

Assessment of the usefulness of the EORTC risk tables in non-muscle-invasive bladder cancer

Edyta M. Borkowska^{1,3}, Adam Jędrzejczyk^{1,2}, Piotr Marks², James W.F. Catto³, Bogdan Kałużewski¹

¹Department of Clinical and Laboratory Genetics Medical University of Łódź, Poland,

²Division of Urology, John Paul II Memorial Regional Hospital in Bełchatów, Poland

³Institute for Cancer Studies and Academic Urology Unit University of Sheffield, Sheffield, United Kingdom

Abstract:

Introduction: We determined the recurrence and progression at 1-year in patients with non-muscle invasive bladder carcinoma (NMIBC) who underwent transurethral resection of bladder tumor (TURBT) and compared those with the calculated risk according to the European Organization of Research and Treatment of Cancer (EORTC) in order to examine differences.

Materials and Methods: Follow-up data of 91 patients with NMIBC who underwent TURBT were reviewed. Their 1st year recurrence and progression were recorded. The outcomes were compared with the EORTC's predictive scores.

Results: The patients were 83 men and eight women with an age range of 32 to 86 years. Recurrence was found in 23 patients (25%) and there were 11 patients (12.1%) with progression of the diseases. The recurrence rates were 13.3%, 30.0%, 30.0%, and 50.0% in groups with the predicted EORTC risks of 15%, 24%, 38%, and 61%, respectively. With regard to progression rates, all of the 1-year progression rates were higher than those in the EORTC risk tables (2.7% vs.0.2%, 14.3% vs. 1%, 25% vs. 5% and 33.3% vs. 17.0%, respectively).

Conclusion: Recurrence rates were lower (except intermediate group score 1-4) and progression rates were higher than predicted by EORTC risk tables, probably due to our smaller sample size.

This work was supported by the Ministry of Science and Higher Education, Poland (Grant No 617/MOB/2011/0) and by the State Committee for Scientific Research, Poland(Grant No 2P05C 076 30) and partially by GENOS Non-Public Healthcare funds.