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Metastatic Bladder Carcinoma in an Elderly
DISCLOSURE OF INTEREST

- None
Patient Profile / Course

- 76 year-old male with no known co-morbidities, ECOG 1
- Came in due to lower urinary tract symptoms of one year duration
- Consulted a urologist who requested for whole abdominal ultrasound
  - Ultrasound revealed a suspicious soft tissue mass in the supero-posterior aspect of urinary bladder lumen measuring 2.8 cm x 1.4 cm x 2.1 cm
Course

- S/P Transurethral Resection of Bladder Mass (October 2018)
  - Urothelial (Transitional) Cell Carcinoma, High-grade
Course

- S/P Radical Cystoprostatectomy with Ileal Conduit (February 2019)
  - Invasive urothelial carcinoma, high-grade, involving the left lateral, anterior, posterior wall, dome, and trigone with macroscopic infiltration into the perivesical tissues, transmural infiltration of the prostate and direct extension into the right ureter; extensive lymphovascular space invasion is seen
  - Positive for tumor: 1 right perivesicle lymph node; multiple tumor nodules in the perivesicle fat
  - Negative for tumor: ureteral, urethral and soft tissue margins, seminal vesicles and margin of resection
  - Background of ureteral carcinoma in-situ and cystitis cystica et glandularis, right lateral bladder wall
  - Stage IIIB (pT4aN2Mx)
Course

- Referred to a medical oncologist for adjuvant treatment, however, lost to follow-up
- In the interim:
  - Unintentional weight loss, decrease in appetite
  - Bilateral neck masses noted, hence, consult
- Seen by a medical oncologist who requested for chest CT scan and whole abdominal CT scan to determine extent disease
Course

- Chest CT scan:
  - Unremarkable

- Whole abdominal CT scan:
  - Inhomogenous pelvic mass, measuring 3.7 cm x 5.1 cm x 5.9 cm, consider tumor recurrence
  - Hepatomegaly with multiple hypodense nodules of various sizes suggestive of metastasis
Plan

- Palliative chemotherapy with Gemcitabine and Carboplatin (Cisplatin ineligible) vs Best Supportive Care
ESMO Preceptorship Programme