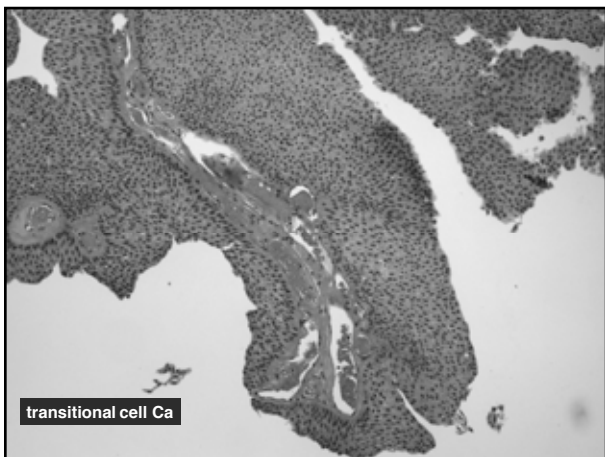


Panel: A Case-based Approach to the Management of Bladder Cancer

~ Moderator: Robert Donohue, MD | Panel: David C. Beyer, MD • E. David Crawford, MD • Donald L. Lamm, MD • Paul D. Maroni, MD



Bladder cases #1

- 65 - gross hematuria
- CT extensive tumor
- 1st TURBT – incomplete TURBT
resected 50%; slides 1 / Ta
- 2nd TURBT – resect remainder
only small am't; slides 1 / Ta
- 3rd TURBT – second look,
slides; negative for tumor

THE VALUE OF A SECOND TRANSURETHRAL RESECTION IN EVALUATING PATIENTS WITH BLADDER TUMORS

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J.U. 162: 24, 1999

REPEAT TRANSURETHRAL RESECTION TO EVALUATE BLADDER TUMORS

TABLE 1. Comparison of bladder tumor stage after first and second transurethral resections

Stage at First Transurethral Resection	No. Pts.	No. Stage at Second Transurethral Resection (%)			
		T0	Ta/T1a	T1	T2
T0	20	4 (20)	8 (40)	4 (20)	2 (10)
Ta	18	5 (28)	7 (39)	4 (22)	1 (5)
T1:	58	13 (22)	15 (26)	14 (24)	8 (14)
Muscle	35	9 (26)	11 (31)	10 (29)	5 (14)
No muscle	23	4 (17)	4 (17)	4 (17)	11 (49)
T2	54	12 (22)	7 (13)	5 (9)	30 (55)
Totals	150	36 (24)	37 (25)	38 (25)	39 (26)



Bladder cases #1

65 - gross hematuria
instillational chemotherapy
after each resection ?
“second” look ?
q 3 or 6 month follow-up ?

Management of Low Grade Papillary Bladder Tumors

Harry W. Herr,* S. Machele Donat and Victor E. Reuter
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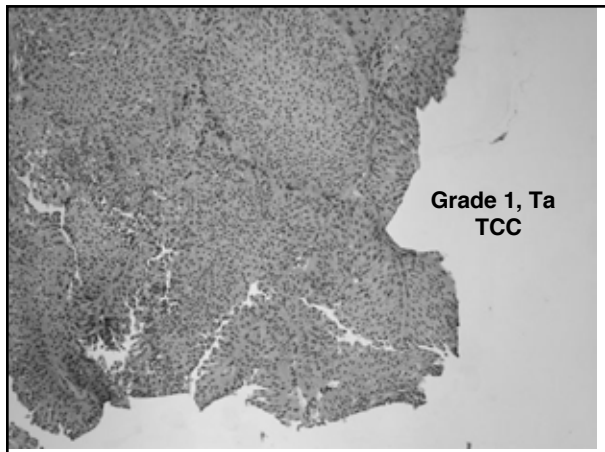
JU 178: 1201, 2007

Bladder case #1

increase time interval of cystos,
reduce or eliminate ambulatory
TURBT procedures,
do office fulgurations,
 < five tumors; < 0.5 cms, size
 Herr

