



Napoli 1 SURGERY

NAPOLI 27 – 28 SETTEMBRE

Aula Magna Scuola di Medicina di Scampia

Centro Congressi Università degli Studi di Napoli Federico II



UROLOGIA

TUMORE DELLA VESCICA E DELLA ALTA
VIA ESCRETRICE


DR. BIAGIO BARONE
AORN «SANT'ANNA E SAN SEBASTIANO»
CASERTA

BLADDER CANCER

RISK FACTORS FOR BLADDER CANCER

Review

Epidemiology of Bladder Cancer

Kalyan Saginala ¹, Adam Barsouk ², John Sukumar Aluru ³, Prashanth Rawla ^{4,*} ,
Sandeep Anand Padala ⁵ and Alexander Barsouk ⁶

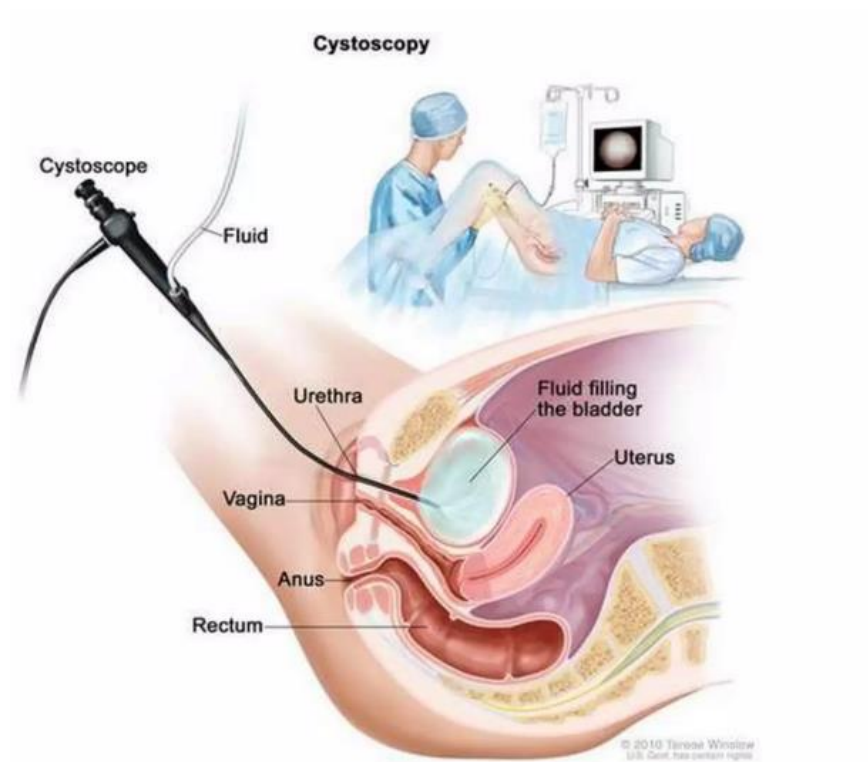
Exposition to tobacco

Family history of bladder cancer

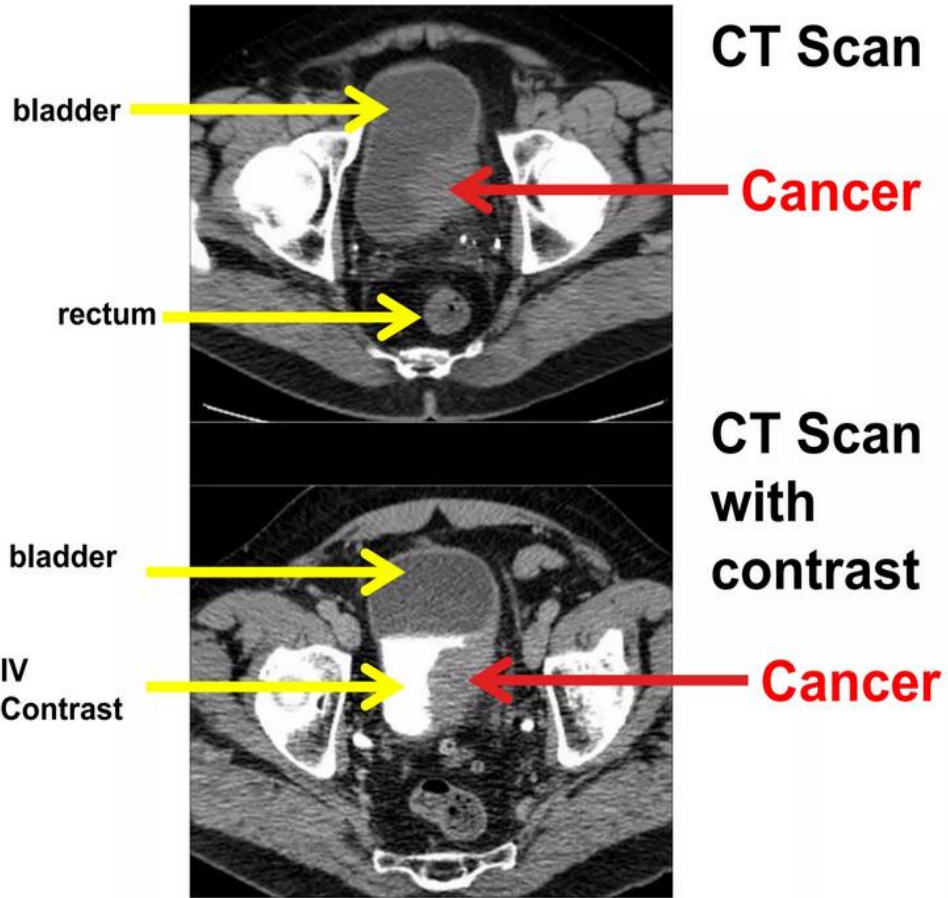
Professional exposition to chemicals

BLADDER CANCER DIAGNOSIS

- ▶ Urinary Cytology
- ▶ Cystoscopy
- ▶ Imaging (CT or RM)
- ▶ Novel biomarkers
- ▶ Liquid biopsy



