

TURBT modern

office cystoscopy, cytology,
CT Scan before TURBT, [ugly]
TURBT – biopsy only, slides
TURBT – single, complete, slides
TURBT -- staged, multiple, slides
TURBT* – second look, slides
*[all tumor gone or recent referral]

Transitional Cell Carcinoma

persistence –inadequate TURBT
size, multi-focality, patient co-
morbidities, location[s] of tumor
skill of M.D.
recurrence is a new tumor !
But
T1 is superficially invasive
c-i-s, untreated, invasive in 5 years

Transitional Cell Carcinoma

recurrence and progression

Grade	multi-focality 5X
1 50% [3 yrs]	size 35X
2 58%	
3 72%	c-i-s worsens all the others
Stage	
Ta 48%	30% progress
T1 84%	Heney UCNA 1992

TURBT modern

1999 Herr – second look
2000 Solsona – post-op ChRx
2004 Silvester – post-op ChRx
2000 Lamm – maintenance BCG
1999 Hurle – upper tract studies
2002 O'Donnell – BCG +/- alpha IFN
2004 Herr – office fulguration
2007 Herr – low grade, papillary TCC

TURBT

peri-operative

immediate OR or PACU [RR] drug,
Mitomycin C
40 mg in 20 ccs saline
concentration
alkalinization of urine
dehydrated patient
30' – 60' bladder time

TURBT

peri-operative

Mitomycin C
more effective with single tumors
single 35.8% recurrence
multiple 65.2% recurrence
5% American Urologists use this Rx
Sylvester
JU 171; 2186, 2004

TURBT

induction and maintenance rules
NPO after midnight,
negative urinalysis,
atraumatic catheterization,
gravity flow, minimum volume,
retain agent for two hours,
rotate patient, [keep him awake]

Induction BCG

one or two courses
BCG q week x 6 weeks
cystoscopy / cytology 6 weeks later
negative; proceed to maintenance
positive; q week x 3 weeks [20%]
cystoscopy / cytology 9 weeks later
negative; maintenance
positive; cystectomy or other RX

Muscle Invasive TCC

currently

high grade, T1 disease
with negative M. propria

T2 disease,
aggressive wide re-TURBT
cystectomy
chemotherapy
bladder preservation

Bladder Preservation

T1, high grade, T2
options

aggressive wide re-TURBT
cystectomy
chemotherapy
bladder preservation
Chemotherapy +
radiosensitizing agent =EBRT

Bladder Preservation

T1, high grade, T2
options

aggressive wide re-TURBT
cystectomy
chemotherapy
bladder preservation
Chemo + Chemosensitizing EBRT

Bladder Preservation

T1, high grade, T2
cystectomy – negative LN
50-60% pT0,T1,T2; 75-85% 5 year
20-30% T3a-b, perivesical fat, T4,
45-55% 5 year

- positive LN
20-30% any pT, pN1-3 25-35% 5 year

Bladder Preservation

190 patients, T2,T3,T4

TURBT

CMV – 2 courses

external beam 40Gy + CDDP

	DSS	DSS [b]
41 cystectomy	63%	59%
149 study	46%	45%

Shibley 2002

Bladder Preservation

3 single institution

2 RTOG pilot studies

pTo preservation 49% 5 years

38 – 43% intact bladder

pT+ cystectomy 63% 5 years

Shibley 1999

Bladder Preservation

complete response

3 single institutions

2 RTOG pilot studies

TURBT, ChRx and CRT 65 --70%

survival 50 – 60%

intact bladder survival 35 – 40%

Shibley 1999

Bladder Preservation

CRT without Ch Rx

RTOG 89-03

2 cycles of cis-platinum

T2,T3,T4

	survival	bladder
CMV + ChXRT	49%	36%
ChXRT	49%	40%

now, 100 mg/M2 q 3 weeks

