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Management of high risk superficial bladder cancer—the timing of radical cystectomy—

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【Background】 The ideal therapeutic aim of superficial bladder cancer treatment is complete recovery without recurrence, with functional bladder preservation. However, in patients with high risk cancer it is sometimes difficult to cure this neoplasm without radical surgery. Despite aggressive local therapy, patients with high risk superficial bladder cancer are at lifelong risk of stage progression, development of upper tract tumors and prostatic invasion. **【Materials and Methods】** Between 1991 and 2000, radical cystectomy was performed on 108 patients in our department. Of these, 32 (29.6%) were initially diagnosed with superficial bladder cancer. These patients were retrospectively analyzed with respect to the reasons for radical cystectomy, their pathological findings and prognosis. **【Results】** The median frequency of patients who underwent TUR-BT before cystectomy was four and the mean number who underwent intravesical instillation therapy was two. The main reasons for cystectomy were a G3 component, prostatic invasion and upstaged T2. Of the total patients analyzed, 11 (34.3%) had pathologically muscular or urethral invasion, and of these, only four (36.4%) were curable. Moreover, of 9 patients with a G3 component, three died; the cause of death of two patients was sequentially occurring upper tract transitional cell carcinoma. **【Comment】** Patients with high risk superficial bladder cancer remain at lifelong risk of stage progression. Optimal management of these tumors requires accurate diagnosis including the stage and grade, and careful assessment of prognostic factors. Moreover, unnecessary delay in the performance of radical cystectomy in patients with organ-confined bladder cancer compromises outcomes and risks potentially avoidable deaths.