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Characteristics And Survival Outcomes Of French Patients With Muscle Invasive Bladder Cancer At High Risk Of Recurrence: A Study Based On The COBLAnCE Cohort

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Introduction

Bladder cancer - Bladder cancer (BC) originates from the urothelial cells lining the urinary bladder. BC is the fourth most common cancer worldwide, accounts for 5% of cancer diagnoses, and led to 165,120 deaths in 2020.1 In France, it was estimated that there were 10,124 new cases of BC in 2020, with 80% occurring in men, and 1,050 deaths declared in 2021.2

BC is the twelfth most common cancer worldwide, accounts for 3% of cancer diagnoses, and led to 567,830 deaths worldwide in 2020, with the most common subtypes being transitional cell carcinoma and urothelial carcinoma. In France, BC accounts for 1.2% of all cancer diagnoses and 2.8% of cancer deaths in men and >5,000 deaths attributable to BC.2

In men, and >5,000 deaths attributable to BC.2

Neoadjuvant therapy with cisplatin is recommended prior to RC and active surveillance only (ASO) is rarely performed, especially with early stages or low-risk disease.2,5 In the adjuvant setting, reports of innovative treatment recently available in first line metastatic stage or in the adjuvant setting are lacking.3

The survival of patients with MIBC-HR managed with RC followed with ASO or adjuvant chemotherapy (63 patients, 85.1%) would be slightly underestimated.3 In the total MICaDO study population, 5-year OS and DFS were respectively 54.7% and 20.3% at 5 years (95% CI: 48.8; 60.5).2

MIBC-HR = Muscle invasive bladder cancer at high risk of recurrence; SD: standard deviation.

Methods

Study population

The MICaDO study included 431 patients aged ≥50 years, followed with curative intent.2 The MICaDO study is a French multinational, multicentre prospective cohort study involving 113 participating French urologists in urology centres. Data were collected between June 2016 and June 2020.

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Results

Table 1 Patient characteristics

<table>
<thead>
<tr>
<th>ABCD score</th>
<th>N=249</th>
<th>N=247</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>48 (19.3%)</td>
<td>51 (20.7%)</td>
</tr>
<tr>
<td>B</td>
<td>93 (37.5%)</td>
<td>85 (34.7%)</td>
</tr>
<tr>
<td>C</td>
<td>81 (32.8%)</td>
<td>77 (31.5%)</td>
</tr>
<tr>
<td>D</td>
<td>33 (13.3%)</td>
<td>44 (17.6%)</td>
</tr>
</tbody>
</table>

Table 2. Management of patients with MIBC-HR at baseline

<table>
<thead>
<tr>
<th>Treatment of adjuvant chemotherapy</th>
<th>N=247</th>
<th>N=182</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neoadjuvant chemotherapy</td>
<td>82 (33.7%)</td>
<td>69 (37.6%)</td>
</tr>
<tr>
<td>Adjuvant chemotherapy only</td>
<td>22 (8.9%)</td>
<td>18 (9.9%)</td>
</tr>
<tr>
<td>Neoadjuvant chemotherapy + Adjuvant chemotherapy</td>
<td>14 (5.7%)</td>
<td>9 (5.0%)</td>
</tr>
</tbody>
</table>

Conclusions

This study provides the first real-world data related to the characteristics of patients with MIBC-HR and their management. In France, based on the largest prospective cohort available to France with >50 patients, 10-year OS and DFS were respectively 54.7% and 20.3% at 5 years (95% CI: 48.8; 60.5).


References