Multidisciplinary management of patients with MIBC

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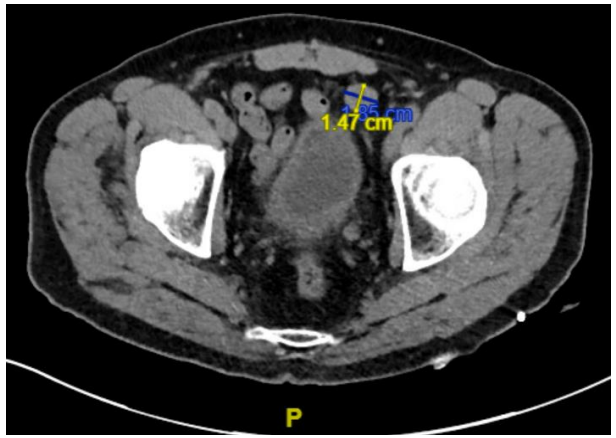
Conflicts of interest

- Maria De Santis
  - Receipt of honoraria or consultation fees: AAA, Accord, Amgen, Astellas, AstraZeneca, Basilea, Bayer, Bioclin, BMS, EISAI, Exeixis, Ferring, Immunomedics/Gilead, Ipsen, Janssen, MSD, Merck, Novartis, Pfizer, Pierre Fabre Oncology, Roche, Sandoz, Sanofi, SeaGen
- Ananya Choudhury
  - Research funding: CRUK, PCUK, MRC, NIHR, PCUK, Elekta AB; honoraria: Bayer PLC, Janssen, AZ, ASTRO, ASCO, Roche, Merck; editor in chief: BMJ Oncology
- Alexandra Drakaki
  - Receipt of grants/research supports: KITE Pharma
  - Receipt of honoraria or consultation fees: Astra Zeneca
  - Advisory Boards: Genentech-Roche, SeaGen, Astra Zeneca, AVIO, Exelixis, Janssen, Merck, PACT Pharma, Nektar, Infinity
- Tobias Klatte
  - Receipt of honoraria or consultation fees: Pfizer, Merck, Bristol-Myers Sqibb

Real world patient case: 72 yo male with haematuria

Patient characteristics

- ECOG PS: 0
- GFR: 32 ml/min
- Medical history: diabetes, rectal cancer 20 years ago post chemoRT



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Haematuria work-up

CT Urogram

At least cT3N1M0 with left-sided hydronephrosis

TURBT histology

Poorly differentiated invasive UC of the bladder and infiltration of the muscle layer: **at least pT3**

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Staging

- Locally advanced bladder tumour with regional isolated node
- cT3N1M0

What's next?

How would you approach this patient?

A. Immediate RC followed by systemic therapy if available

B. Nephrostomy tube placement hoping for kidney function recovery followed by cisplatin-based neoadjuvant chemotherapy

C. Trimodality therapy for bladder preservation

D. Carboplatin- or IO-based neoadjuvant therapy followed by cystectomy

E. Clinical trial if available

How would you approach this patient?

A. Immediate RC followed by systemic therapy if available

   Adjuvant chemotherapy/immunotherapy?

B. Nephrostomy tube placement hoping for kidney function recovery followed by cisplatin-based neoadjuvant chemotherapy

C. Trimodality therapy for bladder preservation

D. Carboplatin- or IO-based neoadjuvant therapy followed by cystectomy

E. Clinical trial if available

How would you approach this patient?

A. Immediate RC followed by systemic therapy if available

B. Nephrostomy tube placement hoping for kidney function recovery followed by cisplatin-based neoadjuvant chemotherapy

What cut-off to use for cisplatin? Split dose cisplatin?

C. Trimodality therapy for bladder preservation

D. Carboplatin- or IO-based neoadjuvant therapy followed by cystectomy

E. Clinical trial if available

How would you approach this patient?

A. Immediate RC followed by systemic therapy if available

B. Nephrostomy tube placement hoping for kidney function recovery followed by cisplatin-based neoadjuvant chemotherapy

C. Trimodality therapy for bladder preservation

What is best agent if GFR <40 ml/min? If GFR>40 ml/min? If GFR>60 ml/min?

D. Carboplatin- or IO-based neoadjuvant therapy followed by cystectomy

E. Clinical trial if available

How would you approach this patient?

A. Immediate RC followed by systemic therapy if available

B. Nephrostomy tube placement hoping for kidney function recovery followed by cisplatin-based neoadjuvant chemotherapy

C. Trimodality therapy for bladder preservation

D. Carboplatin- or IO-based neoadjuvant therapy followed by cystectomy

PURE-01, ABACUS, non-cisplatin-based neoadjuvant trials

E. Clinical trial if available

How would you approach this patient?

A. Immediate RC followed by systemic therapy if available

B. Nephrostomy tube placement hoping for kidney function recovery followed by cisplatin-based neoadjuvant chemotherapy

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E. Clinical trial if available

International trials in the neoadjuvant cisplatin-(in)eligible setting

Real world patient case: 72 yo male with haematuria

- Underwent nephrostomy tube placement without kidney function recovery
- Enrolled into the neoadjuvant cisplatin ineligible clinical trial “VOLGA” and started on durvalumab + tremelimumab + enfortumab vedotin * 3 cycles
  - Had downstaging to TaN1M0 (residual disease in node was 0.3 cm)
  - Adjuvant immunotherapy was offered as part of the trial