

# 4<sup>th</sup> International Conference on Urology

July 20-21, 2015 Barcelona, Spain

## EORTC risk tables: Usefulness in our daily urological practice

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**Introduction:** EORTC risk tables are a new nomogram constructed by EORTC to predict the probability of recurrence and progression in patients treated for non-muscle invasive bladder cancer. Scoring system used in this nomogram is based on the six clinical and pathological factors such as: number of tumors, tumor size, recurrence rate within one year, T category, grade and the presence of Carcinoma In Situ (CIS).

**Aim:** The aim of the study was to assess the EORTC risk tables' usefulness in daily urological practice.

**Materials & Methods:** 444 patients aged between 43 and 86 treated for non-muscle invasive bladder cancers with WL-bipolar-TURBT were analyzed. After performing WL-TURBT, 6 risk factors were assessed and basing on mentioned factors and using the EORTC scoring system the total score for recurrence and progression for each patient was calculated separately. According to the total score, patients were divided into 4 recurrence risk groups. Patients with total recurrence score 0 were classified to group I, 1-4 points to group II, 5-9 to group III, and 10-17 to group IV. During follow-up, in accordance to EAU guidelines for non-muscle invasive bladder cancer, a WL-TURBT on suspected lesions or scars was carried out and adjuvant therapy was done.

**Results:** 106 patients (23.8%) developed recurrent bladder tumor in 12 months of follow-up. Statistical analysis showed relationship between the occurrence of recurrence after one year and recurrence risk groups. The risk of bladder tumor recurrence was statistically higher in intermediate-risk group. The recurrence rate was 0%, 28.6%, 44.7%, and 17.4% in I, II, III and IV recurrence risk group, respectively. About the staging and grading, we observed a recurrence rate in PUNMPL group of 3.48%, in pTaLG of 6.55%, in pTaHG of 9.42%, in pT1LG of 1.02%, in pT1HG of 6.96% and in pCISHG dell 1.84%. On evaluation, the progression showed an increasing recurrence in staging and grading of the primary lesion but always non-muscle invasive in the analyzed group within one year and occurred in 52 patients (11.7%). The risk of bladder tumor progression was statistically higher in intermediate-risk group. The recurrence rate was 0%, 19.2%, 55.7%, and 25.0% in I, II, III and IV groups, respectively. Stratifying these data for staging (pT) and grading, we observed a progression in the 1.9% of PUNMPL, in the 53.8% of the pTaLG, in the 36.5% of the pTaHG, in the 1.92% of the pT1LG and in the 7.6% of the pCISHG. When the progression was considered as the transition to a stage pT2 or more, it was observed in 3 patients (0.67%), two in group II and the one in group III, both of them in the pTaHG group.

**Conclusions:** EORTC risk tables are useful to predict separately the possibility of the risk recurrence and progression in patients treated with TUR for primary or recurrent non-muscle invasive bladder cancer.

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