

**Bladder Cancer:
Long-Term Survival With Metastatic Disease
Case Reports and Review of the Literature**

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Case #1

- Dr. Julian to present



Case #2

- BJ
- Presented in 2004 as 50 year-old man with locally advanced bladder cancer with invasion into base of bladder and possibly prostate
- Suspicious iliac nodes on CT
- FNA iliac node positive
- Started on neo-adjuvant chemotherapy in hopes of shrinking tumor and sterilizing nodes to allow subsequent surgery



Case #2, continued

- Post-treatment CT scan showed dramatic resolution of disease
- Repeat cystoscopy and biopsies negative for cancer
- Cystectomy strongly recommended based on available data....refused
- Sent to UVA for second opinion; urologist agreed that surgery was best course...refused
- Subsequent work up has shown persistent freedom from recurrence or metastatic disease
- In last year patient has refused further cystoscopies and CT scans
- Urine cytologies have been consistently negative

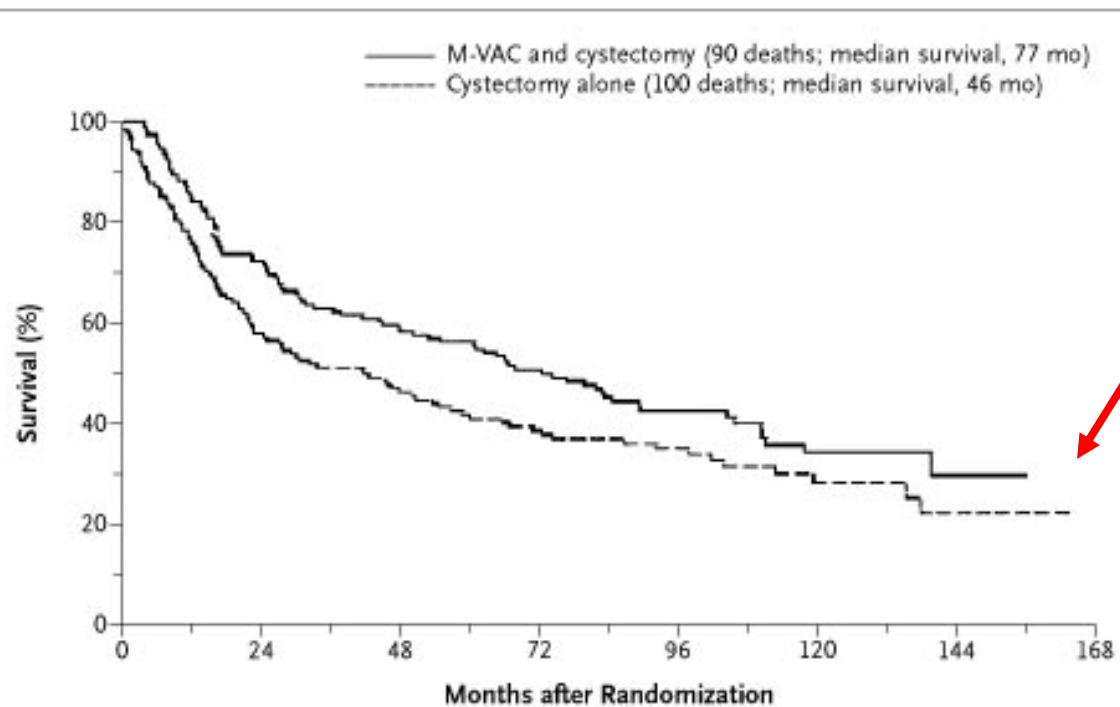


A word about neo-adjuvant therapy

- Several studies have shown benefit to this approach when coupled with subsequent surgery vs. surgery alone
- No one has taken patients who seem to have a cystoscopic complete remission and not operated on them
- One lesson from studies is that negative post-chemo cystoscopy does not mean no tumor at cystectomy