Bladder cases #2

77 – gross hematuria for two
 months, 2007
2007 – 1 / Ta, M. propria negative
2009 – 1 / Ta
2009 – 2 / T1, M. propria, negative



Bladder cases #2

TURBT 3 recurrent tumors
immediate ChRx instillation
When to start BCG induction
dose, frequency, duration,
 second course, 3 or 6 weeks ?
 maintenance ?
1 year, 3 years, 7 years

Bladder cases #2

TURBT 3 recurrent tumors
3 instillations of BCG with
induction; week 4 - UA nitrite +,
Leuk esterase +, 50 WBCs/ hpf
UTI ? c/s sent; negative,
serial urinalyses; Leuk esterase +,
w5 >50 WBCs, >20 WBCs, > 20 WBCs
3 week hiatus ? What to do?

Bladder cases #3

64 – microscopic hematuria
recurrent tumor, 2 / Ta
maintenance chemotherapy
7 year plan
3 week therapy every six months;
cystoscopy and cytology q 3 mths
instillation Tuesday;
104* fever Friday, Sat, Sun

Bladder cases #3

64 – microscopic hematuria
instillation Tuesday; NB c-i-c,
warned about fever above 100*
104* fever Friday, Sat, Sun,
Monday, E.R. R3 sees patient;
only test I wanted was urine c/s
BCG, Gram neg or Enterococcus
only test not done but ordered

Bladder cases #3

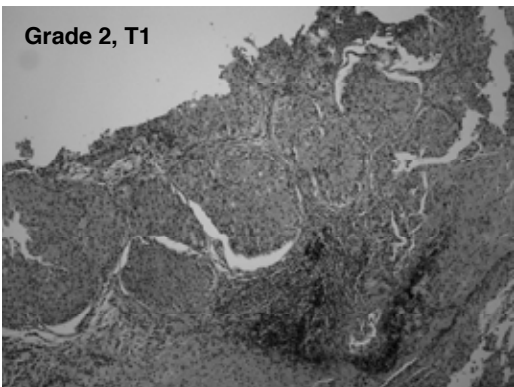
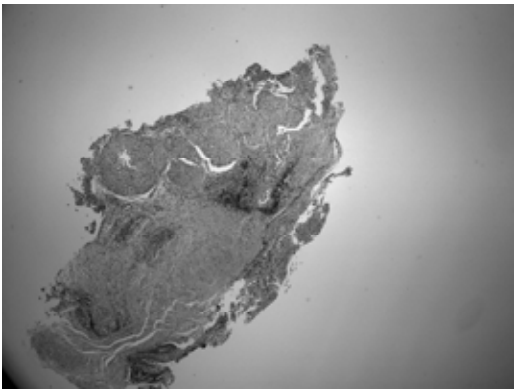
64 – microscopic hematuria
3 or 6 months of anti-tuberculous
therapy ?
restart BCG, normal dose ?
1/100 dose ?
switch to alpha-Interferon ?
switch to BCG + alpha-Interferon ?
Mitomycin C ?
Gemcitabine ?

Bladder cases #4

71 – 2000 - gross hematuria, smoker,
TURBT 1-2 / Ta
BCG x 2years,
Oncovite x 4 years
no recurrence
LFTs abnormal – 2004
Ampulla of Vater tumor,
Whipple, Miami

Bladder cases #4

75 - 2005
recurrent tumor, 1 / Ta
LFTs are normal, NED surgery
78 - 2008
recurrent tumor, 2 / T1



Bladder cases #4

78 - 2008

recurrent tumor, 2 / T1

instillational ChRx, ?

restart BCG, ?

induction, maintenance

Oncovite ?

