

# Supplementary Materials: Relationship between preoperative pyuria and bacille Calmette-Guerin treatment in intravesical recurrence after transurethral resection of high-risk, non-muscle invasive, bladder carcinoma: A retrospective study of human data

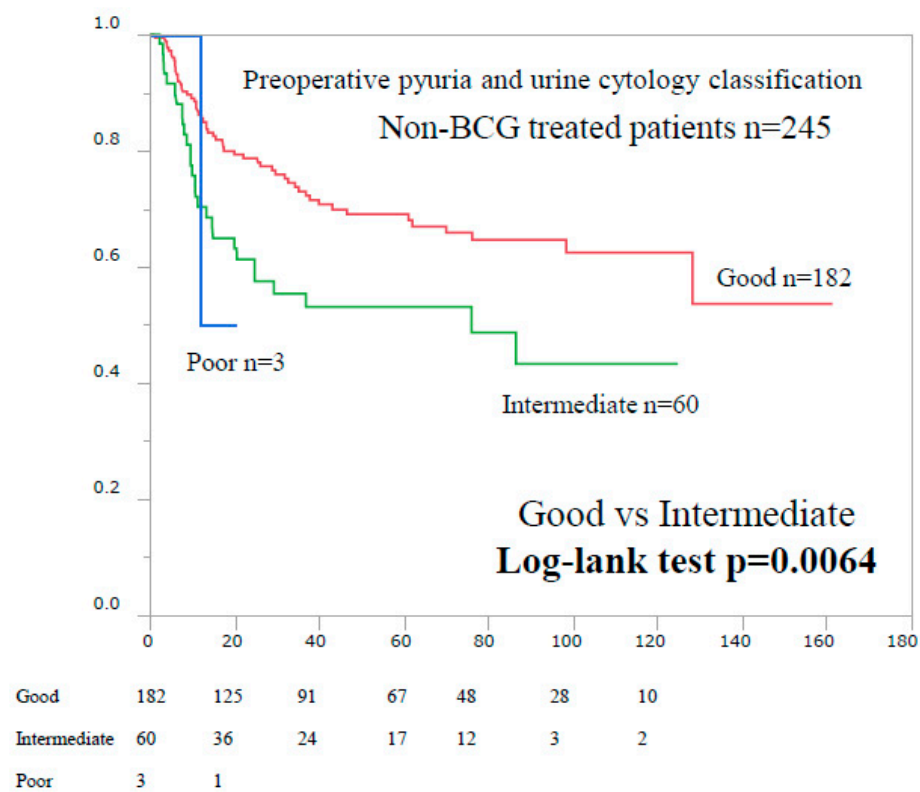
Ryo Tsukamoto, Tomokazu Sazuka, Yoshinori Hattori, Hiroaki Sato, Takayuki Arai, Yusuke Goto, Yusuke Imamura, Shinichi Sakamoto and Tomohiko Ichikawa

**Table S1.** BCG treated patients subdivided according to the presence of preoperative pyuria.

		<b>Total n=179</b>	<b>Pyuria present (n=45)</b>	<b>Pyuria absent (n=134)</b>	<b>P-value</b>
Age	Mean (range)	73(38-89)	75(56-89)	73(38-87)	0.0841
Sex	Male	141(78.8)	35(77.8)	106(79.1)	0.8506
	Female	38(21.2)	10(22.2)	28(20.9)	
Preoperative cytology	Positive	55(30.7)	16(35.6)	39(29.1)	0.417
	Negative	124(69.3)	29(64.4)	95(70.9)	
Grade	High	160(89.4)	39(86.7)	121(90.3)	0.4938
	Low	19(10.6)	6(13.3)	13(9.7)	
Pathological T stage, n (%)	T1	64(35.8)	20(44.4)	44(32.8)	0.1598
	Others	115(64.2)	25(55.6)	90(67.2)	
Concomitant CIS	Present	32(11.6)	8(17.8)	25(18.7)	0.8938
	Absent	147(88.4)	37(82.2)	109(81.3)	

**Table S2.** non-BCG treated patients subdivided according to the presence of preoperative pyuria.

		<b>Total n=245</b>	<b>Pyuria present (n=38)</b>	<b>Pyuria absent (n=207)</b>	<b>P-value</b>
Age	Mean (range)	72(39-94)	71(50-90)	75(39-94)	0.3462
Sex	Male	195(79.6)	23(60.5)	172(83.1)	0.0015
	Female	50(20.4)	15(39.5)	35(16.9)	
Preoperative cytology	Positive	217(88.6)	3(7.9)	25(12.1)	0.4563
	Negative	28(21.4)	35(92.1)	182(87.9)	
Grade	High	165(67.3)	30(78.9)	135(65.2)	0.0971
	Low	80(32.7)	8(21.1)	72(34.8)	
Pathological T stage, n (%)	T1	45(18.4)	12(31.6)	33(15.9)	0.0221
	Others	200(81.6)	26(68.4)	174(84.1)	
Concomitant CIS	Present	15(6.1)	1(2.6)	15(7.2)	0.2899
	Absent	230(38.8)	37(97.4)	192(92.8)	



**Figure S1.** Intravesical recurrence-free survival rates after trans-urethral resection of bladder tumors in non-BCG treated patients according to preoperative pyuria and cytology status. Low risk: cytology (-) and pyuria (-); intermediate risk: cytology (+) and pyuria (-)/cytology (-) and pyuria (+); high risk: cytology (+) and pyuria (+). Rates were estimated using the Kaplan-Meier method.