AB048. Preoperative prognostic nutritional index and nomogram predicting recurrence-free survival in patients with primary non-muscle invasive bladder cancer without carcinoma in situ

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Background: To clarify the prognostic values of serum albumin and peripheral lymphocyte count in patients with non-muscle invasive bladder cancer (NMIBC) and establish a nomogram to predict recurrence-free survival (RFS).
Methods: The prognostic nutritional index (PNI) was calculated based on optimal cutoff values of 52.57. RFS was assessed using the Kaplan-Meier method and the equivalences of survival curves were tested. The Cox proportional hazards regression model was applied in univariate and multivariate analyses.
Results: In univariate analysis, age, tumor focality, tumor size, tumor grade, T stage and PNI were associated with RFS. And multivariate analysis identified PNI was an independent predictor for RFS in patients with NMIBC. And nomogram for the prediction of recurrence was developed.
Conclusions: The evaluation of PNI can be regarded as an independent prognostic factor for predicting RFS in patients with NMIBC. The nomogram could be useful for improving the personalized multidisciplinary therapy for patients with NMIBC.
Keywords: NMIBC; prognostic nutritional index (PNI); nomogram; prognosis

doi: 10.21037/tau.2017.s048

Cite this abstract as: Cui J, Chen S, Zhu K, Wang W, Shi B. Preoperative prognostic nutritional index and nomogram predicting recurrence-free survival in patients with primary non-muscle invasive bladder cancer without carcinoma in situ. Transl Androl Urol 2017;6(Suppl 3):AB048. doi: 10.21037/tau.2017.s048

AB049. Prognostic scores based on the preoperative plasma fibrinogen and serum albumin level as a prognostic factor in patients with upper urinary tract urothelial carcinoma

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Background: To clarify the prognostic value of preoperative plasma fibrinogen
and serum albumin level, as known as FA score, in a cohort of Chinese patients with upper urinary tract urothelial carcinoma (UTUC).
Methods: The FA score was calculated based on optimal cutoff values of 3.53 g/L for fibrinogen and 43.56 g/L for albumin. Overall survival (OS) and cancer specific survival (CSS) was assessed using the Kaplan-Meier method and the equivalences of the survival curves were tested by log-rank tests.
Results: In univariate analysis, Tumor size, tumor grade, T stage and preoperative FA score were significantly associated with OS and CSS, and multivariate Cox

proportional hazards regression analysis identified FA score was an independent predictor for OS and CSS.
Conclusions: The evaluation of preoperative FA score can be regarded as an independent prognostic factor for predicting OS and CSS of patients with UTUC. The fibrinogen and albumin levels are low cost, routine measured and easy accessibility in clinical practice.
Keywords: Urinary tract urothelial carcinoma (UTUC); plasma fibrinogen; serum albumin; prognosis

doi: 10.21037/tau.2017.s049

Cite this abstract as: Cui J, Zhang Z, Jiang X, Du J, Liu Y, Zhao H, Shi B. Prognostic scores based on the preoperative plasma fibrinogen and serum albumin level as a prognostic factor in patients with upper urinary tract urothelial carcinoma. Transl Androl Urol 2017;6(Suppl 3):AB049. doi: 10.21037/tau.2017.s049

AB050. Prognostic relevance of preoperative platelet-to-albumin ratio in patients with upper urinary tract urothelial carcinoma

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Background: The aim of this study is to assess the value of platelet-to-albumin ratio on overall survival (OS) and cancer specific survival (CSS) in patients with upper urinary tract urothelial carcinoma (UTUC).
Methods: We retrospectively evaluated 169 patients' clinicopathological data. The Kaplan-Meier analysis was used to assess the OS and CSS and test the equivalences of the curves by log-rank tests. Univariate and multivariate survival analyses were carried out using Cox proportional hazards regression model.
Results: Platelet-to-albumin ratio (PAR) was significantly associated with OS and CSS. Multivariate analyses revealed that PAR was an independent prognostic factor in patients with UTUC. Patients with high PAR value had a higher probability of OS and CSS, compared to patients with low PAR.
Conclusions: The platelet and serum albumin level are low cost and easy to obtain, PAR may be a useful independent prognostic factor in patients with UTUC.
Keywords: Urinary tract urothelial carcinoma (UTUC); platelet; albumin; prognosis

doi: 10.21037/tau.2017.s050

Cite this abstract as: Zhao H, Cui J, Li Y, Yu M, Zhang N, Wang S, Shi B. Prognostic relevance of preoperative platelet-to-albumin ratio in patients with upper urinary tract urothelial carcinoma. Transl Androl Urol 2017;6(Suppl 3):AB050. doi: 10.21037/tau.2017.s050

AB051. Simultaneous bilateral retroperitoneal laparoscopic nephron sparing surgery: a case report and evaluation of the technique

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Background: Bilateral renal cell carcinoma (RCC) is an extremely rare renal tumor, which even more infrequently presents with two different types of pathology.
Methods: Bilateral RCC is an extremely rare renal tumor, accounting for 3–4% of sporadic RCC. Bilateral and multifocal RCC are usually of a single histological type and infrequently of different types.
Results: Currently, nephron-sparing surgery (NSS) has become the standard for treating bilateral RCC, even for tumors greater than 4 cm. Laparoscopic NSS has developed