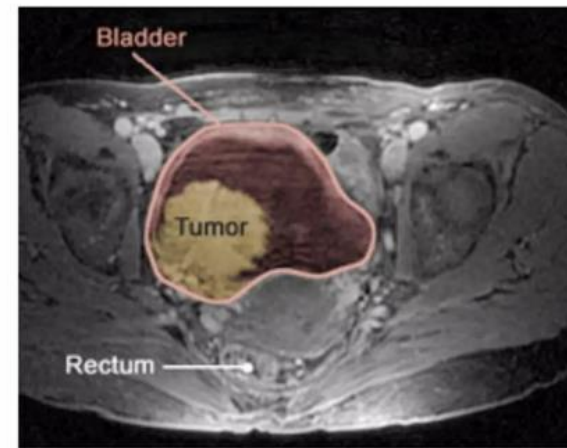
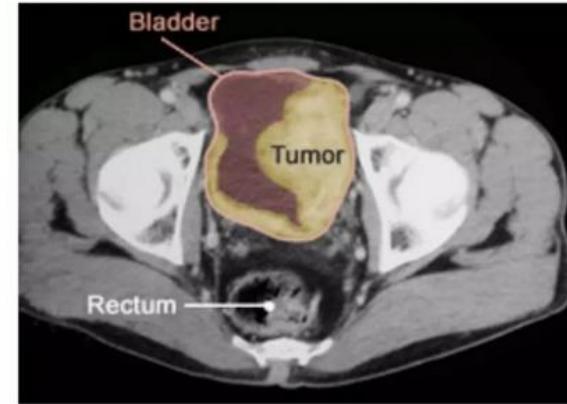
BLADDER CANCER DIAGNOSIS



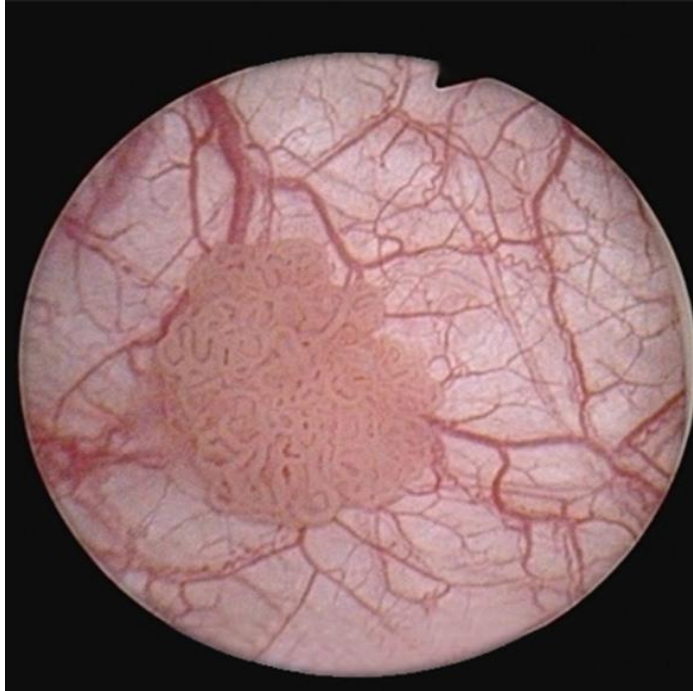
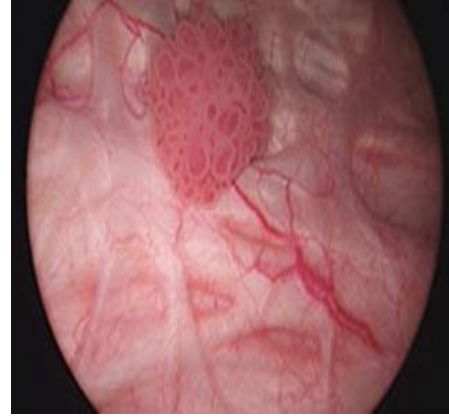
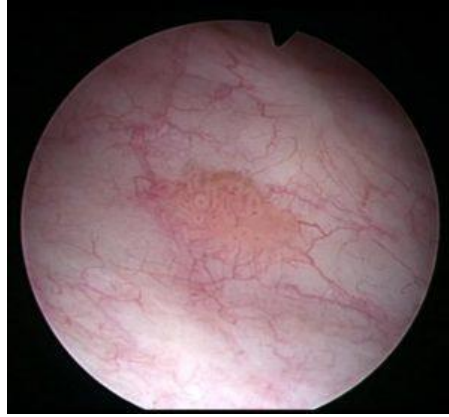
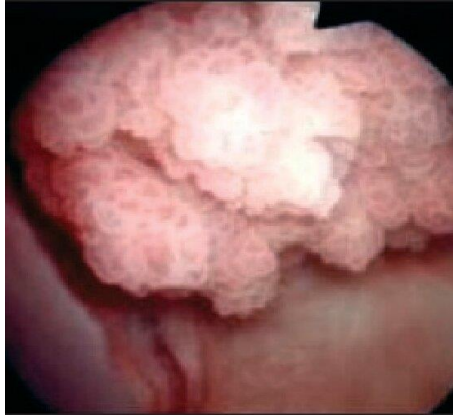
CT

