Non-muscle invasive bladder cancer: New standards in endoscopic management and adjuvant instillations

**Location:** Room Madrid, North Hall (Level 1)

**Chairs:** M. Babjuk, Prague 5 (CZ)
M. Brausi, Modena (IT)
M. Burger, Regensburg (DE)

**Aims and objectives of this session**
Non-muscle invasive bladder cancer (NMIBC) comprises a heterogeneous group in which tumour number, size, grade and pathological stage (pT) are important prognostic factors related to the risk of recurrence, progression and survival. Transurethral resection of bladder tumour (TURBT) is the reference treatment of NMIBC. The accepted standard for “correct” TURBT is complete macroscopic tumour clearance with specimens of the tumour base and resection border sent separately. A key feature of the pathology report is the presence and/or invasion of lamina propria or muscularis propria, the latter being dependent upon the presence of detrusor muscle (DM) in the TURBT specimens. It is now well established that a “correct” TURBT positively influences recurrence and progression. This session aims to provide an overview of new techniques available to improve the quality of TURBT and the delivery of adjuvant bladder instillations.

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

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**Active surveillance for non-muscle invasive bladder cancer (NMIBC): Result from bladder cancer Italian active surveillance (BIAS) project**

**By:** Hurle R.1, Lazzeri M.1, Saita A.1, Forni G.1, Buffi N.1, Casale P.1, Lughezzani G.1, Peschechera R.1, Pasini L.1, Zandegiacomo S.1, Benetti A.1, Lista G.1, Maffei D.1, Cardone P.1, Colombo P.2, Guazzoni G.1

**Institutes:**  
1Istituto Clinico Humanitas, Dept. of Urology, Rozzano, Italy,  
2Istituto Clinico Humanitas, Dept. of Pathology, Rozzano, Italy

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**Can the use of narrow-band imaging (NBI) reduce persistent bladder cancer rate during white-light classic trans-urethral resection of tumor (WLcTURBT)? A preliminary single-center experience in a large case series**

**By:** Giulianelli R.2, Falavolti C.1, Gentile B.C.2, Mirabile G.2, Tariciotti P.2, Albaris L.2, Buscarini M.3

**Institutes:** Villa Betania Hospital, Rome, Italy, Villa Claudia Clinic, Dept. of Urology, Rome, Italy, University Campus Bio-Medico, Dept. of Urology, Rome, Italy

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**Monopolar versus bipolar transurethral resection for primary non-muscle invasive bladder cancer**

**By:** Liem E.1, McCormack M.2, Chan E.3, Matsui Y.4, Geavlete P.5, Choi Y.6, De Reijke T.1, Farahat Y.7, Inman B.8, De La Rosette J.1, Naito S.9

**Institutes:**  
1Academic Medical Center, Dept. of Urology, Amsterdam, The Netherlands,  
2Centre Hospitalier De L’Universite De Montreal, Dept. of Urology, Montreal, Canada,  
3Chinese University of Hong Kong, HK SAR, Dept. of Surgery, Hong Kong, China,  
4Kyoto University, Dept. of Urology, Kyoto, Japan,  
5Saint John Emergency Clinical Hospital, Dept. of Urology, Bucharest, Romania,  
6Yonsei University College of Medicine, Dept. of Urology, Seoul, South Korea,  
7Sheikh Khalifa General Hospital, Dept. of Urology, Umm Al Quwain, United Arab Emirates,  
8Duke University Medical Center, Dept. of Urology, Durham, United States of America,  
9Harasanshin Hospital, Dept. of Urology, Fukuoka, Japan
**Poster Session 49**

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**658**

**Transurethral en-bloc hydrodissection for non-muscle invasive bladder cancer: Results of a randomized controlled trial**

By: Gakis G.¹, Karl A.², Bertz S.³, Burger M.⁴, Fritsche H-M.⁴, Hartmann A.⁵, Jokisch F.², Kempensteden C.⁵, Miller K.⁶, Mundhenk J.⁶, Schneeevogt B-S.², Schubert T.¹, Schwentner C.⁶, Wullich B.⁷, Stenzl A.¹

Institutes: ¹Eberhard-Karls University, Dept. of Urology, Tübingen, Germany, ²Ludwig-Maximilians University, Dept. of Urology, Munich, Germany, ³Friedrich-Alexander University, Dept. of Pathology, Erlangen, Germany, ⁴Caritas St. Joseph’s Hospital, University of Regensburg, Dept. of Urology, Regensburg, Germany, ⁵Charite, University Medicine Berlin, Dept. of Urology, Berlin, Germany, ⁶Diakonie-Klinikum, Dept. of Urology, Stuttgart, Germany, ⁷Friedrich-Alexander University, Dept. of Urology, Erlangen, Germany

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**659**

**Is restaging transurethral resection (TUR) necessary in patients with non-muscle invasive bladder cancer (NMIBC) and focal lamina propria invasion?**

By: Audenet F.¹, Retinger C.³, Chien C.², Benfante N.³, Bochner B.¹, Donat M.¹, Herr H.¹, Dalbagni G.¹

Institutes: ¹Memorial Sloan Kettering Cancer Center, Dept. of Urology, New York, United States, ²Memorial Sloan Kettering Cancer Center, Dept. of Biostatistics, New York, United States of America

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**660**

**Bladder endoscopic dissection of NMIBC procures better specimens for pathology than standard TURBT - the pathologists’ perspective**

By: Daniel G.¹, Quintyn-Rant M-L.¹, Briere T.², Roumiguie M.², Malavaud B.²

Institutes: ¹Institut Universitaire Du Cancer, Dept. of Pathology, Toulouse, France, ²Institut Universitaire Du Cancer, Dept. of Urology, Toulouse, France

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**661**

**Simultaneous transurethral resection of high grade bladder tumor and benign prostatic hyperplasia (BPH): Oncological safety**

By: Sionov B. V., Khunovich D., Benjamin S., Sidi A. A., Tsivian A.

