AUAP-3

Urothelial carcinoma at the uretero-enteric junction: multi-center evaluation of oncologic outcomes after radical nephroureterectomy

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INTRODUCTION AND OBJECTIVES: The natural history of urothelial carcinoma arising at the uretero-enteric junction (UEJ) is poorly defined, and the data guiding clinical management of these patients is limited. Utilizing a multi-institutional database of patients treated with radical nephroureterectomy (RNU) for UTUC, we evaluated the oncological outcomes of patients treated for urothelial carcinoma at the UEJ.

METHODS: Utilizing a large international cohort of patients managed with RNU for UTUC, we assessed the clinicopathological parameters as well as oncologic outcomes of patients with tumors at the UEJ comparing these to patients with UTUC in the native urinary tract. Kaplan Meier and Cox Regression analyses were performed to determine independent predictors of disease free (DFS) and cancer specific survival (CSS) after RNU.

RESULTS: The study included 1363 patients, 921 men and 442 women with 36 months median follow up after RNU. Compared to other patients with UTUC, UEJ tumors (n = 22) were more likely to demonstrate features of advanced UTUC, such as high stage, high grade, sessile tumor architecture, tumor necrosis, lymphovascular invasion (LVI) and concomitant CIS in the upper urinary tract (all p<0.05). The 5 year DFS and CSS rates were 25% and 39% in those with UEJ tumors versus 69% and 73% in those with ureteric and pelvicalyceal tumors (P = 0.001 and P = 0.008, respectively). In multivariate Cox Regression analysis, stage, grade, LVI and lymph node involvement were the independent predictors of disease recurrence and cancer specific mortality after RNU (all p<0.05).

CONCLUSIONS: UTUC arising at the UEJ harbor features of locally advanced disease, associated with high risk of systemic recurrence and death from cancer after RNU. Our findings suggest the need for integration of systemic therapy into the management paradigm of these patients.