overall Survival

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