or

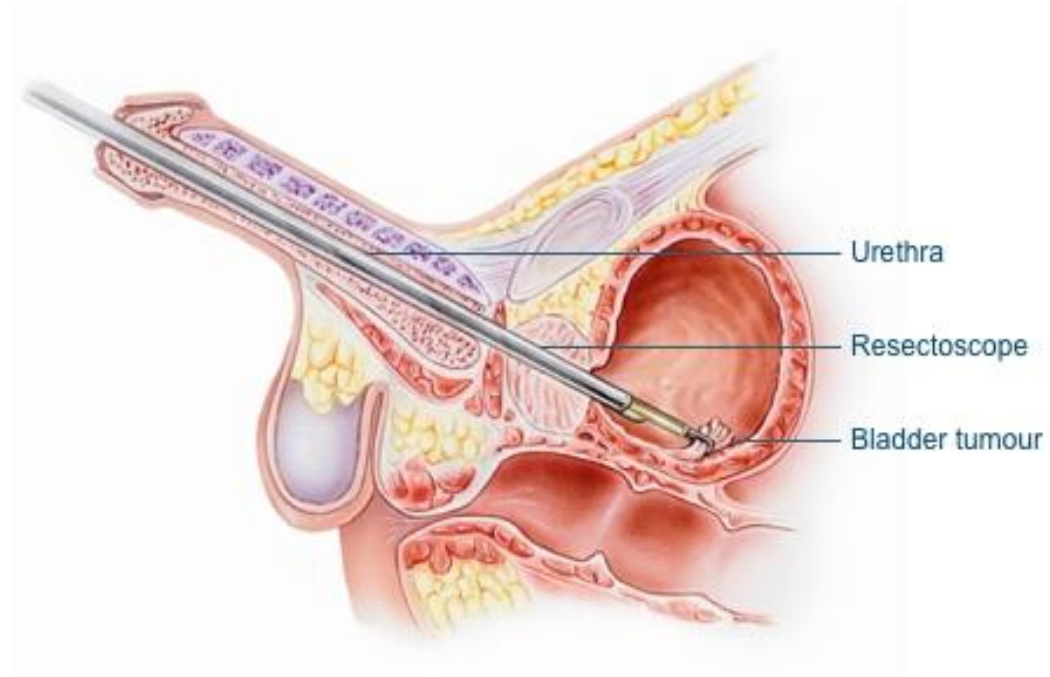
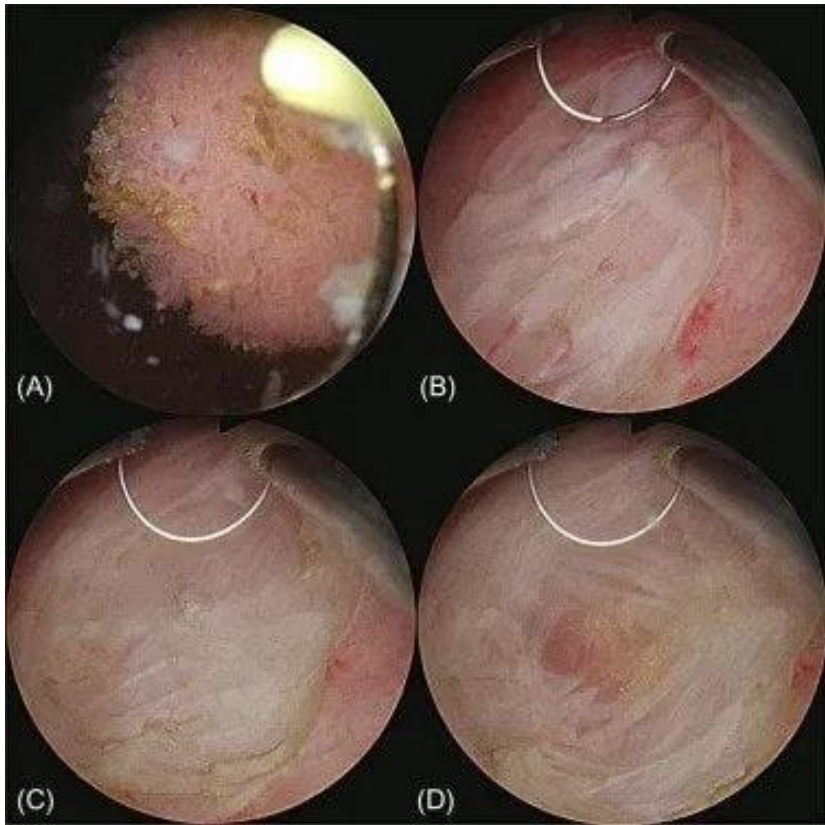
MRI



