Non-Muscle Invasive Bladder Cancer (NMIBC)

**Aims and objectives of this presentation**
This thematic session aims to assess current controversies in the field of urothelial carcinomas: Non-Muscle Invasive Bladder Cancer (NMIBC) and Upper Tract Tumour (UTUC). Recent insights and meaningful data will be provided to understand discrepancies between EAU guidelines and daily practice especially for the detection of flat lesions, for transurethral resection of the bladder and for kidney-sparing management in UTUC. The whole urinary tract needs to be explored when urothelial carcinomas are diagnosed, not only the lower or the upper tract. The main purpose is to underline the link between these disparate twins (UTUC and NMIBC) and to explain how to translate theory into daily practice.

**10:30 - 10:45**

**Hot topic lecture** CIS: Low incidence or underdetection?
F. Algaba, Barcelona (ES)

**Aims and objectives of this presentation**
In a series of 3802 cases of bladder carcinomas concomitant CIS incidence is 38% (7.3% in G1, 15.6% in G2 and G3 in 67%) and 26.2% among non invasive muscle carcinomas. According to these data we can speculate whether the CIS is a low frequent lesion or an underdetected pathology.

**10:45 - 11:10**

**Hot topic lecture** Does a high quality TURB make re-resection redundant?

**Presenter:**
T.R.W. Herrmann, Hannover (DE)

**Challenger:**
J.R. Oddens, Den Bosch (NL)

**Aims and objectives of this presentation**
The aim of this presentation is to discuss the quality of TUR and the related evidence for performing a re-staging TUR.

**11:10 - 11:20**

**Hot topic lecture** Evidence based UUT surveillance in patients with bladder cancer
G. Giannarini, Udine (IT)

**Aims and objectives of this presentation**
This lecture will focus on upper urinary tract surveillance in patients treated for non-muscle-invasive and muscle-invasive bladder cancer, an area where high-quality evidence is lacking. The risk of metachronous upper urinary tract tumours in bladder cancer patients accounts for up to 20% of cases, thus the issue is of clinical relevance. Several surveillance protocols including urinary markers and imaging have been used, however in most cases upper urinary tract tumours are still diagnosed through symptoms. Whether timing of diagnosis impacts on survival remains largely unknown. While awaiting personalised molecular markers for surveillance, the most cost-effective policy may be to adopt a risk-adapted schedule, where only high-risk patients undergo intensive imaging-based lifelong monitoring.
Thematic Session 13

S. Shariat, Vienna (AT)

**Aims and objectives of this presentation**
Radical Nephroureterectomy (RNU) has been central to the treatment of UTUC for decades, but Kidney-Sparing Surgery (KSS) has been applied to a rising number of patients to preserve renal function (overtreatment). Ablation or resection through flexible ureteroscopy or the percutaneous route seems to provide comparable cancer-specific survival and overall survival to RNU, but the risk of local and bladder recurrence remains relatively high. Segmental ureterectomy is used for low-risk unifocal UTUC with recent studies confirming its oncologic safety and equivalence to RNU. Antegrade or retrograde instillation therapy may be considered as adjuvant treatment after conservative surgery, but their efficacy needs to be proven. Post-operative vigilant radiographic and endoscopic surveillance are obligatory because of the high probability of disease recurrence. The aim will be to discuss the current data and risk-stratification for optimal KSS candidates.

11:35 - 11:50  Urological Association of Asia (UAA) lecture New insights in diagnosis and management of urothelial carcinomas of the bladder and of the upper urinary tract  
W-J. Wu, Kaohsiung (TW)

**Aims and objectives of this presentation**
Given the genomic heterogeneity of UC, optimal development of therapeutic agents requires adequate genomic characterisation. There has been a major shift in the development of new promising therapeutic remedies in recent years. The era of “molecular personalised medicine” has been launched and it may drastically change the conventional cancer treatment paradigm. Advances in genomics and bioinformatics are necessary requirements for the appropriate testing of novel targeted therapy strategies to meet the clinical needs of patients in a more precision way.

11:50 - 12:00  Associated abstract presentation

**Discrepancy between guidelines and daily practice in the management of non-muscle-invasive bladder cancer (NMIBC): Results of a European survey**
By: Aziz A. 2, Bes P. 12, Chun F.K 2, Dobruch J. 3, Kluth L.A 2, Gontero P. 4, Necchi A. 5, Noon A. 6, Van Rhijn B.WG 7, Rink M. 2, Roghmann F. 8, Roupret M. 9, Seiler R. 10, Shariat S.F 11, Qvick B. 12, Xylinas E.N. 1

**Institutes:** 1Cochin Hospital, Paris Descartes University, Dept. of Urology, Paris, France, 2University Medical Center Hamburg-Eppendorf, Hamburg, Dept. of Urology, Hamburg, Germany, 3Centre of Postgraduate Medical Education, Dept. of Urology, Warsaw, Poland, 4Città Della Salute EDella Scienza Di Torino, Dept. of Urology, Turin, Italy, 5Fondazione IRCCS Istituto Nazionale Dei Tumori, Dept. of Urology, Milan, Italy, 6Division of Urology, University of Toronto, Dept. of Urology, Toronto, Canada, 7Netherlands Cancer Institute – Antoni Van Leeuwenhoek Hospital, Dept. of Urology, Amsterdam, The Netherlands, 8Marien Hospital, Ruhr-University Bochum, Dept. of Urology, Herne, Germany, 9Pitié-Salpêtrière APHP, Dept. of Urology, Paris, France, 10University of Berne, Dept. of Urology, Berne, Switzerland, 11Medical University of Vienna, Dept. of Urology, Vienna, Austria, 12Ipsen, Dept. of Pharma, Paris, France

**Urological Association of Asia (UAA) lecture**

**Aims and objectives of this presentation**
We aimed to assess the current daily practice in NMIBC among European urologists with regards to diagnosis, treatment and follow-up. Furthermore, we aimed to evaluate concordance between current clinical practice and EAU guidelines.