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**INTRAVESICAL HYPERTHERMIC CHEMOTHERAPY
WITH MITOMYCIN C IN PATIENTS
WITH NON-MUSCLE-INVASIVE BLADDER CANCER,
INITIAL EXPERIENCE IN A SINGLE CENTER**

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Introduction. The EUA 2018 guidelines recommend that patients with high-risk NMIBC receive either intravesical BCG or radical cystectomy. BCG therapy is difficult to tolerate by patients and some patients are not suitable for cystectomy. The hyperthermic intravesical chemotherapy (HIVEC) can be an alternative method for this category of patients, and a large number of studies currently underway confirms this. HIVEC is presented in EAU Guidelines 2018 for non-muscle-invasive bladder cancer. We present the early results of our series in patients treated with COMBAT BRS-HIVEC recirculation system.

Objective. To study the efficacy and safety of adjuvant treatment of patients with non-muscle-invasive bladder cancer by using the method of hyperthermic intravesical chemotherapy of the bladder in adjuvant mode.

Material and methods. From March 2018 to February 2019, 9 patients (primary 5 and recurrence 4 tumors) with high risk NMIBC by EAU criteria were referred for a six-week course of intravesical 1 hour instillations of 40 mg Mitomycin-C at 43 °C, total 54 sessions of HIVEC were conducted. With a median follow-up of 7 months and a median age of 66 years (range 51–82) patients were analyzed. The

WHO 2004 grade was in high grade in all cases, in 2 cases were CIS, in 4 cases were multiple tumors. All patients underwent cystoscopy 4 weeks after the end of treatment, in 2 patients with multiple tumors an residual mass was detected, and therefore ReTURBT was performed. The tolerability and degree of therapeutic pathomorphism in patients with CI-67 in patients after ReTURBT was studied.

Results. All patients completed the six-week course. According to CTCAE v. 4.0 only 1 patient had adverse event grade 2 (fever) on cycle 2, 2 patients had adverse event grade 1 (bullous dermatitis) on cycle 3–4, all patients were well resourced treatment. After a pathomorphological study of early recurrent tumors after ReTURBT, a therapeutic pathomorphosis of grade II was observed and a decrease in expression of Ki-67 were observed 3 times.

Conclusions. Hyperthermic intravesical chemotherapy with Mitomycin-C has good tolerability and can be an effective alternative treatment option for patients with high risk NMIBC. Given the good therapeutic effect, confirmed pathomorphologically in the study of residual tumors, HIVEC can be used in multimodal organsparing treatment of bladder cancer in this group of patients.