CYSTOSCOPY - THE GOLD STANDARD



TURBT - DIAGNOSIS AND TREATMENT IN ONE TIME



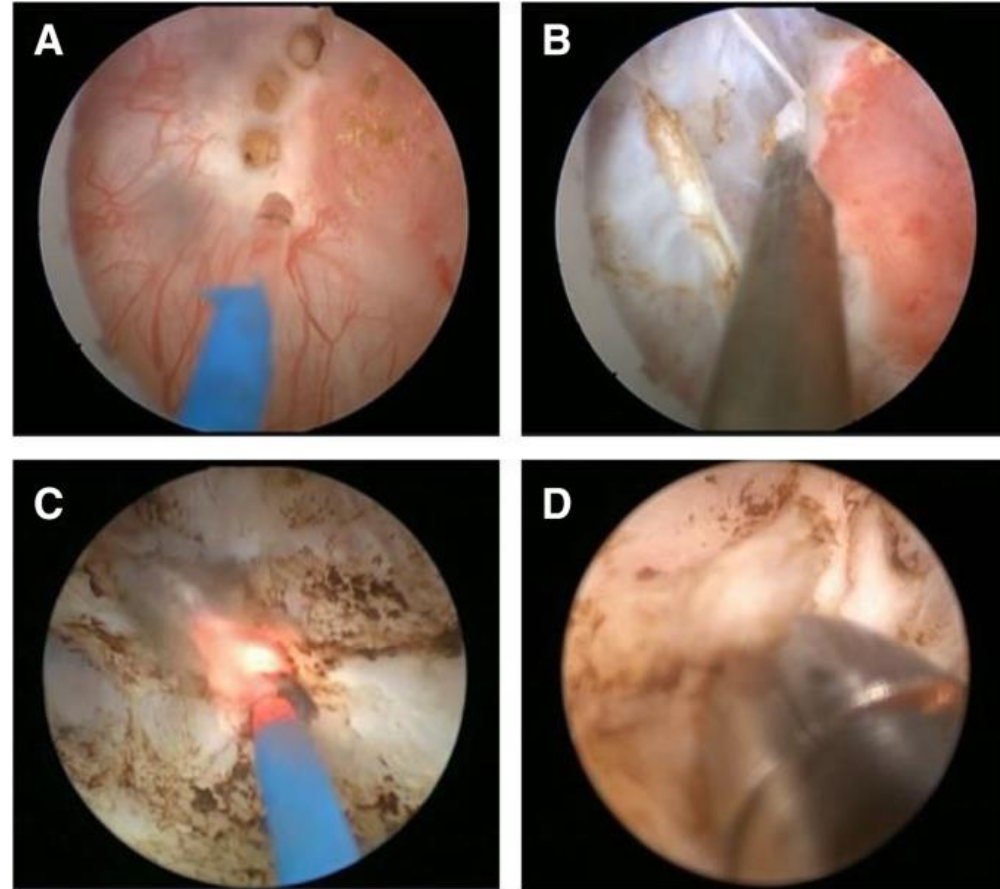
TURBT LASER - EN BLOC RESECTION

TECHNICAL ADVANCE

Open Access

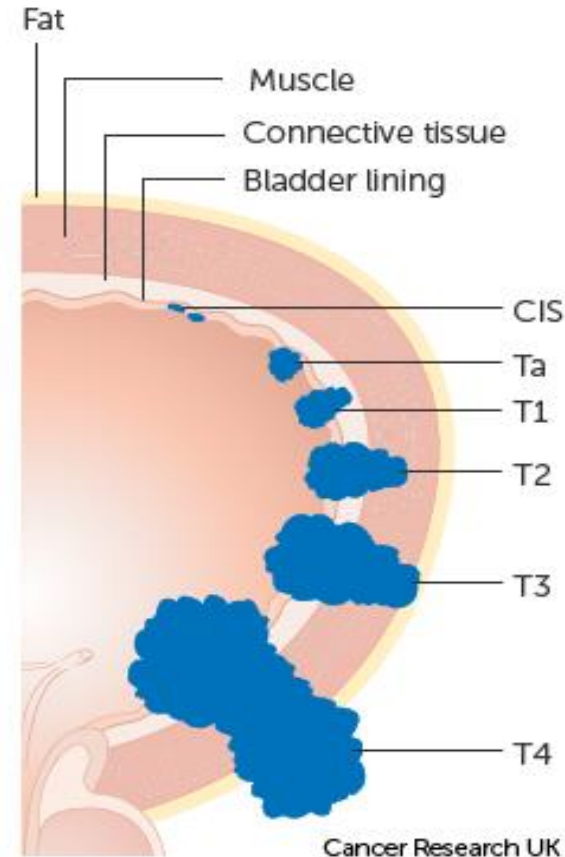
Can a second resection be avoided after initial thulium laser endoscopic en bloc resection for non-muscle invasive bladder cancer? A retrospective single-center study of 251 patients

Wenhao Zhou^{1†}, Wei Wang^{1†}, Wenbo Wu^{1†}, Tingmang Yan¹, Guofang Du² and Haitao Liu^{1*}



RADICAL CYSTECTOMY - WHEN?

