**Sample Abstract Guidelines:**

1. Abstract Content should be in English
2. The maximum word count should be 250-300 words
3. If your title includes scientific notation, Greek letters, bold, italics, or other special characters/symbols, do make sure they appear correctly.
4. Corresponding details of corresponding author should be correct which will be used for further communication.
5. Abstracts should highlight the major points of your research and should not include tables, figures and references.

**Format**

**Presentation title:**

Accuracy of FDG-PET/CT for response evaluation of Muscle-Invasive Bladder Cancer (MIBC) following neoadjuvant or induction chemotherapy.

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**LinkedIn:

Facebook:**

**Other Authors if any:**

**Presentation type:** Poster Presentation

**Abstract (250-300 words):**

Introduction: The standard treatment for muscle-invasive bladder cancer (MIBC) is neoadjuvant or induction chemotherapy (NAIC), followed by radical cystectomy. However, early monitoring of the primary tumor and lymph nodes response to NAIC is crucial for predicting patients’ prognosis and identifying partial or non-responders who may not benefit from subsequent radical cystectomy. While imaging techniques, such as FDG-PET/CT, have been extensively studied for diagnosing and staging primary tumors, their routine use as an evaluation tool after NAIC is not yet clearly established. The aim of the study is to confirm the diagnostic accuracy of a second FDG-PET/CT following NAIC prior to radical cystectomy for patients with localized MIBC.

Method: A total of 62 consecutive patients with MIBC, who underwent a pre-treatment FDG-PET/CT scan evaluation between April 2016 and September 2021 before being treated by NAIC were retrospectively enrolled in this study. The final cohort includes data from 45 patients who underwent a second FDG-PET/CT after NAIC and before radical cystectomy. Patients with no hypermetabolism in the bladder and lymph nodes on the second FDG-PET/CT were considered metabolic complete responders, while patients with no evidence of residual disease on histopathology were considered pathologic complete responders.

Result: FDG-PET/CT provided a sensitivity of 95% and specificity of 42% for the overall disease compared to histopathology; a sensitivity of 100% and specificity of 36% for the primary tumor only; a sensitivity of 97% and specificity of 30% for the lymph nodes only.

Conclusion: In this study, FDG-PET/CT provides over 95% sensitivity in diagnosing patients with residual disease after NAIC. Due to its higher sensitivity compared to other techniques, FDG-PET/CT can lead to a more accurate identification of patients who did not completely respond to chemotherapy and may require an alternative treatment pathway, thereby increasing their likelihood of survival.

**Biography (150-200 words):**

Dr Olivier Fitoussi is an experienced oncologist and hematologist working at Polyclinique Bordeaux Nord Aquitaine and specializes in advanced cancer care. With a commitment to personalized treatment, he actively contributes to research, evaluation and striving for optimal outcomes in oncology and hematology.