Typical Results From One Study Summarized



No. at Risk

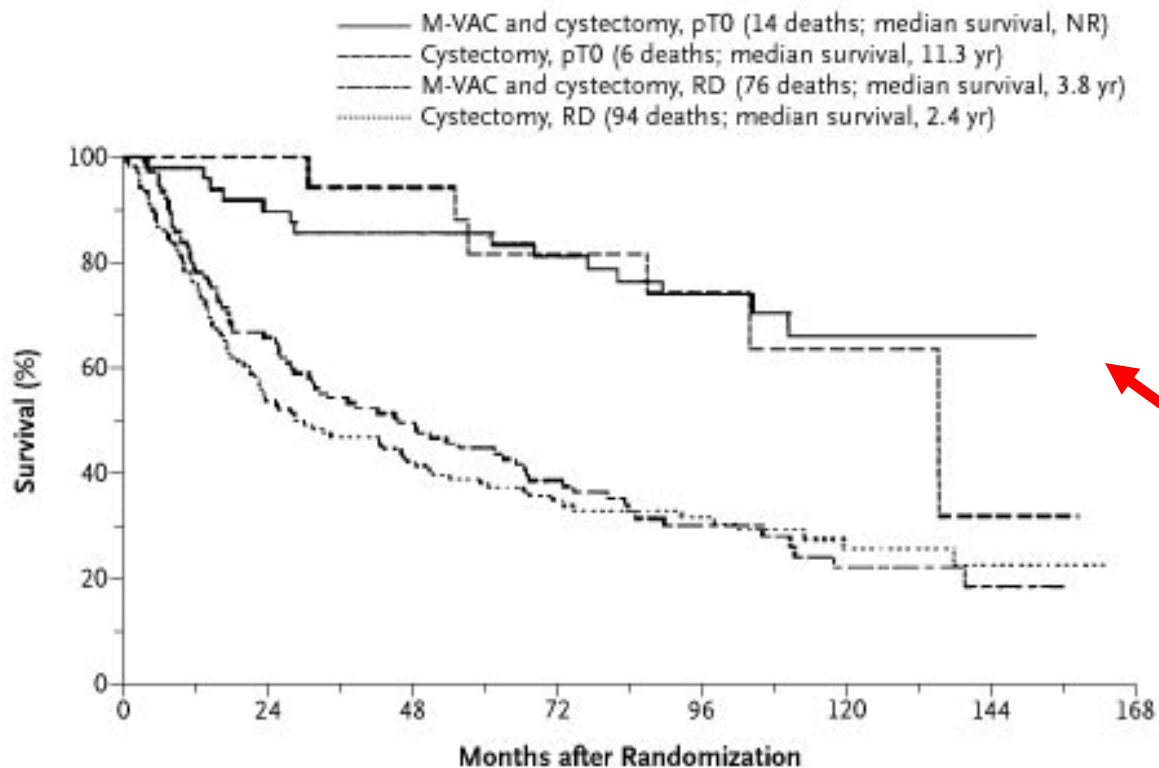
M-VAC and cystectomy
Cystectomy alone

153	112	92	75	46	23	6
154	88	67	50	37	18	7

Small
difference;
small
numbers at
risk



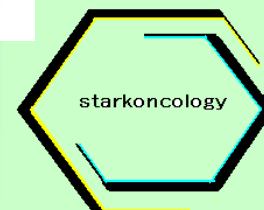
Results further analyzed



No. at Risk

M-VAC and cystectomy, pT0	48	43	40	37	26	12	2
Cystectomy, pT0	18	17	15	12	10	4	1
M-VAC and cystectomy, RD	105	69	52	38	20	11	4
Cystectomy, RD	136	71	52	37	27	14	6