- ▶ Muscle invasive bladder cancer (MIBC), i.e., T stage T2
- ▶ BCG resistant or failure Non-muscle invasive bladder cancer (NMIBC)
- ▶ High risk NMIBC: T1G3 or CIS or additional risk factors (size, multifocality age)
- ▶ Very high risk NMIBC: T1G3 and CIS or T1G3 and more than 2 additional risk factors



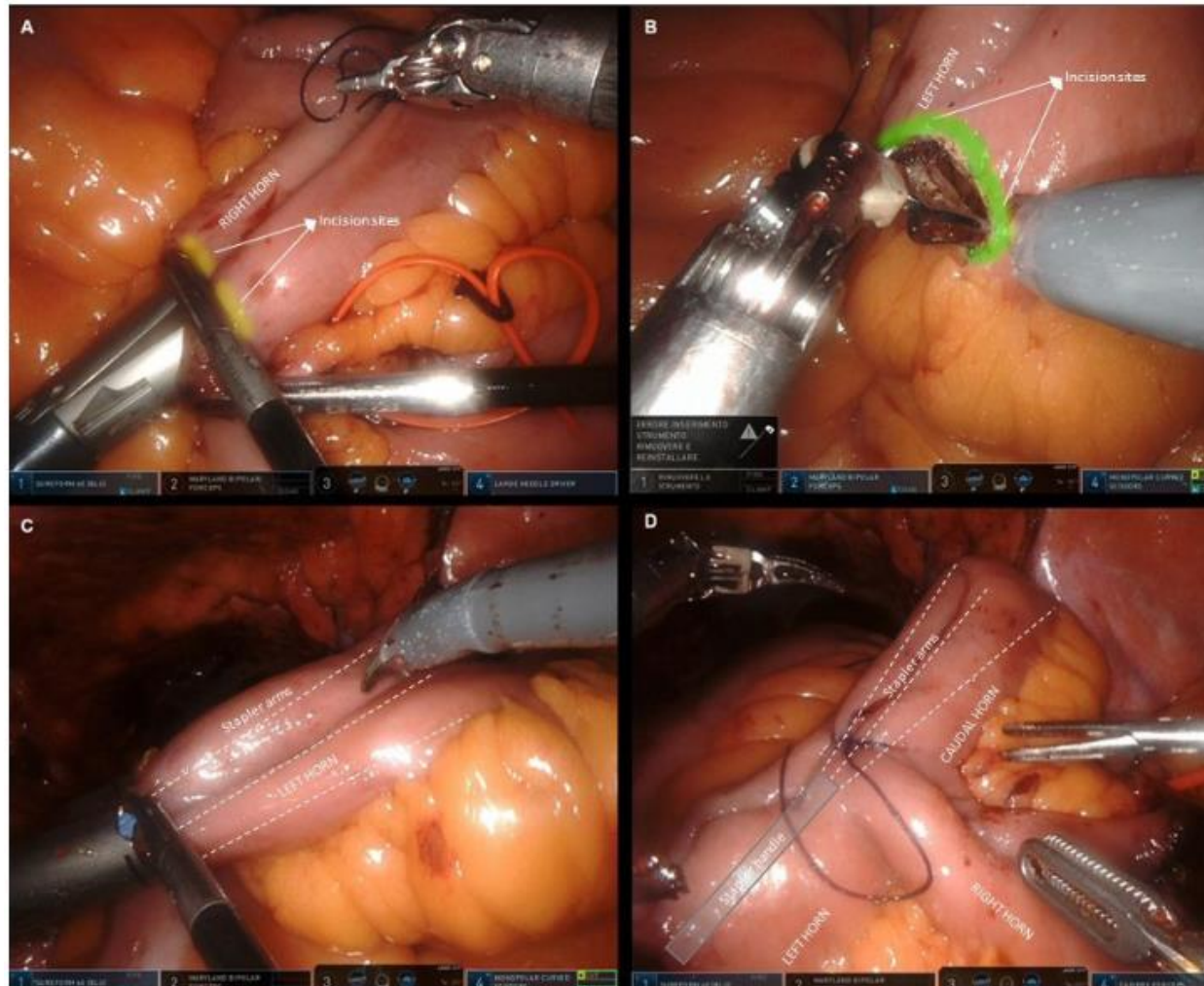
ROBOTIC RADICAL CYSTECTOMY - VESUVIAN ORTHOTOPIC NEOBLADDER

Urinary intracorporeal diversion represent the most challenging and time consuming procedure of robotic radical cystectomy

