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PD46-08
EFFICACY AND SAFETY OF MITOMYCIN GEL (UGN-101) AS AN ADJUVANT THERAPY AFTER COMPLETE ENDOSCOPIC MANAGEMENT OF UPPER TRACT UROTHELIAL CARCINOMA

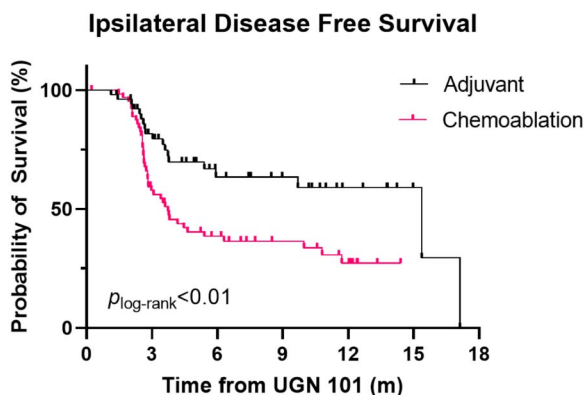
Craig Labbate, Houston, TX; Solomon Woldu, Dallas, TX; Katie Murray, Columbia, MO; Kyle Rose, Wade Sexton, Tampa, FL; Isamu Tachibana, Hristos Kaimakliotis, Indianapolis, IN; Joseph Jacob, Syracuse, NY; Rian Dickstein, Baltimore, MD; Jennifer Linehan, Santa Monica, CA; Alan Nieder, Miami Beach, FL; Marc Bjurlin, Chapel Hill, NC; Mitchell Humphreys, Scottsdale, AZ; Saum Ghodoussipor, New Brunswick, NJ; Marcus Quek, Maywood, IL; Michael O'Donnell, Iowa City, IA; Brian Eisner, Adam Feldman, Boston, MA; Yair Lotan, Dallas, TX; Surena Matin, Houston, TX*

INTRODUCTION AND OBJECTIVE: To describe a novel application of the reverse thermal polymer gel of mitomycin C (UGN-101) as adjuvant therapy after complete endoscopic ablation of upper tract urothelial carcinoma (UTUC).

METHODS: We retrospectively reviewed patients treated with UGN-101 from 15 high-volume centers. Adjuvant therapy was defined as treatment administered following visually complete endoscopic ablation. Response at primary endoscopic evaluation was defined as no visual tumor or negative biopsy. Disease free and progression free survival were estimated by the Kaplan Meier method. Ureteral stenosis and other adverse events were abstracted from the medical records. Ureteral stenosis was defined as a condition requiring ureteral stent or nephrostomy or would typically warrant stent or nephrostomy.

RESULTS: Adjuvant use of UGN-101 after complete endoscopic ablation was used in 52 of 115 (45%) renal units in the oncologic analysis. At first endoscopic evaluation, 36/52 (69%) were without visible disease. At 6.8 months median follow up, the ipsilateral disease free rate was 63% (33/52). Recurrence after adjuvant UGN101 therapy was more likely in multifocal tumors compared to unifocal (HR 3.3 95% CI 1.07-9.91). Compared with UGN-101 treatment for chemoablation of measurable disease, there were significantly fewer disease detections with adjuvant therapy (p<.001). Ureteral stenosis after UGN 101 was diagnosed in 10 patients (19%) undergoing adjuvant therapy compared to 17 (29%) undergoing chemoablative therapy (p=0.28).

CONCLUSIONS: In patients being considered for UGN-101, maximal endoscopic ablation prior to UGN-101 treatment may result in fewer patients with disease at first endoscopy and possibly fewer adverse events than primary chemoablative therapy. Longer follow up is needed to determine if UGN-101 after complete endoscopic ablation will lead to durable disease-free interval.



