Clinical cases in bladder cancer: Adherence to the ESMO Clinical Practice Guidelines

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CLINICAL CASE 1
CLINICAL CASE 1

PATIENT:

- Male, 55 years
- History of painless macrohematuria since February 2008 (4 episodes in 3 weeks)
- Cystoscopy 01.03.2008 – 3 cm tumor in the trigone of the bladder
- TNM – cT1N0M0
QUESTION 1: What would you do next?

1. TURB

2. TURB + intravesical bacillus Calmette-Guerin (BCG) immunotherapy

3. TURB + intravesical chemotherapy

4. Cystectomy
13.03.2008 – East Tallinn Central Hospital
- TURB + intravesical epirubicin, one installation
- Tumor size 3 cm
- Transitional cell carcinoma Grade 1-2, suspicion of muscle invasion

14.04.2008
- re-TURB
- Histologically no cancer cells detectable
- Cystoscopy every 3 – 4 months
May 2009:
- Follow-up cystoscopy
- Tumor recurrence
- Asymptomatic

June 2009:
- TURB – tumor infiltrates the wall of the bladder
- Abdominal US: metastatic node in right para-iliac region
QUESTION 2: What treatment to apply?

1. Neoadjuvant chemotherapy + surgery
2. Surgery alone
3. Surgery + adjuvant chemotherapy
4. External beam radiotherapy
5. Chemotherapy
July 2009:

- Cystoprostatectomy and bilateral para-iliac lymphadenectomy, Bricker’s conduit

- Histology – Transitional cell carcinoma Grade 1

- TNM – pT3bN2M0
Adjuvant chemotherapy (Aug 2009 - Jan 2010)
- 6 cycles of gemcitabine + cisplatin
- → Follow-up

February 2010:
- Whole body CT-scan – no tumor spread

26th June 2010:
- Whole body CT-scan – metastases in both lungs and hilar lymph nodes
- No symptoms, no complaints
CLINICAL CASE 1 cont.

June 2010

Courtesy of North Estonia Medical Centre
Patient was sent to the North Estonia Medical Centre, Tallinn

August 2010 – asymptomatic, no complaints
  - ECOG = 0
  - No renal function impairment; GFR 93mL/min

Multidisciplinary meeting – palliative chemotherapy recommended
QUESTION 3: Which chemotherapy regimen would you recommend?

1. Single-agent chemotherapy
2. Cisplatin-based combination chemotherapy
3. Carboplatin-based combination chemotherapy
4. Non-platinum combination chemotherapy (gemcitabine + paclitaxel)
3 cycles of cisplatin + paclitaxel combination CT Aug ’10 – Oct ’10

- Patients ECOG-0; little pain in right shoulder

- Whole body CT – good response to treatment

- SPECT – no bone metastasis, arthrotic right acromioclavicular joint

- Patient refused to continue chemotherapy, because he went to work abroad for 2 months
CLINICAL CASE 1 cont.

June 2010

October 2010

Courtesy of North Estonia Medical Centre
January 2011:
  - Pain in the right hip

March 2011:
  - MRI – recurrent disease
    - right pelvic wall, right iliacal LNs, multiple bone metastases
  - Patient’s ECOG = 1
CLINICAL CASE 1 cont.
CLINICAL CASE 1 cont.
QUESTION 4: What treatment to apply?

1. Palliative radiotherapy
2. Chemotherapy
3. Palliative radiotherapy + chemotherapy if patient’s PS is good
22.03.2011 - 15.04.2011:

- Palliative radiotherapy
- Right iliacal and inguinal region 18 x 2.5Gy
- Total dose 45 Gy
- Pain management improved
- ECOG = 1
May 2011:

- Whole body CT-scan: disease progression
- Performance status deteriorates rapidly

Courtesy of North Estonia Medical Centre
CLINICAL CASE 1 cont.
Best supportive care

Patient died a couple of weeks later
CLINICAL CASE 2
CLINICAL CASE 2

PATIENT

- Male, 65 years
- History of macrohematuria (6 episodes in 4 weeks before attending an urologist)
- Clinically diagnosed (cystoscopy + whole body CT-scan) cT3N0M0
- Histologically confirmed transitional cell carcinoma Grade 3
TRANSITIONAL CELL CARCINOMA G 3

blood vessels
lymphocytes
infiltrative tumour nests
atypical mitosis
papilla

Courtesy of North Estonia Medical Centre
QUESTION 1: How to treat this patient?

1. Radical surgery
2. Neoadjuvant chemotherapy + surgery
3. Pre-operative radiotherapy + surgery
CLINICAL CASE 2 cont.

- Neoadjuvant treatment with 3 cycles of MVAC
- Cystoprostatectomy with bilateral lymph node dissection
- Histologically no evidence of cancer cells found in any of the removed tissue.
QUESTION 2: What would you do next?

1. Adjuvant chemotherapy
2. Adjuvant radiotherapy
3. Follow-up
QUESTION 3: How often would you follow-up this patient?

1. Every month during the first 2 years and subsequently every 3 months for 5 years

2. Every 3 months during the first 2 years and subsequently every 6 months for 5 years

3. Every 6 months during the first 2 years and subsequently once a year for 5 years
THANK YOU!