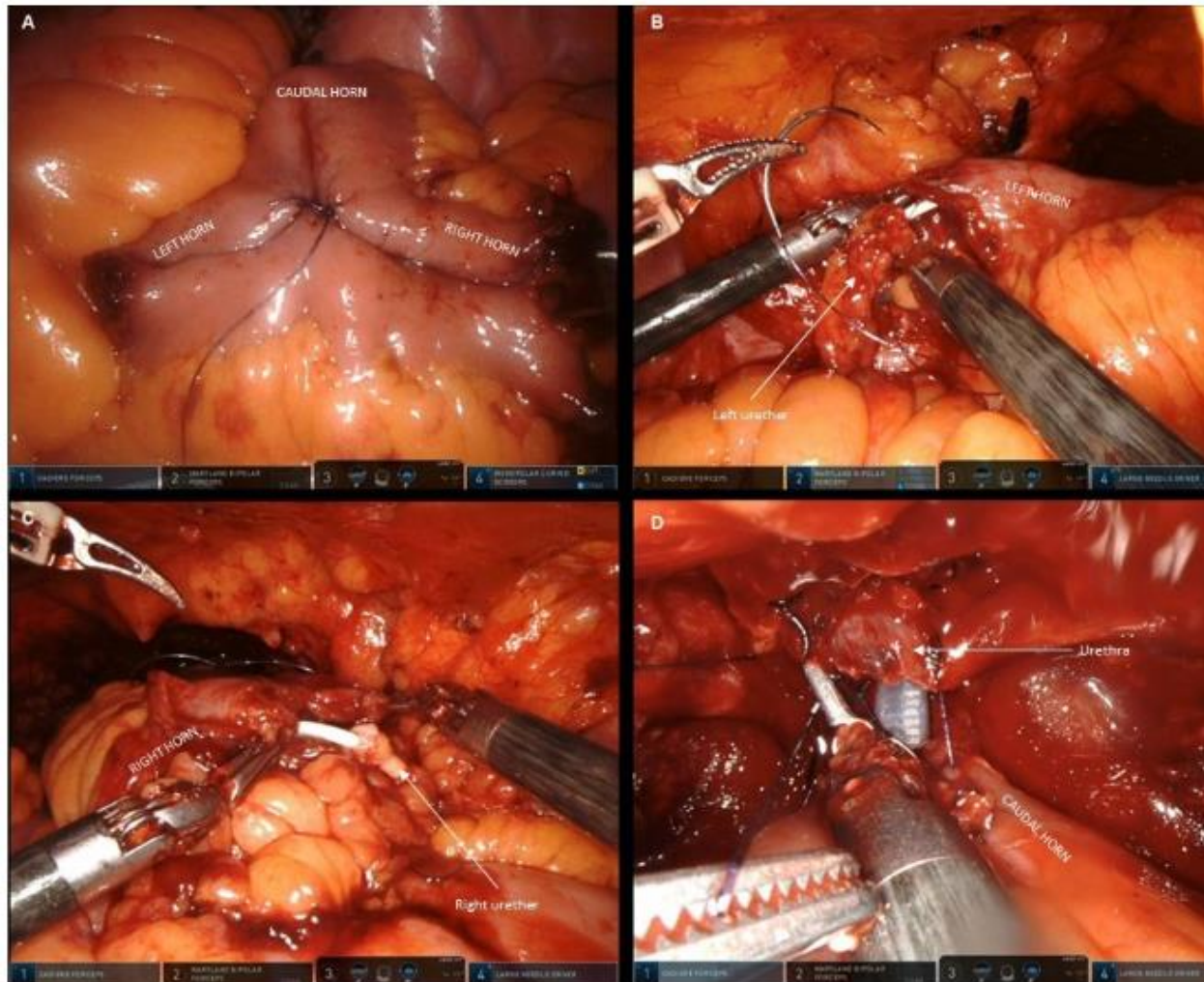
The Vesuvian Orthotopic Neobladder aims to simplify the reconstructive procedure via the use of mechanical stapler for intestinal anastomosis and shaping of the reservoir



VESUVIAN ORTHOTOPIC NEOBLADDER STEP BY STEP



VESUVIAN ORTHOTOPIC NEOBLADDER STEP BY STEP



The background features abstract geometric shapes in various shades of teal and green, including triangles and overlapping polygons, creating a modern, layered effect.

UPPER URINARY TRACT UROTHELIAL CANCER (UTUC)

UPPER URINARY TRACT UROTHELIAL CANCER (UTUC) - RISK FACTORS

Review Article on Upper-Tract Urothelial Carcinoma: Current State and Future Directions

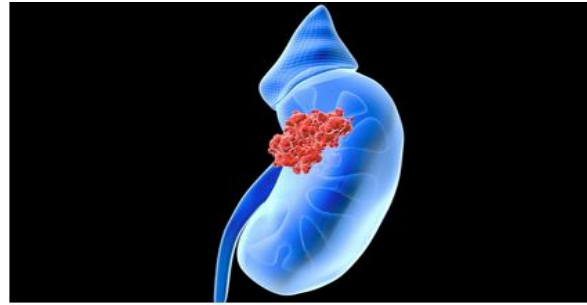


Epidemiology, clinical presentation, and evaluation of upper-tract urothelial carcinoma

Firas G. Petros

Department of Urology, The University of Toledo Medical Center, College of Medicine and Life Sciences, Toledo, Ohio, USA

Correspondence to: Firas G. Petros, MD. Department of Urology, The University of Toledo Medical Center, 3000 Arlington Ave., Mail Stop 1091, Toledo, Ohio 43614-2598, USA. Email: firm.petros@utoledo.edu.



5% of Urothelial cancer

More common in males

The hereditary form is associated with hereditary non polyposis colorectal carcinoma and Lynch Syndrome

