invasive bladder cancer has prompted clinicians to increasingly offer this to patients. However, there is little in the published literature assessing the tolerability and short term response to this approach outside of the trial setting. This retrospective study assessed these end-points in a single centre experience over a 10 year period.
Material and Methods: Between 1998 and 2008, 64 patients with invasive bladder cancer, were treated at The Christie with platinum based combination neo-adjuvant chemotherapy followed by definitive surgery or radical radiotherapy (RT). Grade 3/4 haematological toxicities were recorded. Creatinine clearance (CrCl) was calculated pre and post chemotherapy. Pathological response to treatment was assessed in those patients undergoing cystectomy.
Results: Median age was 66 (range: 37−81 years), 51 men and 13 women. The q21 day regimens included Cisplatin 70 mg/m^2 /Gemcitabine 1 gm/m^2 D1,8 (GCis)(44/64); Carboplatin AUC5 /Gemcitabine 1 gm/m^2 D1,8 (GCar) (15/64) and Cisplatin 70 mg/m^2/ Methotrexate 30 mg/m^2/ Vinblastine 4 mg/m^2(CMV) (5/64). The majority (45/64) received 3 cycles, 11/64 received 4. Eight patients received less than planned number of cycles. Six stopped after 2 and 2 stopped after 1 cycle (1 due to MI; 1 acute renal failure). Four patients required a dose reduction: 3 for grade 3/4 neutropaenia, 1 for grade 1 thrombocytopaenia. One required a change from GCis to GCar due to deterioration in renal function. Median CrCl pre chemotherapy was 60 (range:24−154) and 56 (range:21−174) post chemotherapy. The fall in CrCl following chemotherapy was statistically, but not clinically significant (p value < 0.001). Definitive radiotherapy was given to 37 patients. Median time from first chemotherapy to RT was 85 days (range:49−190) and to surgery was 94 days (range:51−201). Pathological response for those undergoing surgery was as follows: 6/27 pT0, 8/27 Ta-T1 and 13/27 $\geqslant$ T2. Forty three patients remain alive to date.
Conclusion: In this single centre study, neo adjuvant chemotherapy for invasive bladder cancer was delivered with minimal interruptions and acceptable toxicities. There was no marked delay in time to definitive treatment. With longer follow up, it will be of interest to see if the local response to chemotherapy is a surrogate for improved overall survival.

7186 POSTER

Effectiveness of adjuvant chemotherapy for invasive bladder cancer

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Background: In Portugal bladder cancer is the fifth most incident cancer in man and accounts for over 500 deaths each year. The mainstay of treatment for invasive bladder carcinoma is surgery. We conducted a retrospective analysis of the clinical outcome of patients with ressected bladder cancer who received adjuvant chemotherapy at Instituto Português de Oncologia do Porto.
Material and Methods: We reviewed the medical records of patients with invasive urothelial bladder carcinoma who underwent surgical ressection followed by chemotherapy (CT) with adjuvant intent between January 1996 and December 2005. Data on demographic, clinical and tumour characteristics were collected. The primary endpoint was overall survival (OS). The secondary endpoint was disease free survival (DFS). Descriptive analysis of the main demographic and prognostic characteristics was performed. OS and DFS analysis was conducted with the Kaplan-Meier method. Differences between treatment groups were compared with the log rank test.
Results: We identified 30 patients who underwent surgery followed by adjuvant CT. Four were excluded from final analysis for not completing at least one course of CT and 1 was excluded because he had epidermoid bladder carcinoma. Of the 25 patients analysed, the median age was 65 (range 29−78) and 92% were male. Twenty-three had radical cystectomy and 3 had partial cystectomy. Disease-free margins were achieved in 14 patients. All patients had ECOG performance status 0 or 1 prior to treatment. Twenty-two patients had locally advanced disease (pathological stage III/IV). Median delay between surgery and CT was 6 weeks. All patients received platinum-based CT (11 had methotrexate-vinblastine-doxorubicin-platinum (M-VAC), 8 had gemcitabine-platinum and 6 had methotrexate-cisplatinum). Nineteen patients (76%) completed at least 3 courses of CT. Median follow-up time was 27 months. Disease recurrence was identified in 14 patients (11 had distant metastasis and 3 had isolated local recurrence). Three patients received palliative CT. Median DFS was 20 months. Median OS was 37 months (3-year survival: 52%). Patients treated with M-VAC tended to have longer DFS and OS, although not statistically significant.
Conclusions: Adjuvant chemotherapy is feasible outside of a clinical trial, with results similar to those reported in the largest meta-analysis published to date.