Number At Risk	0M	3M	6M	9M	12M	15M	18M
Adjuvant	52	39	20	15	8	4	0
Chemoablation	62	35	21	14	9	1	0

Source of Funding: N/A

PD46-09
IS THERE A RACIAL DISPARITY IN THE OUTCOMES OF PATIENTS WITH NON-METASTATIC UPPER TRACT UROTHELIAL CARCINOMA WHO ARE TREATED SURGICALLY? A NORTH AMERICAN NATIONWIDE ANALYSIS

Ivan Rakic, Matthew Davis, Nicholas Corsi, Alexander Stephens, Sohrab Arora, Detroit, MI; Taylor Malchow, Fairborn, OH; Rafe Affas, Detroit, MI; Akshay Sood, Houston, TX; Alexander Cole, Quoc-Dienh Trinh, Boston, MA; Firas Abdollah, Detroit, MI*

INTRODUCTION AND OBJECTIVE: Non-Hispanic Black (NHB) patients with urological cancers, such as prostate or bladder cancer, have been reported to have worse survival outcomes than their Non-Hispanic White (NHW) counterparts. While the reasons for these differences are still controversial, it is plausible that both access to care and genetics play an important role. Our aim is to examine the impact of race on the overall survival (OS) of surgically treated patient with Upper Tract Urothelial Carcinoma (UTUC).

METHODS: Our cohort included 9750 cM0 UTUC patients who underwent a radical nephroureterectomy (RNU), between 2004 and 2015, within the National Cancer Database (NCDB). The main variable of interest was race, and it was categorized as NHW, NHB, and others. Kaplan-Meier curves and log-rank test were used to depict and compare survival curves. Cox regression analysis tested the impact of race on OS after accounting for available covariates: age, sex, year of diagnosis Charlson Comorbidity Index, income, treatment center type, insurance status, pathological tumor stage, nodal stage, and pathological LVI status. p-values <0.001 were determined to be significant.

RESULTS: Mean (SD) ages at diagnosis for NHW, NHB, and other race were 71.1(10.8), 66.9(12.1), and 71.09(10.9), respectively. Overall, NHW, NHB, and other race was reported in 92.4%, 4.30%, and 3.34%, respectively. The rate of advanced stage (pT3 or higher), pN+ disease, and LVI was respectively 39.0%, 5.77%, and 14.5% in NHW, 41.5%, 0.32%, and 13.0% in NHB, and 39.6%, 0.217%, and 16.7% in other race. The mean (SD) follow-up was 42.86±35.3 months. At 5-years, the OS rate was 49.3% in NHW, vs. 46.8% in NHB, and 53.6% in other race (p=0.254). On multivariable analysis, NHB was not an independent predictor of OS outcomes (HR: 1.30, 95% CI: 1.10-1.56, p=0.015), and neither was other (HR 0.90, 95% CI: 0.71-1.15, p=0.015).

CONCLUSIONS: Our results indicate that in patients with UTUC treated surgically, NHB patients don't have a higher stage at diagnosis, and they have similar OS to their NHW counterparts. This is different from other urological cancers, such as prostate cancer where they are very significant differences in terms stage at diagnosis and OS based on race favoring NHW patients.

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PD46-10
GENDER DISPARITIES IN UPPER TRACT UROTHELIAL CELL CARCINOMA

Jeffrey Orf, Mohammad Mahmoud, Zachary Hamilton, Saint Louis, MO*

INTRODUCTION AND OBJECTIVE: Previous literature has demonstrated the existence of gender disparities for urothelial cell carcinoma (UCC) of the bladder including higher stage at presentation in women, higher rates of complications, and worsened survival. Similar outcomes are not well characterized for upper tract urothelial carcinoma (UTUC). Our goal was to analyze patterns of presentation, neoadjuvant chemotherapy (NAC) use and survival outcomes for UTUC across genders.

METHODS: The National Cancer Database was queried for all patients with UTUC of the renal pelvis from 2004 to 2016 undergoing nephroureterectomy. Patients were stratified based on female or male sex. Demographics, clinical stage and use of NAC were evaluated. Outcomes including 30 and 90 day readmission, positive margins, and mortality were analyzed.