Bladder cases #5

68 - gross hematuria

cystoscopy

bladder negative

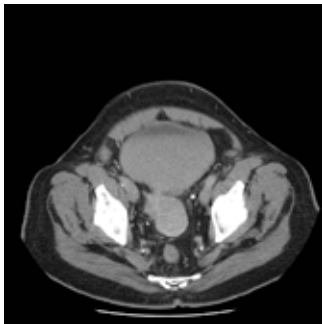
diverticulum, tumor

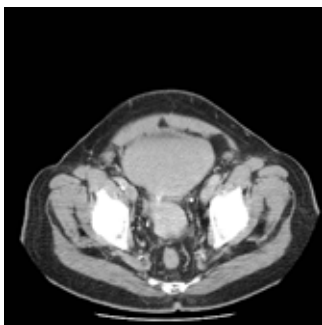
co-morbidities

Hpt, DM II, overweight, diverticulitis

TURBT; diverticular tumor, 2/T1

bladder mapping, negative



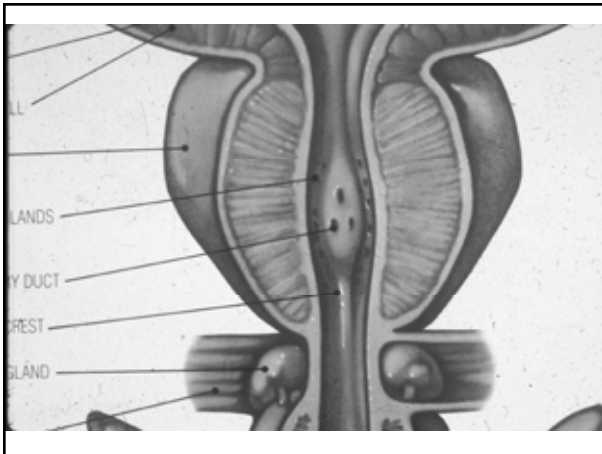


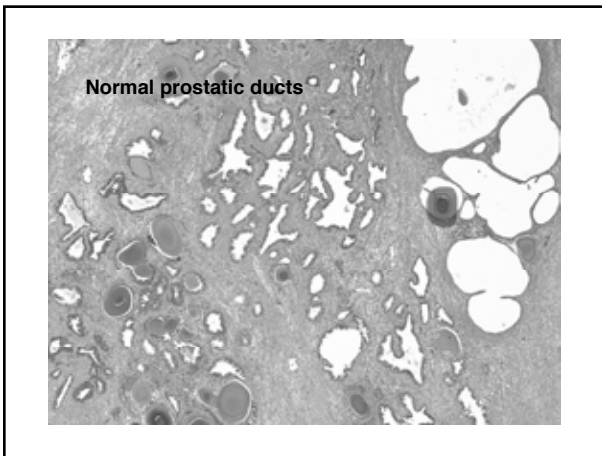
Bladder cases #5

bladder mapping negative
Where do we take biopsies ?
How many ? Technique ?
what about prostatic urethra ?
WHERE ?

Bladder cases #5

distal prostatic urethra
WHY ?
ductal invasion ?
stromal invasion ?
stromal invasion has a terrible
prognosis !





Bladder cases #8

Grade 3 / T2

55, needs time for business

role of neo-adjuvant ChRx,

What Chemotherapy ?

MVAC ?

MVC ?

GC ?

PC ?

Bladder cases #8

lymph node dissection extent ?

obturator, hypogastric, external

iliac and 2 cm common iliac nodes

pre-sacral nodes

inter aortic bifurcation nodes

nodes pre and para aorta and

vena cava to level of Inferior

Mesenteric Artery

separate node samples Yes, No

Bladder cases #8

Grade 3 / T2

cystectomy pTo in bladder

ileal conduit

stage, prostate invasion, No,

ChRx ? follow-up

Remember upper tracts!

Cytology? When ? Technique ?

Bladder cases #9

59, bartender –

former mayor of the town,

heavy smoker,

saloon owner,

acute urinary retention from

clots,

Bladder cases #10

64, gross hematuria Grade 3 / T2
options

repeat TURBT

chemotherapy

cystectomy

bladder preservation

ChRx + ChXRT

neo-adjuvant ChRx + cystectomy

Bladder cases #10

64, gross hematuria Grade 3 / T2

repeat extensive TURBT

negative for tumor

Patient elected surveillance !