Tobacco smoke

FANS abuse

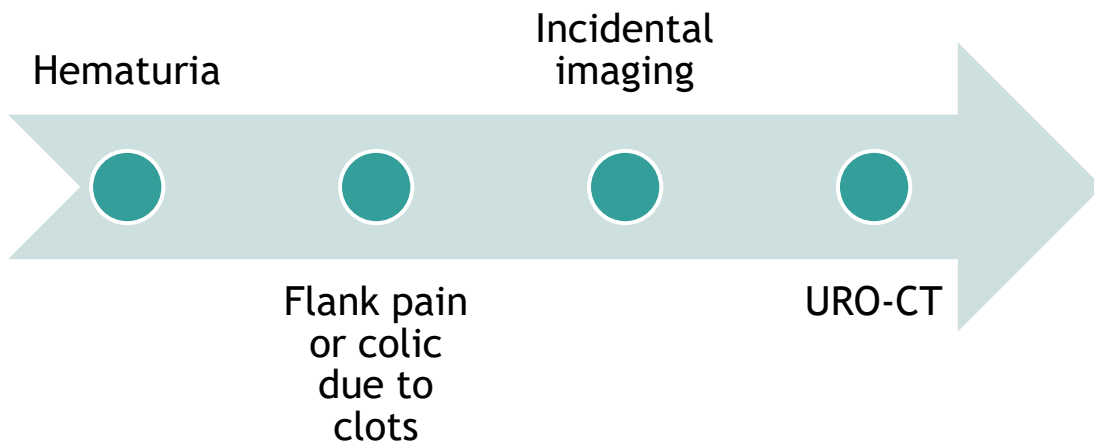
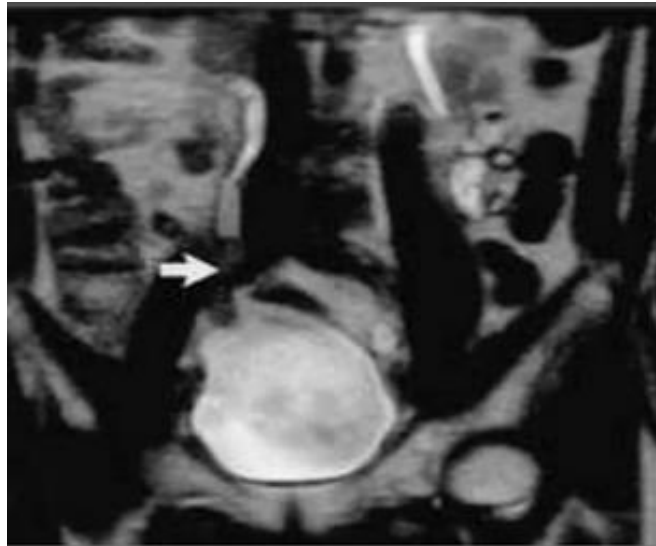
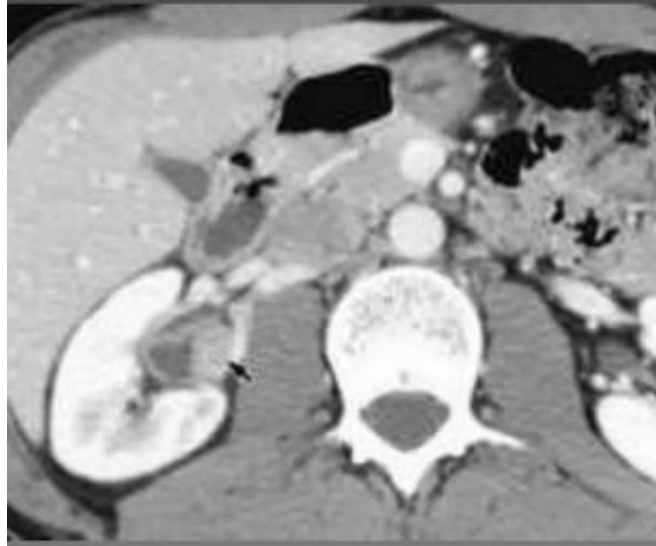
Exposure to arsenic

Exposure to aromatic amines

UTUC DIAGNOSIS

Diagnostic challenges and treatment strategies in the management of upper-tract urothelial carcinoma

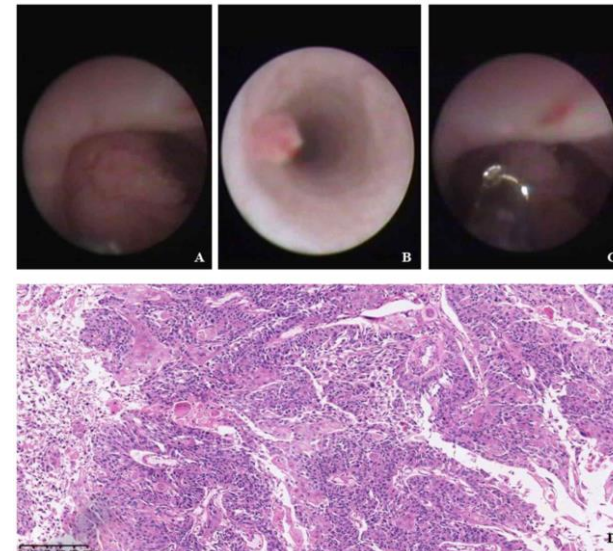
Victor M. Schuettfort^{1,2}, Benjamin Pradere^{1,3}, Fahad Qahal^{1,4}, Hadi Mostafaei^{1,5}, Ekaterina Laukhtina^{1,6}, Keiichiro Mori^{1,7}, Reza Sari Motlagh¹, Michael Rink², David D'Andrea¹, Mohammad Abufaraj^{1,8}, Pierre I. Karakiewicz⁹, Shahrokh F. Shariat^{1,6,10-14}



