

Impact of delayed radical cystectomy following neoadjuvant chemotherapy on oncological outcomes in muscle-invasive bladder cancer

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BACKGROUND

Radical cystectomy (RC) after neoadjuvant chemotherapy (NAC) is standard of care for muscle-invasive bladder cancer, but the optimal NAC to surgery interval remains debated, particularly where operating room access is constrained.

RESULTS

Median age was 66 years (range: 58-77), with a male-to-female ratio of 4:1. Hematuria was the main reason for consultation (71.4%), followed by irritative/obstructive urinary symptoms (28.6%); 51.2% had tobacco exposure. Chemotherapy regimens included cisplatin-gemcitabine (90.4%) and carboplatin-gemcitabine (9.6%, cisplatin ineligible patients).

METHODS

Design: Retrospective, single-center cohort

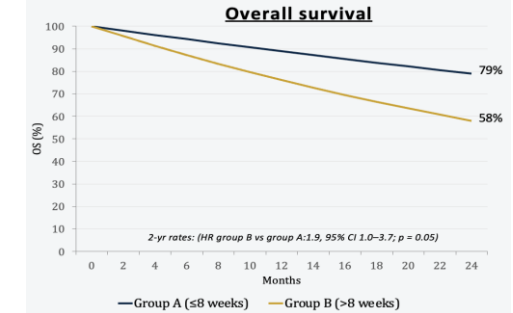
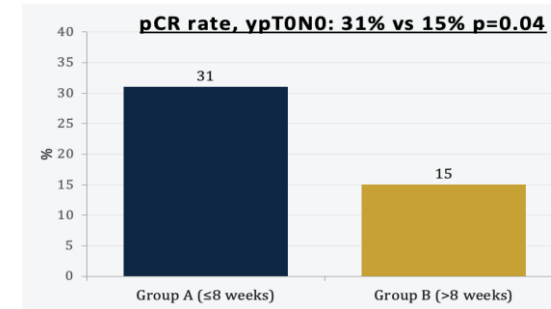
Population: 75 patients, MIBC (cT2–T4a, N0–N1, M0)

Period: Jan 2020–Dec 2023, Oncology department, Mohammed VI University Hospital, Marrakech

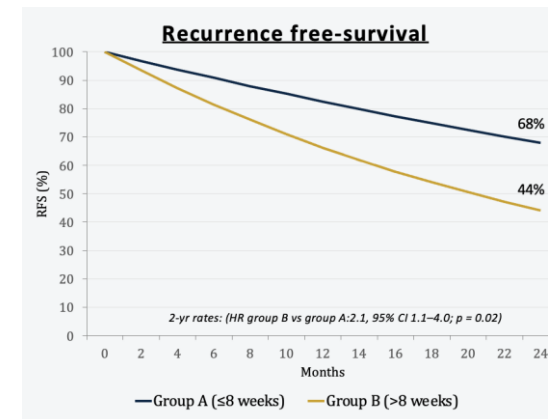
Treatment: Platinum-based NAC → RC; no adjuvant immunotherapy

Stratification factor: NAC to surgery interval:
Group A ≤ 8 wk (n=48) vs Group B > 8 wk (n=27)

Endpoints: ypT0N0, RFS, OS (Kaplan–Meier, Cox regression)



	Grp A	Grp B	p
Pathological CR	31%	15%	0.04
2-yr RFS	68%	44%	0.02
2-yr OS	79%	58%	0.05



CONCLUSIONS

A cystectomy delay exceeding 8 weeks after NAC was associated with significantly lower pathological complete response, RFS, and OS.

In resource limited settings, delays often reflect structural constraints rather clinical choice, highlighting the need for multidisciplinary tumor boards to optimize care coordination.

Multivariate analysis:

Delay > 8 weeks remained independently associated with recurrence (adjusted HR 1.9, 95% CI 1.0–3.6, p=0.04), adjusting for clinical stage and ECOG PS.