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Urachal carcinoma: Multimodality treatment outcome, the MD Anderson experience- A retrospective study

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Objective: The urachal cancer (UrC) is a rare type of bladder cancer. The management of UrC is mainly surgical, the role of neoadjuvant and adjuvant chemotherapy is not well defined due to the rarity of this disease, the staging of this disease using Sheldon staging system is complicated and does not stratify recurrence risk well. Poor risk features in UrC is not well described. We report an analysis of the clinicopathologic features, treatment outcomes, and prognostic indicators of 174 cases.

Study Design & Method: We conducted a retrospective study of patients with a confirmed pathological diagnosis of UrC at MD Anderson Cancer Center between 1985 and 2016. The medical records were retrospectively reviewed for demographic, clinicopathological and treatment modalities including surgical and chemotherapeutic agents (type, number of cycles and lines of chemotherapy treatments) used and outcome information were collected. Median overall survival (OS) and recurrence-free survival (DFS) were calculated using Kaplan-Meier curves, and survival rates were compared by the log-rank test. The Cox proportional hazard model was used for univariate and multivariate estimation of hazard risk ratios and 95% confidence intervals (CI) for factors that correlated with survival and disease recurrence after resection.

Results: A total of 174 patients with pathologically confirmed UrC were identified and included. The characteristic of the 174 patients are summarized .The median age 49.9 years (22.8–81.8), with a male to female ratio of 1:1 (50.1%: 49.8%). 75.9% were white, 80.5% had a primary tumor in the bladder dome. Mucinous pathology was the most common histological type (51.7%). Eighty five patients (48.9%) had a locally advanced disease with local extension to the bladder (Sheldon stage 3A), followed by 4B distance *de novo* unresetable metastasis in 34 (19.5%) with 9 (26.5%) went to have consolidative surgery. Seventy patients (40.2%) had an en bloc surgical resection of the primary urachal ligament. Overall survival based was analysed based on Sheldon stage, the median overall survival of 2A (80 months), IIIA was 75 months which was superior to IIIB (30 months) , IIIC (30 months) , IIID (30 months), IVA (30 months), IVB (23 months). There is a clear separation between IIIA and IIIB-IVA and IVB, where IIIB with local extension to abdominal wall has similar survival to stage IVA where patients have metastases disease to the regional lymph nodes.

Conclusion: Following surgery for UrC, high risk criteria with poor outcomes include node positive, margin positive, peritoneum involvement, or lack of en-bloc resection of the umbilicus. Locally advanced disease (IIIB) has similar prognosis like advanced stage (IVA-B). We propose a new clinicopathological staging system that correlates with survival.

Biography

Humaid O Alshamsi is currently working as an Assistant Professor, University of Texas MD Anderson Cancer Center and is also positioned as an Assistant Clinical Professor, (Part Time) in the Department of Oncology at McMaster University. He has been a recipient of many awards and grants. His research experience includes various programs, contributions and participation at different countries for diverse fields of study. His research interests reflect in his wide range of publications in various national and international journals. His research interests include Oncology, Radiology, Hepatology, Clinical Oncology, etc.

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