

## BACKGROUND & AIMS

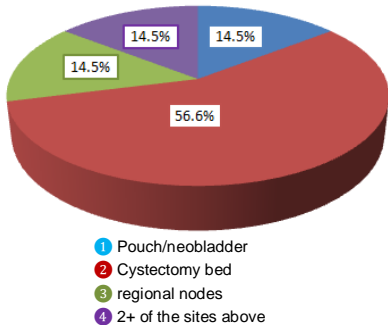
- The 5-year bladder cancer recurrence rate after radical cystectomy (RC) ranges 15%-70%; around 30% of these patients are diagnosed with local recurrence
- Cisplatin-based chemotherapy is the standard treatment for local recurrences, whilst radiotherapy and surgery have marginal roles. However, salvage treatments are rarely curative
- Therefore, we aimed: 1) to describe patterns of local recurrences following RC; 2) to identify the most effective salvage treatments; 3) to identify any predictors of CSS and OS

## MATERIALS & METHODS

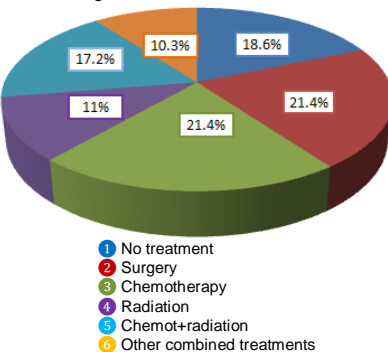
- Among 3700 cM0 patients who underwent RC in a tertiary referral center between 1980-2017, we identified 145 patients who experienced local recurrences during follow-up
- Exclusion criteria: incomplete demographic and clinical data; non-urothelial histology at RC; rare recurrence sites.
- Site of local recurrences: pouch/neobladder, cystectomy bed, regional nodes, 2+ of the sites above
- Primary outcomes: CSS, OS

## RESULTS

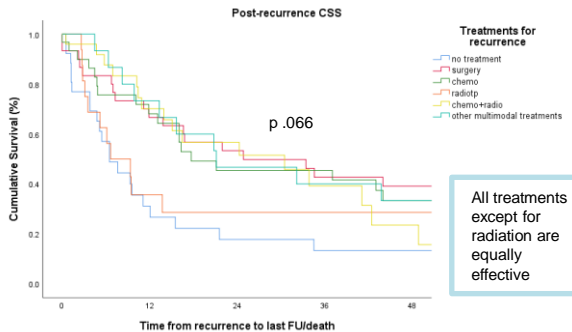
### Sites of recurrence



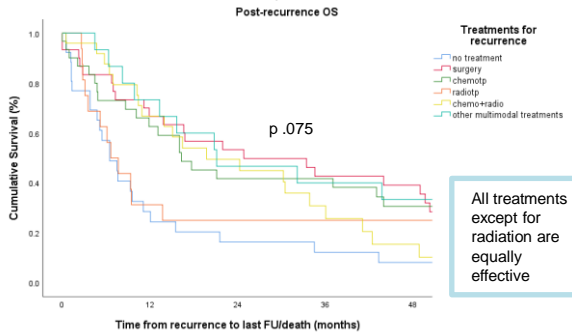
### Salvage treatments



### Post-recurrences CSS by salvage treatment



### Post-recurrences OS by salvage treatment



## PREDICTORS OF POST-RECURRENCE SURVIVAL & CONCLUSIONS

- CSS: 1) risk factors: higher age at recurrence (HR 1.02, p.011), cystectomy bed recurrence (HR 3.2, p.003), multiple recurrence sites (HR 2.4, p 0.03); 2) protective factors: chemotherapy (HR .45, p 0.015), chemo+radio (HR .39, p.006), other multimodal treatments (HR .45, p.037)
- OS: 1) risk factors: higher age at recurrence (HR 1.03, p<.0001), cystectomy bed recurrence (HR 2.4, p.012); 2) protective factors: all treatments except for radiation were associated to longer OS (all p <.005)
- We may conclude that local recurrences are associated to poor prognosis, but outcomes differ significantly according to recurrence patterns. A multimodal approach including chemotherapy may achieve the best effect in prolonging CSS and OS