

**Conclusions:** Robotic radical cystectomy with open-assisted hybrid ileal neobladder may combine the advantages of open and robotic approaches, providing an opportunity to reduce operative times while ensuring favourable perioperative, functional and oncologic outcomes. Our preliminary results need to be confirmed by larger series with longer follow-up.

**SC272** The quality of bladder resection improves the histological characterization of bladder cancer: an analysis based on rare variant histotypes

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**Introduction:** Histology is one of the most important factors determining the prognosis of bladder cancer (BCa) patients and the presence of rare variant foci (RVF) may impact disease-specific survival as compared to pure transitional cell carcinoma (TCC). RVF identification at the time of trans-urethral resection of the bladder (TURB) is of utmost importance for the planning of the best multimodal approach. However, the concordance rate of RVF between TURB and radical cystectomy (RC) is sub-optimal. We hypothesized that surgical factors may have an impact on identification of RVF at TURB.

**Materials and methods:** Between 2000 and 2019 all consecutive patients treated at a single tertiary referral center with RC and pathological evidence of RVF were identified. The histological type of the RC specimen was compared to the histological findings at TURB. Both procedures were performed at the same institution and the specimens analyzed by a dedicated uro-pathologist. The analyses focused on the identification of surgical factors predicting the concordance between TURB and RC histotypes. Surgical factors considered were maximal core length (MCL) at TURB pathology and type of resector used (mono- vs. bipolar). Covariates consisted of age, sex, tumor size and focality (mono- vs. multifocal). For variables comparison between patients with and without RVF concordance Student's t-test and Chi-squared test were used for continuous and categorical variables, respectively. Moreover, uni- and multivariable logistic regression analyses were used to test the role of surgical factors in predicting concordance between TURB and RC.

**Results:** A total of 81 consecutive patients with RVF at RC were included. 49 patients (60.5%) had RVF at TURB whereas 32 (39.5%) had pure TCC at TURB. No differences between the two groups were found in terms of age ( $p=0.42$ ), sex ( $p=0.34$ ), tumor size ( $p=0.13$ ) nor focality ( $p=0.06$ ). When the analyses targeted the surgical factors, patients with concordance had longer MCL (12.5 vs. 10 mm,  $p=0.01$ ) while no differences were noted between mono- and bi-polar resection ( $p=0.34$ ). At univariable logistic regression analyses, MCL was significantly correlated to higher rate of concordance between TURB and RC [OR 1.15 (1.02–1.29);  $p=0.02$ ]. At multivariable analyses, adjusting for age, sex, tumor focality and size, MCL represented an independent predictor of higher concordance [OR 1.13 (1.00–1.29);  $p=0.04$ ]. MCL was then stratified in two categories ( $\geq 10$  mm vs.  $<10$  mm) and maintained independent prognostic significance at multivariable analyses [OR 3.4 (1.19–9.83);  $p=0.02$ ].

**Conclusions:** When the length of the specimens at TURB is over 10 mm the concordance rate of RVF between TURB and RC is higher. Therefore, the quality of resection is of paramount importance in order to provide the pathologist with the highest quality of the tissue. Our

data yield support towards en-bloc resection when feasible. Taken together, our data might have important implications for planning the best multimodal treatment before RC.

**SC273** Prognostic role in common clinical practice of neutrophil-to-lymphocyte ratio in unselected bladder cancer

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**Introduction:** Recent studies report neutrophil-to-lymphocyte ratio (NLR) as a useful biomarker of systemic inflammatory response in several tumor types. Up to date the predictive value of NLR in non-muscle-invasive bladder cancer (NMIBC) has been rarely studied with uncertain results. A higher preoperative NLR has been associated with poor prognosis and pathologic upstaging in patients with muscle invasive bladder cancer (MIBC) undergoing radical cystectomy (RC) for high risk or muscle-invasive BC. An independent association of NLR with unfavorable clinical outcome in selected patients with high-risk NMIBC has been reported. The aim of our study was to evaluate the clinical usefulness of NLR in real-life practice in unselected patients affected by bladder cancer in terms of pathologic upstaging, perioperative complications, progression and survival.

**Materials and methods:** The medical records of consecutive patients, undergoing TUR for primary NMIB or RC for high risk or MIBC between January 2014 and October 2019 were reviewed. Informed consent and ethical committee approval was obtained. Patients with other malignancies or with known autoimmune, inflammatory or infective diseases were excluded. BMI, smoking status, tumor characteristics, aspirin assumption, ASA score, diabetes were considered in the statistical analysis. NLR cut-off value of according to literature was adopted. Statistical Software R v. 3.4.2 was used.

**Results:** 2246 consecutive patients, 214 (87%) men and 32 women with a median age of 71 (23–90) years were included in the analysis. 162 were submitted to TUR and 83 patients to RC. Eighty-five (34.5%) patients were active smokers, 104 (42.3%) former smokers and 51 (20.2%) never smokers, with a median number of 20 cigarettes per day and a median smoking period of 25 years. The median NLR was 2.7. An association between NLR  $>3$  and older age (71 vs 74 years) was detected ( $p < 0.05$ ). A pathological diagnosis of NMIBC in 159 (65.1%) and of MIBC in 86 (34.9%) patients was obtained. Particularly, high-grade tumors were found in 155 (63%) patients. Among patients undergoing TUR, a statistically significant association was detected between NLR  $>3$  and muscle invasion ( $p < 0.005$ ) in clinically NMIBC.

Among patient undergoing RC statistically significant associations were found between NLR  $>3$  and higher pT stage ( $p=0.03$ ), perioperative transfusions ( $p=0.01$ ) and mortality ( $p=0.02$ ).

No association was found between NLR and gender ( $p=0.38$ ), BMI ( $p=0.06$ ), diabetes ( $p=0.99$ ), aspirin intake ( $p=0.90$ ), smoking status ( $p=0.50$ ), recurrence after TUR ( $p=0.17$ ), progression ( $p=0.34$ ), ASA score ( $p=0.13$ ) and post-operative complications at 30 ( $p=0.76$ ) and 90 ( $p=0.55$ ) days.

**Conclusions:** Pre-operative NLR could be an easy achievable, not expensive and useful marker in common clinical practice. We detect a statistically significant association between NLR  $>3$  and post-operative outcomes in terms of muscle invasion in clinically NMIBC and pathological staging, transfusions and mortality in patients undergoing cystectomy.