TNM AND STAGING

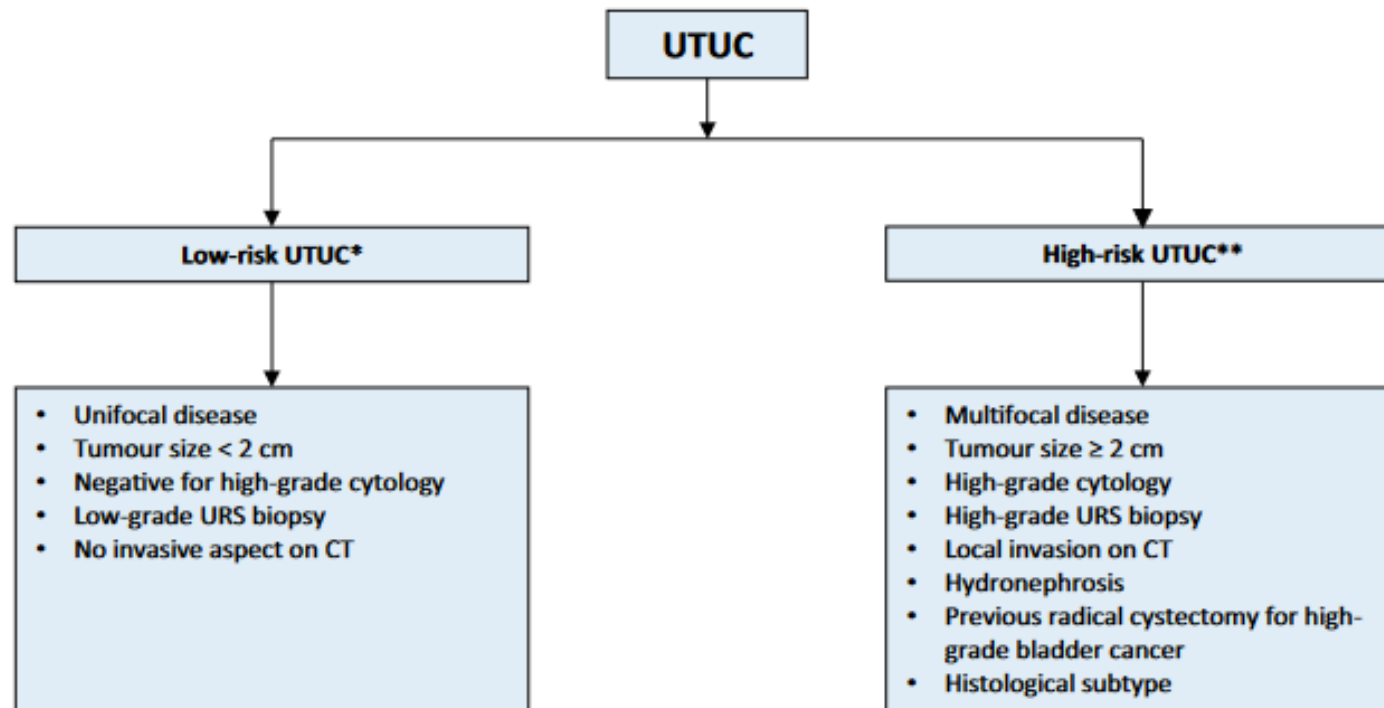
T - Primary tumour	
TX	Primary tumour cannot be assessed
T0	No evidence of primary tumour
Ta	Non-invasive papillary carcinoma
Tis	Carcinoma <i>in situ</i>
T1	Tumour invades subepithelial connective tissue
T2	Tumour invades muscularis
T3	(Renal pelvis) Tumour invades beyond muscularis into peripelvic fat or renal parenchyma (Ureter) Tumour invades beyond muscularis into periureteric fat
T4	Tumour invades adjacent organs or through the kidney into perinephric fat
N - Regional lymph nodes	
NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Metastasis in a single lymph node 2 cm or less in the greatest dimension
N2	Metastasis in a single lymph node more than 2 cm, or multiple lymph nodes
M - Distant metastasis	
M0	No distant metastasis
M1	Distant metastasis

Recommendations	Strength rating
Perform a urethrocystoscopy to rule out bladder tumour.	Strong
Perform a computed tomography (CT) urography for diagnosis and staging.	Strong
Use diagnostic ureteroscopy (preferably without biopsy) if imaging and/or voided urine cytology are not sufficient for the diagnosis and/or risk-stratification of patients suspected to have UTUC.	Strong
Magnetic resonance urography or ¹⁸ F-Fluorodeoxyglucose positron emission tomography/CT (to assess [nodal] metastasis) may be used when CT is contra-indicated.	Weak



RISK STRATIFICATION

Figure 6.1: Risk stratification of non-metastatic UTUC



CT = computed tomography; URS = ureteroscopy; UTUC = upper urinary tract urothelial carcinoma.

* All these factors need to be present.

**Any of these factors need to be present.

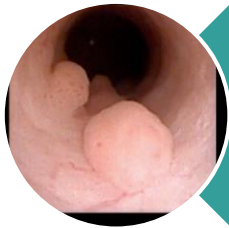
TREATMENT

EAU
European Association of Urology

Open to Debate **Con**

Conservative Treatment of Upper Urinary Tract Urothelial Carcinoma: Con

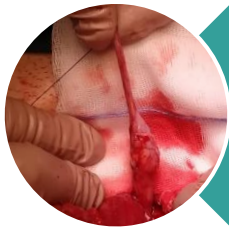
Maximilian Seles, Johannes Mischinger, Richard Zigeuner*
Department of Urology, Medical University of Graz, Graz, Austria



Endoscopic management



Segmental ureteral resection



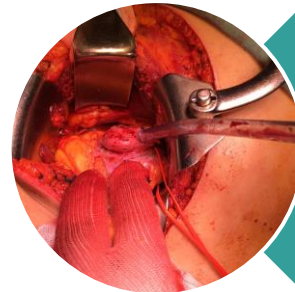
Distal ureterectomy with ureteroneocystostomy

Open Access Full Text Article

REVIEW

Optimal Management of Upper Tract Urothelial Carcinoma: Current Perspectives

This article was published in the following Dove Press journal:
Oncotargets and Therapy



Radical nephroureterectomy

The background features a complex geometric design with overlapping translucent shapes in shades of teal, purple, and blue. The shapes are angular and layered, creating a sense of depth and movement. The colors transition from a light teal on the left to a vibrant purple in the upper right, and a bright cyan in the lower right.

Thanks