7187 POSTER

Clinical effectiveness of palliative chemotherapy for advanced bladder cancer

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Background: Bladder cancer is a common human malignancy and 25% of the patients have advanced disease at presentation. We conducted a retrospective analysis of the clinical outcome of patients with invasive or metastatic bladder cancer who received palliative chemotherapy (CT) over a 10-year period at Instituto Português de Oncologia do Porto, Portugal.
Material and Methods: We reviewed the medical records of patients with invasive or metastatic urothelial carcinoma of the urinary bladder who underwent CT with palliative intent between January 1996 and December 2005. The primary endpoint was overall survival (OS). Secondary endpoints were progression free survival (PFS) and overall response rate (ORR). Descriptive analysis of the main demographic, clinical and prognostic characteristics was performed. OS and PFS analysis was conducted with the Kaplan-Meier method and comparison between treatment groups was done by the Log Rank test.
Results: We identified 77 patients with urothelial carcinoma with a mean age of 66 (SD 9 years). Sixty-nine patients (89.6%) were male. Seventeen patients (22.0%) had received prior platinum-based CT, 12 as neoadjuvant treatment and 5 with adjuvant intent. The combination of gemcitabine with a platinum (GP) was used in 40 (51.9%), M-VAC was the regimen of choice in 19 (24.7%) patients and the association of methotrexate with a platinum (MP) was used in 18 (23.4%). Demographic and prognostic characteristics were well ballanced between treatment groups. M-VAC and GP groups received a median of 3 cycles of CT and MP a median of 4 cycles. The ORR was 46.8%. We observed 8 (10.4%) complete responses, 11 (14.3%) partial responses and 17 (22.1%) stable responses with no significant differences between treatment regimens. Median PFS was 5.8 months for GP, 4 months for M-VAC and 4.5 months for MP. Overall median PFS was 5.1 months. Four patients (5.2%) received second line CT. Seventy patients (91%) had cancer-related death. Median OS was 8.4 months. Patients treated with GP had an increased survival (11.2 months) although statistically not significant.
Conclusions: Prognosis of metastatic bladder carcinoma is poor. Our results are comparable to those of published clinical trials in this setting. Choice of CT regimen should be individualized according to patient tolerability and toxicity profile.

7188 POSTER

Outcomes of surveillance in unselected patients with clinical stage I testicular germ cell tumors: results of a single institution series

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Introduction and Objective: Inguinal orchiectomy (IO) followed by surveillance is curative in 50−80% of patients with clinical stage I testicular germ cell cancer (CSITC). This attitude reserving modern chemotherapy at the time of relapse is nearly always curative, avoiding unnecessary treatment-related toxicity. We report outcomes of active surveillance in all patients with CSITC registered in our institution analyzing prognostic factors of relapse.
Methods: From April 81 to March 09, Sixty-three patients with CSITC and independent of known risk factor or histology were included in a surveillance program consisting of a determination of tumor markers (TM), clinical examination, a chest X-ray and abdominal echography (monthly the first year, every three months the second year and every six months until completion during the following five years). A thoracic and abdominal CT scan examination was carried out only at the beginning and to confirm recurrence or if the echography was of low quality.
Results: There were 42 (66.7%) non-seminoma (NS) and 21 (33.3%) pure seminoma (PS); median age was 28 (limits 16−47) and 34 (23−60) years, respectively. After a median follow-up of 5.25 years (1−286 months), 17 (40.5%) NS, and two (9.5%) PS relapsed at a median of six months in NS (1−24); forty-three and 15 months in PS. For 12 (70.5%) NS, determination TM was the first sign of relapse and for 7 (18%) it was the only sign. Macroscopic relapses were in retroperitoneum in nine (50%) patients (eight NS, one PS). Seventeen (94.5%) patients were treated with cisplatin combination; median three cycles (3−4) and seven (38%) underwent total resection of residual masses. All patients are alive and disease-free except one who died due to an unrelated cause. The univariate analysis of prognostic factors revealed that only embryonal carcinoma component >40% entailed a higher risk of relapse ($p = 0.066$).
Conclusions: This single institution series of surveillance alone after IO in unselected patients with CSITC resulted in excellent outcomes suggesting that this primary attitude reduce the global burden of treatment and toxicity, apart from clinical risk factors or histological subtypes.