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Jody A. Charnow, Editor

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General News

# Lymphovascular Invasion Predicts Worse Outcomes

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Lymphovascular invasion (LVI) independently predicts both recurrence-free survival and cancer-specific survival in patients undergoing radical nephroureterectomy (RNU) for urothelial carcinoma of the upper urinary tract, researchers concluded.

At nine centers in European, Asia, and Canada, investigators studied 762 patients treated with RNU for upper tract urothelial carcinoma (UTUC) without neoadjuvant chemotherapy and without pathologic slide review. The researchers, led by Shahrokh F. Shariat, MD, of Memorial Sloan-Kettering Cancer Center in New York, found LVI in 148 patients (19.4%).

At a median follow-up of 34 months, disease recurred in 23.5% of subjects and 19.8% died from UTUC. The five-year recurrence-free survival and cancer-specific survival rates were 79.3% and 82.1%, respectively, in the absence of LIV compared with 45.1% and 45.8%, respectively, in the presence of LVI, Dr. Shariat's group reported in *European Urology* (2010; published online ahead of print).

LVI was associated with a 3.3 times increased risk of disease recurrence and a 5.9 times increased risk of death from UTUC. The researchers found no association between LVI and recurrence or cancer-specific survival among patients with lymph node metastases.

In subjects with pN0/Nx disease, LVI was independently associated with a twofold increased risk of disease recurrence and cancer-specific death.

“We externally validated that LVI is associated with established features of biologically and clinically aggressive UTUC and, more importantly, disease recurrence and cancer-specific mortality,” the authors concluded.

In addition, they advised: “LVI status should always be included in the pathologic report of RNU specimens, and patients with LVI should be considered for studies of adjuvant therapy following RNU.”

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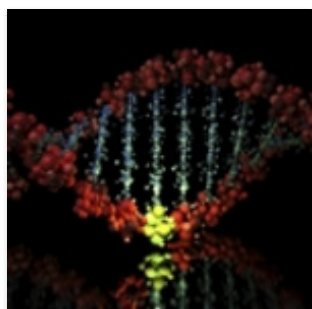


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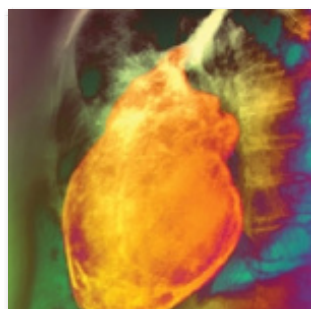


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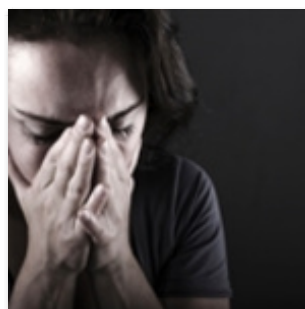
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