Institutes: E. Wolfson M. C. and The Sackler Faculty of Medicine Tel-Aviv University, Dept. of Urologic Surgery, Holon, Israel

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**662**

**Safety and tolerability analysis of hyperthermic intravesical mitomycin to mitomycin alone in HIVEC I and HIVEC II: An interim analysis of 307 patients**

By: Tan W. S.¹, Palou J.², Kelly J.¹

Institutes: University College Hospitals London, Dept. of Surgery and Interventional Sciences, London, United Kingdom, ²Universitat Autònoma De Barcelona - Fundació Puigvert, Dept. of Urology, Barcelona, Spain

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**663**

**Optimal diagnostic performance of photodynamic diagnosis (PDD) and Storz Professional Image Enhancement System (SPIES) is independent from surgeon experience**


Institutes: University of Turin, Città Della Salute E Della Scienza Di Torino, Dept. of Surgical Sciences, Division of Urology, Turin, Italy

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**664**

**Recurrence and progression according to stage at re-TUR in t1g3 bladder cancer patients treated with BCG: Not as bad as previously thought**

By: Palou J.¹, Gontero P.², Pisano F.², Joniaw S.³, Oderda M.², Serretta V.², Larrè S.⁵, Di Stasi S.⁶, Van Rhijn B.⁷, Wijtses A. J.⁷, Grotenhuis A. J.⁷, Colombo R.⁹, Briganti A.⁹, Babjuk M.¹², Soukup V.¹², Malmstrom P. U., Irani J.¹², Malats N.¹³, Daniel G.¹⁵, Malavaud B.², Retinger C.¹, Chien C.², Benfante N.³, Bochner B.¹, Donat M.¹, Herr H.¹, Dalbagni G.¹

Institutes: ¹A.O. Città Della Salute E Della Scienza, University of Turin, Dept. of Urology, Turin, Italy, ²University Hospitals Leuven, Dept. of Urology, Leuven, Belgium, ³Paolo Giaccone General Hospital, Dept. of Urology, Palermo, Italy, ⁴John Radcliffe Hospital, University of Oxford, Dept. of Surgical Science, Oxford, United Kingdom, ⁵Policlinico Tor Vergata-University of Rome, Dept of Urology, Rome, Italy, ⁶Netherlands Cancer Institute – Antoni Van Leeuwenhoek Hospital, Dept of Urology, Amsterdam, The Netherlands, ⁷Radboud University Nijmegen Medical Centre, Dept of Urology, Nijmegen, The Netherlands, ⁸Universit A Vita-Salute. Ospedale S. Raffaele, Dept of Urology, Milan, Italy, ⁹Motol Hospital,
665

Radiofrequency-induced thermo-chemotherapy effect plus mitomycin versus a second course of bacillus Calmette-Guérin (BCG) or institutional standard in patients with recurrence of non-muscle invasive bladder cancer following induction or maintenance BCG therapy (HYMN): A phase III, open-label, randomised controlled trial

By: Tan W.S.¹, Buckley L.², Devall A.², Loubière L.², Pope A.², Feneley M.³, Cresswell J.⁴, Issa R.⁵, Mostafid H.⁶, Madaan S.⁷, Bhatt R.⁸, McGrath J.⁹, Sangar V.¹⁰, Griffiths L.¹¹, Page T.¹², Hodgson D.¹³, Datta S.¹⁴, Bilingham L.², Kelly J.¹

Institutes: ¹University College London, Division of Surgery and Interventional Science, London, United Kingdom, ²University of Birmingham, Cancer Research UK Clinical Trials Unit, Birmingham, United Kingdom, ³University College London Hospitals, Dept. of Urology, London, United Kingdom, ⁴James Cook University Hospital, Dept. of Urology, Middlesbrough, United Kingdom, ⁵St George’s Hospital, Dept. of Urology, London, United Kingdom, ⁶Basingstoke and North Hampshire Hospital, Dept. of Urology, London, United Kingdom, ⁷Darent Valley Hospital, Dept. of Urology, Dartford, United Kingdom, ⁸Queen Elizabeth Hospital, Dept. of Urology, Birmingham, United Kingdom, ⁹Royal Devon and Exeter Hospital, Dept. of Urology, Exeter, United Kingdom, ¹⁰Withington Hospital, Dept. of Urology, Manchester, United Kingdom, ¹¹Leicester General Hospital, Dept. of Urology, Leicester, United Kingdom, ¹²Freeman Hospital, Dept. of Urology, Newcastle, United Kingdom, ¹³Queen Alexandra Hospital, Dept. of Urology, Portsmouth, United Kingdom, ¹⁴University Hospital of Wales, Dept. of Urology, Cardiff, United Kingdom

666

5-year outcomes of RITE thermochemotherapy for BCG unresponsive high risk non muscle invasive bladder cancer

By: Ayres B., Sri D., Perry M., Issa R.

Institutes: St George’s Hospital, Dept. of Urology, London, United Kingdom

667

Comparison of pain, quality of life, lower urinary tract symptoms and sexual function between flexible and rigid cystoscopy in follow-up male patients with non muscle invasive bladder cancer: A randomized controlled cross section single blind study

By: Üçer O., Temeltaş G., Yüksel M.B., Gümüş B., Müezzinoğlu Iu T.

Institutes: Celal Bayar University, Faculty of Medicine, Dept. of Urology, Manisa, Turkey

17:00 - 17:07

Guidelines update

M. Babjuk, Prague 5 (CZ)