documenting a CR. Kaplan Meier survival analysis was used to compare recurrence free survival (RFS).

RESULTS: CR rate was 45.0%, 86.4% and 69.6% in groups A, B and C, respectively. For patients with smaller tumors (size ≤1cm²), the CR rate was 50.0%, 87.5% and 77.8%, respectively. For larger tumors (>1cm²), the CR was 40%, 83.3% and 40.0%, respectively. For patients with <3 tumors, the CR rate was 50.0%, 81.3% and 80.0%, while for patients with >3 tumors, the CR rate was 0%, 100% and 50%, respectively. Of the 44 patients with a CR, 36 had follow up data available. Kaplan-Meier survival analysis showed no difference in RFS between groups (log rank test: p = 0.46).

CONCLUSIONS: These preliminary results provide an initial indication of the ablative effect of VesiGel and its potential use as an alternative to TURBT. Compared with aqueous MMC 0.1%, VesiGel 0.12% was superior in the treatment of larger and multifocal tumors. Durability data has yet to mature but is promising given the higher predicted 1-year recurrence scores for patients in the VesiGel 0.12% group.

<table>
<thead>
<tr>
<th></th>
<th>VesiGel 0.06%</th>
<th>VesiGel 0.12%</th>
<th>MMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete response</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All patients</td>
<td>9 (65.0%)</td>
<td>19 (86.4%)</td>
<td>16 (69.6%)</td>
</tr>
<tr>
<td>≤ 1 cm²</td>
<td>7 (50.0%)</td>
<td>14 (87.5%)</td>
<td>14 (77.8%)</td>
</tr>
<tr>
<td>&gt; 1 cm²</td>
<td>2 (40.0%)</td>
<td>5 (83.3%)</td>
<td>2 (40.0%)</td>
</tr>
<tr>
<td>≤ 3 tumors</td>
<td>9 (50.0%)</td>
<td>13 (81.3%)</td>
<td>12 (80.0%)</td>
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<tr>
<td>&gt; 3 tumors</td>
<td>0 (0.0%)</td>
<td>6 (100.0%)</td>
<td>4 (50.0%)</td>
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</tbody>
</table>

Source of Funding: UroGen Pharma, Ra’anana, Israel

PD19-11
WHAT FALSE-NEGATIVE RATES ARE BLADDER CANCER PATIENTS AND URO-ONCOLOGISTS WILLING TO ACCEPT IN ORDER TO AVOID SURVEILLANCE CYSTOSCOPY?

Rashid Sayyid*, Toronto, Canada; Abdallah Sayyid, Beirut, Lebanon; Ricardo Leao, Ardalannejaz Ahmad, Hanan Goldberg, Robert Hamilton, Girish Kulkarni, Antonio Finelli, Alexandre Zlotta, Neil Fleshner, Toronto, Canada

INTRODUCTION AND OBJECTIVES: Surveillance cystoscopy in patients with non-muscle invasive bladder cancer is associated with pain, anxiety, and often necessitates antibiotic prophylaxis. Novel imaging and blood/urine based non-invasive alternatives are being developed to detect bladder cancer recurrence/progression in this patient population. We conducted a questionnaire-based hypothetical study to determine what test performance characteristics and cost would a non-invasive test(s) need in order for patients and their physicians to avoid cystoscopy.

METHODS: A questionnaire was administered to two populations (patients with previous history of non-muscle invasive bladder cancer and uro-oncologists) to establish an acceptable false negative (FN) rate and cost for such test(s). Patients were surveyed at time of follow up in the cystoscopy clinic at Toronto General Hospital. Physician members of the Society of Urologic Oncology were surveyed via an online questionnaire. Participants were questioned regarding demographics and other characteristics that might influence chosen error rate and cost. A chi-square test was used to determine if such relationships exist. Statistical significance was set at p < 0.05.

RESULTS: 137 patient and 51 physician responses were obtained. 102 (75%) of the patients were male and 35 (25%) were female. 77% of patients were not comfortable with a non-invasive test(s) in place of repeat cystoscopy, with a further 14% requesting a false-negative (FN) rate of 0.5% or better. 75% of uro-oncologists were comfortable with an alternative non-invasive test, with 31% of responders requesting a FN rate of 5% or better and 33% a FN rate of 1% or better. A cost of $100-500 was deemed appropriate by 61% of physician responders. Demographics and other participant characteristics did not influence FN rate or cost choices.

CONCLUSIONS: Majority of bladder cancer patients are not comfortable with a non-invasive test(s) in place of surveillance cystoscopy, as opposed to most uro-oncologists who are. Given the importance of patient input in clinical decision-making, it appears that non-invasive tests will not replace surveillance cystoscopies in the near future, unless they achieve equivalent accuracy.

Source of Funding: None

PD19-12
THE REVOLIX(TM) 27?M CONTINUOUS WAVE LASER EN BLOC ENucleation FOR NONMUSCLE-INVASIVE BLADDER CANCER

Hai Bi*, Beijing, China, People’s Republic of China

INTRODUCTION AND OBJECTIVES: The purpose of this study was to evaluate the safety and short-term outcome of laser en bloc enucleation using the The RevoLix(TM) 27?m continuous wave (CW) laser in the treatment of nonmuscle-invasive bladder cancer (NMIBC).

METHODS: From October 2015 to March 2016, 28 patients (19 males and 9 females) with a single papillary NMIBC were selected for 27 μm CW laser en bloc enucleation. The mean tumor diameter was 1.8 cm (range 0.5-4.0 cm). We used glass rinsing bottle to obtain the en bloc tumor. Peri-operative data and oncological results were retrospectively collected.

RESULTS: All surgeries were successfully completed. There was no major complication such as bladder hemorrhage, vesicle perforation, or obturator nerve reflex occurrence during the operation. Mean operative time was 26.7 minutes (range 16-37 minutes). No significant intraoperative or postoperative bleeding occurred in all cases. The stages of bladder cancer included 15 Ta and 13 T1. With the 6 to 12 months follow-up, no tumor recurrence was observed.

CONCLUSIONS: The 27μm CW laser en bloc enucleation is a safe and effective option for the treatment of NMIBC. All the different intravesical sites of the NMIBC can be enucleated with 27μm CW laser. Moreover, it may improve the accurate valuation of tumor stage. Although the long-term outcomes are still unknown, the short-term oncological outcomes are satisfactory.

Source of Funding: None
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