

Comparative Randomized study between monopolar and bipolar Transurethral Resection of The Prostate :1Year Follow – up.

Abstract

Abstract Background: To evaluate the response of the modern bladder-preservation treatment modality; trimodal therapy (TMT) in muscle-invasive bladder cancer (MIBC). Aiming at bladder preservation in MIBC, TMT was to offer a quality-of-life advantage and avoid potential morbidity and mortality of radical cystectomy (RC) without compromising oncologic outcomes.

Aim of Study: To investigate the TMT as a treatment option for muscle-invasive bladder cancer confirmed by cancer specific and overall survival rates in two different institutes.

Material and Methods: The study included 64 consecutive patients between 2008 and 2013, and was conducted in National Institute of Urology and Nephrology, Cairo, Egypt, Al-Azhar University, Girls Div., Urology Dept., Cairo, Egypt and National Cancer Institute, Cairo University, Cairo, Egypt. Forty nine patients were males and 15 were females. Mean age was 61 ± 9 years (range, 34-82 years). Sixty nine percent of patients (44) were below 65 years old while 31% (20) were above 65. Sixty six percent (42 patients) were fit for surgery but refused RC as first line of treatment and 34% (22 patients) were unfit for surgery. Results: One third of patients (20) failed TMT and under went RC. Five years overall survival (OS) was 57% and disease specific survival (DSS) was 61%. There was no significant difference observed in OS or DSS between different age, sex or surgical fitness patients groups. Tumor stage showed significant statistical difference between T2 and T3 ($p<0.05$). Lymph nodes disease progression and distant me-tastases were recorded in 13 and 10% with TMT respectively.

Conclusion: This study suggests that bladder preservation with TMT leads to acceptable outcomes comparable with RC and therefore may be considered a reasonable treatment option in well-selected patients.