

BACKGROUND & AIMS

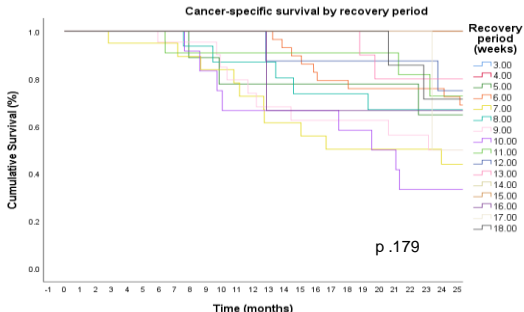
- Immediate adjuvant chemotherapy (AC) has been associated with better oncologic outcomes than deferred chemotherapy at relapse in pT3-4 and/or pN1-3 bladder cancer after radical cystectomy (RC). However, the optimal timing for AC has not yet been investigated.
- We aimed: 1) to assess whether the recovery period (RP) from RC to initiation of AC may affect cancer-specific survival (CSS), overall survival (OS) and recurrence-free survival (RFS).

MATERIALS & METHODS

- We identified 708 cM0 subjects which underwent RC and following adjuvant chemotherapy for pT3-4 and/or N1-3 disease at an academic center between 1998-2017. Patients with incomplete data or non-urothelial histology were excluded. 164 patients were included in the final analysis.
- Collected data included baseline clinical and demographic data, neoadjuvant chemotherapy regimens, time and type of AC regimens, RC pathologic data
- AC regimens: 1) gemcitabine-cisplatin (GC); 2) paclitaxel-gemcitabine-cisplatin (PGC); 3) other regimens
- Primary outcomes: CSS, OS and RFS according to the length of recovery period (weekly increments from 3 to 18).

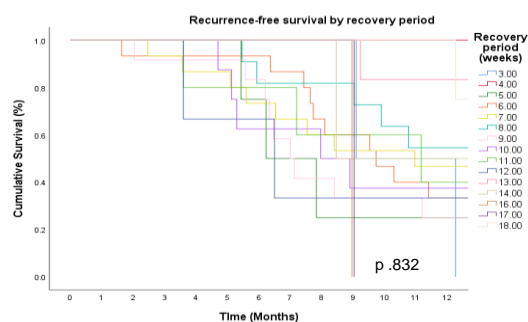
RESULTS

- CSS by weekly increment of recovery period



No significant advantage for any recovery period (RP)

- RFS by weekly increment of recovery period



No significant advantage for any recovery period (RP)

- No significant OS advantage for any weekly increment of RP as well (p .21)

Variables	Median (IQR) or number (%)
Subjects	164
Age at RC, years	64 (55.0-69.0)
Gender, male	135 (82.3)
BMI	27.2 (24.7-30.5)
Smoking status	
-> No	40 (23.4)
-> Former	79 (50.0)
-> Current	42 (26.6)
ECOG	
-> 0	155 (94.5)
-> 1+	9 (5.5)
Neoadjuvant CHT	15 (9.1)

Variables	Median (IQR) or number (%)
pT3-4 disease	117 (71.3)
pN1-3 disease	126 (76.8)
No. nodes removed	22.0 (12.0-33.0)
No. positive nodes	2.0 (1.0-4.0)
LVI	58 (35.4)
PSM	20 (12.2)

Variables	Median (IQR) or number (%)
AC regimens	
GC	94 (57.3)
PGC	28 (17.1)
Other	42 (25.6)
Time RC to AC	8.2 (6.0-10.6)

PREDICTORS OF SURVIVAL & CONCLUSIONS

- CSS: 1) risk factors: neoadjuvant chemotherapy regimens other than GC (7.86, p<.0001), pT3-4N1-3 (HR 2.31, p.008) and non-cisplatin based AC regimens (HR 1.9, p.012); 2) no significant protective factor of CSS was found
- OS: 1) risk factors: older age at RC (HR 1.02, p.037), neoadjuvant regimens other than GC (6.38, p<.0001), pT3-4N1-3 (HR 1.9, p.024) and non cisplatin-based AC regimens (HR 1.63, p.042); no protective factor was found
- No significant predictor of PFS was found
- In conclusion, RP between 3-18 weeks may not change significantly patients' prognosis. Non-cisplatin based AC should be avoided if patients are fit for cisplatin-based AC