

Case discussion: Oligometastatic bladder cancer

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7th edition

**GLOBAL
CONGRESS
ON BLADDER
CANCER**



Conflicts of interest

- Valérie Fonteyne
 - Grants/research support: Ipsen
 - Honoraria or consultation fees: Ipsen, Janssen, BMS, Astellas
- Kilian Gust
 - Receipt of grants/research supports: BMS
 - Receipt of honoraria or consultation fees: Astellas, Astra Zeneca, BMS, Cepheid, Ferring, Ipsen, Janssen, Merck, MSD, Pfizer, Roche
 - Other: Allergan, Astellas, Astra Zeneca, Bayer, BMS, Janssen, Merck, MSD, Novartis, Pfizer, Pierre Fabre, Roche
- Ursula Vogl
 - Grants/research supports: Fond'Action
 - Honoraria or consultation fees (institutional): Bayer, Merck, Astellas, Janssen, Sanofi, Novartis AAA, MSD, BMS, Ipsen, Roche, Healthbook
 - Honoraria or consultation fees (personal): SAMO, OEGHO, Inselspital Bern, Kantonsspital Aarau, Kantonsspital Chur, Healthbook

Muscle invasive urothelial cancer with a suspicious para-aortic lymph node

Patient case 1



Case 1: female, 74 yo at diagnosis, ECOG PS 0

- **03/2022: muscle invasive urothelial cancer of the bladder**
 - G3 pT2 cN0 cM0 on conventional imaging BUT
 - FDG-PET/CT: a suspicious para-aortic lymph node with diameter 1 cm

Question 1: According to you, this patient has?

- Non-metastatic disease since it was not detected on conventional imaging
- Metastatic disease
- Oligometastatic disease

Question 2: What would offer your patient?

- Cisplatin based chemotherapy in a palliative setting as patient is metastatic
- Neo-adjuvant chemotherapy + radical therapy and follow up of the lymph node
- Neo-adjuvant chemotherapy + radical therapy + local treatment of the para-aortic lymph node
- Radical therapy + adjuvant therapy
- Radical therapy + local treatment of the para-aortic lymph node

Question 3: If you would consider a radical treatment: which treatment option would you prefer?

- Radical cystectomy
- Trimodality therapy
- No radical therapy

Question 4: If you opted for radical surgery, would you consider an adjuvant therapy?

- No
- Yes: adjuvant chemotherapy
- Yes: adjuvant immunotherapy
- Yes: adjuvant radiotherapy
- Yes: adjuvant chemoradiotherapy

Question 5: If you opted for (adjuvant) radiotherapy, what would be your treatment field ?

- Pelvic radiotherapy and high dose radiotherapy to the PET-positive lymph node
- Pelvic radiotherapy + para-aortic radiotherapy with a boost to the PET-positive lymph node
- High dose radiotherapy to the PET-positive lymph node with prophylactic pelvic or para-aortic radiotherapy

Metachronous oligometastatic urothelial cancer (lung metastases)

Patient case 3



Case 3: male, 74 yo at diagnosis, ECOG PS 0

Diagnosis

11/2020 Muscle-invasive UCa of the bladder

- UCa with papillary component
- pT2 cN0 cM0, G3
- Cisplatin-fit
- PDL-1 status:
 - SP263: 90%
 - IC3 >10%
 - CPS >50

Case 3: male, 74 yo at diagnosis, ECOG PS 0

Diagnosis	Treatment
<p>11/2020 Muscle-invasive UCa of the bladder</p> <ul style="list-style-type: none">• UCa with papillary component• pT2 cN0 cM0, G3• Cisplatin-fit• PDL-1 status:<ul style="list-style-type: none">• SP263: 90%• IC3 >10%• CPS >50	<p>NAC not offered or discussed at external institution</p> <p>9/12/2020 RC with PLND and ileal conduit:</p> <ul style="list-style-type: none">• pT2, pN0 (0/39), L0, V0, Pn0, R0, cM0, G3 <p>Adjuvant chemotx not offered</p>

Case 3: male, 74 yo at diagnosis, ECOG PS 0

Diagnosis	Treatment	Follow-up
<p>11/2020 Muscle-invasive UCa of the bladder</p> <ul style="list-style-type: none">UCa with papillary componentpT2 cN0 cM0, G3Cisplatin-fitPDL-1 status:<ul style="list-style-type: none">SP263: 90%IC3 >10%CPS >50	<p>NAC not offered or discussed at external institution</p> <p>9/12/2020 RC with PLND and ileal conduit:</p> <ul style="list-style-type: none">pT2, pN0 (0/39), L0, V0, Pn0, R0, cM0, G3 <p>Adjuvant chemotx not offered</p>	<p>03/2021 1st follow-up CT: negative</p> <p>06/2021 2nd follow-up CT: negative</p> <p>11/2021 3rd follow-up CT: 2 pulmonary lesions</p> <ul style="list-style-type: none">Left upper lobe (15x14 mm)Right middle lobe (19x13 mm) <p>12/2021 FDG-PET: confirmed presence of 2 pulmonary lesions (<2 cm)</p> <p>20.12.2021 Thoracoscopy and wedge resection of lesion at upper left lobe: metastasis of urothelial primary</p>

Case 3: male, 74 yo at diagnosis, ECOG PS 0

Diagnosis	Treatment	Follow-up
<p>11/2020 Muscle-invasive UCa of the bladder</p> <ul style="list-style-type: none"> UCa with papillary component pT2 cN0 cM0, G3 Cisplatin-fit PDL-1 status: <ul style="list-style-type: none"> SP263: 90% IC3 >10% CPS >50 	<p>NAC not offered or discussed at external institution</p> <p>9/12/2020 RC with PLND and ileal conduit:</p>	<p>03/2021 1st follow-up CT: negative</p> <p>06/2021 2nd follow-up CT: negative</p> <p>11/2021 3rd follow-up CT: 2 pulmonary lesions</p> <ul style="list-style-type: none"> Left upper lobe (15x14 mm) Right middle lobe (19x13 mm) <p>confirmed presence of 2 pulmonary lesions (< 2cm)</p> <p>20.12.2021 Thoracoscopy and wedge resection of lesion at upper left lobe: metastasis of urothelial primary</p>
<p>Time from primary diagnosis to metastasis: 1 year</p> <p>Metachronous oligometastatic UCa</p>		
	Adj chemotx not offered	

Metachronous oligometastatic UCa (2 lung lesions)

- SUMMARY

- Recurrent oligometastatic disease (1 year from primary diagnosis of UCa and RC)
- 2 pulmonary lesions (1 resected for diagnosis)
- No neoadjuvant and adjuvant chemotherapy
- ECOG PS 0
- Busy worklife (lawyer)

Metachronous oligometastatic UCa (2 lung lesions)

- OPEN QUESTIONS

12/2021 What to do?

