PATTERN OF FAILURE IN PATIENTS WITH NON-METASTATIC RENAL PELVIS TRANSITIONAL CELL CARCINOMA: A SINGLE CENTER EXPERIENCE IN ALEXANDRIA, EGYPT

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Introduction:

Globally, renal pelvis transitional cell carcinoma (RPTCC) is rare. In addition, there is a scarcity of information on the pattern of failure from the low and middle-income countries' patients, posing an unmet need. The aim of this retrospective study was to identify the patterns of failure andprognostic factors of survival outcomes in non-metastatic RPTCC.

Aim of the work:

To determine the pattern of failure for non-metastatic renal pelvis Transitional cell carcinoma. . Local failure free survival (**LFFS**); It is the time from the date of diagnosis to the date of local/regional recurrence. Distant failure free survival (**DFFS**); It is the time from the date of diagnosis to the date of distant metastasis.

PATIENTS AND METHODS:

The medical files of all patients with non-metastatic RPTCC who were treated in Alexandria Main University Hospital between January 2007 and December 2017werereviewed.Theclinicopathologic characteristics and treatment outcome data was collected and analyzed using univariate and multivariate analyses.

RESULT:

Thirty-six patients were included in the final analysis. Themean age at diagnosis was 60 years(SD± 9.79). The median tumor size was 7cm (6.0-8.75cm). High tumor grade and lymphovascular invasions (LVI) were observed in 63.9% and 61.1% of tumors, respectively.

About half of patients (47.2%) of the patients developed treatment failures including(13.9%)local recurrence and (33.3%) distantrecurrene.Lung (22.2%) was the most common site of distant failure.The5-year local failure-free survival (LFFS) was 71%, while the distant failure-free survival (DFFS) was 60.3%. The 5-years overall survival (OS) was 82.5%.In multivariate analysis,the tumor size was an independent predictive factor for LFFS, DFFSand OS. The tumor size (p =0.03) and LVI (p=0.01) were significant prognostic factors for DFFS in multivariate analysis.

Distribution of the studied cases according to type of failure.

Type of failure	No.	%
No recurrence	19	52.8
Recurrence	17	47.2
Local failure	5	13.9
Distant failure		
Lungs	8	22.2
Liver + bones	2	5.6
Bones	4	11.1
Lungs + bones	1	2.8

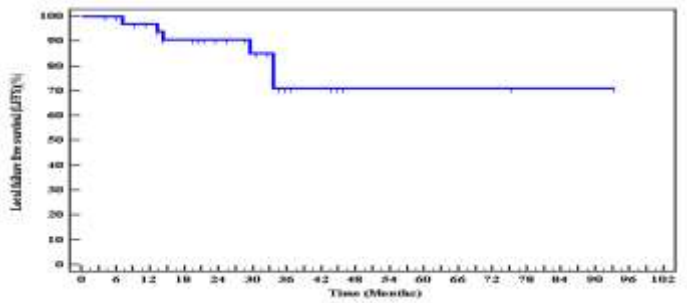

Figure (1): Kaplan- Meier curve for local failure free survival (LFFS)

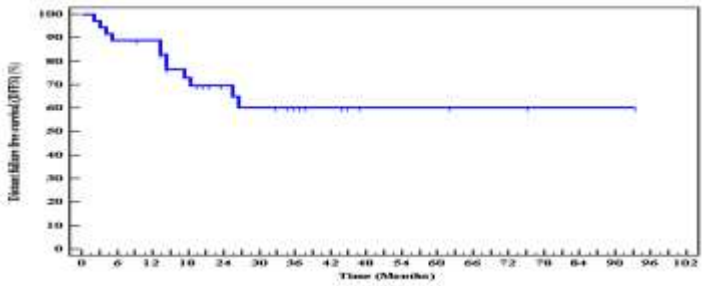

Figure (2): Kaplan- Meier curve for distant failure free survival (DFFS)

Conclusion:

Renal pelvis transitional cell carcinomais very aggressive rare tumorwhich should be further explored in future research. The tumor size and grade are independent factors for survival outcomes.