Entire benefit seen here; all patients had cystectomy



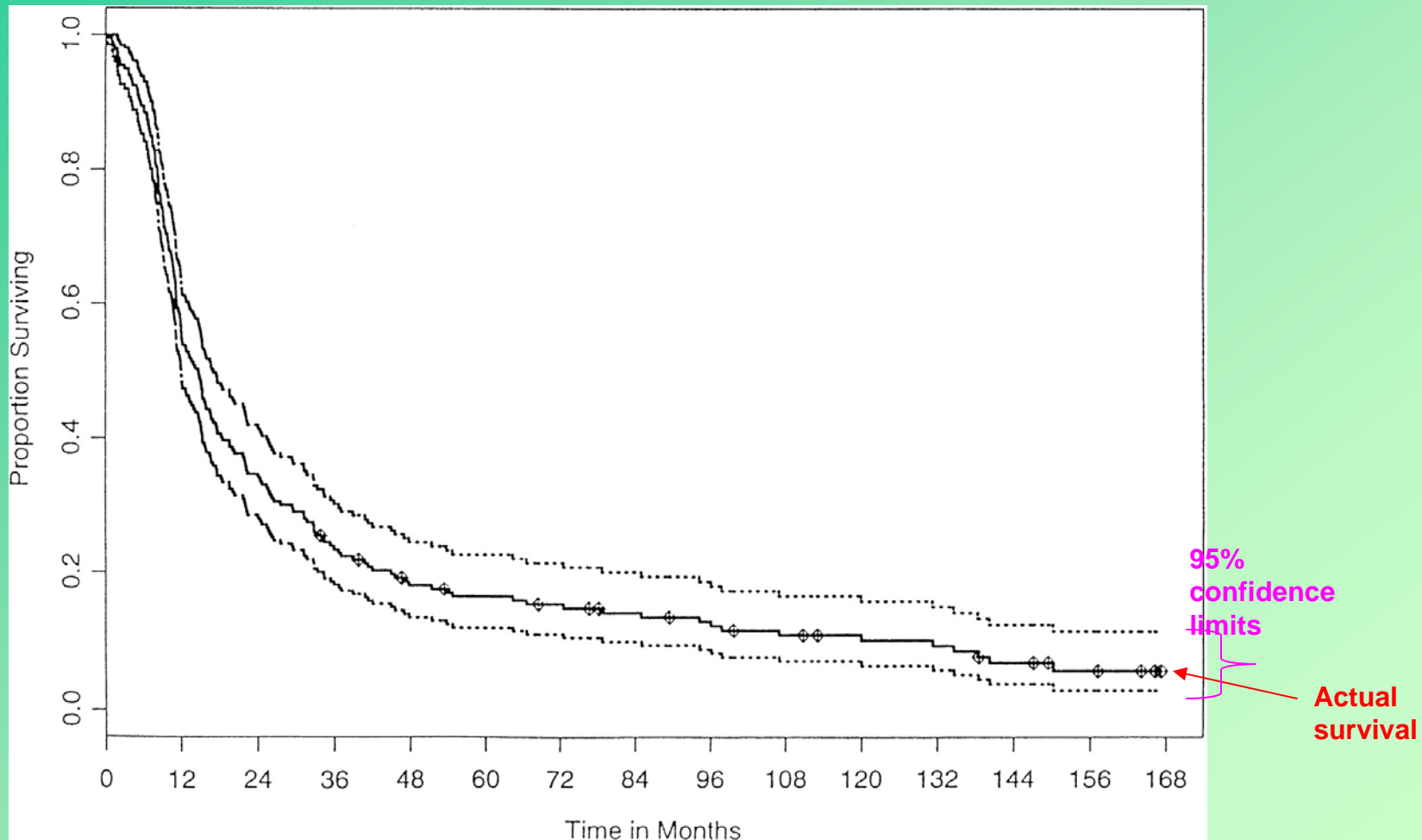
Back to our Case #2

- Since he did not have a cystectomy we really do not know what his ultimate pathologic stage would have been
- To what do we attribute his good fortune?
- Is it likely to be durable?

- Two studies look at long-term survival for patients thought to have incurable bladder cancer who underwent aggressive chemotherapy
- Applicable to both of our patients



A look at the MSKCC database on all patients who received MVAC chemotherapy from 1983 to 1994 for metastatic urothelial (mostly bladder) cancer

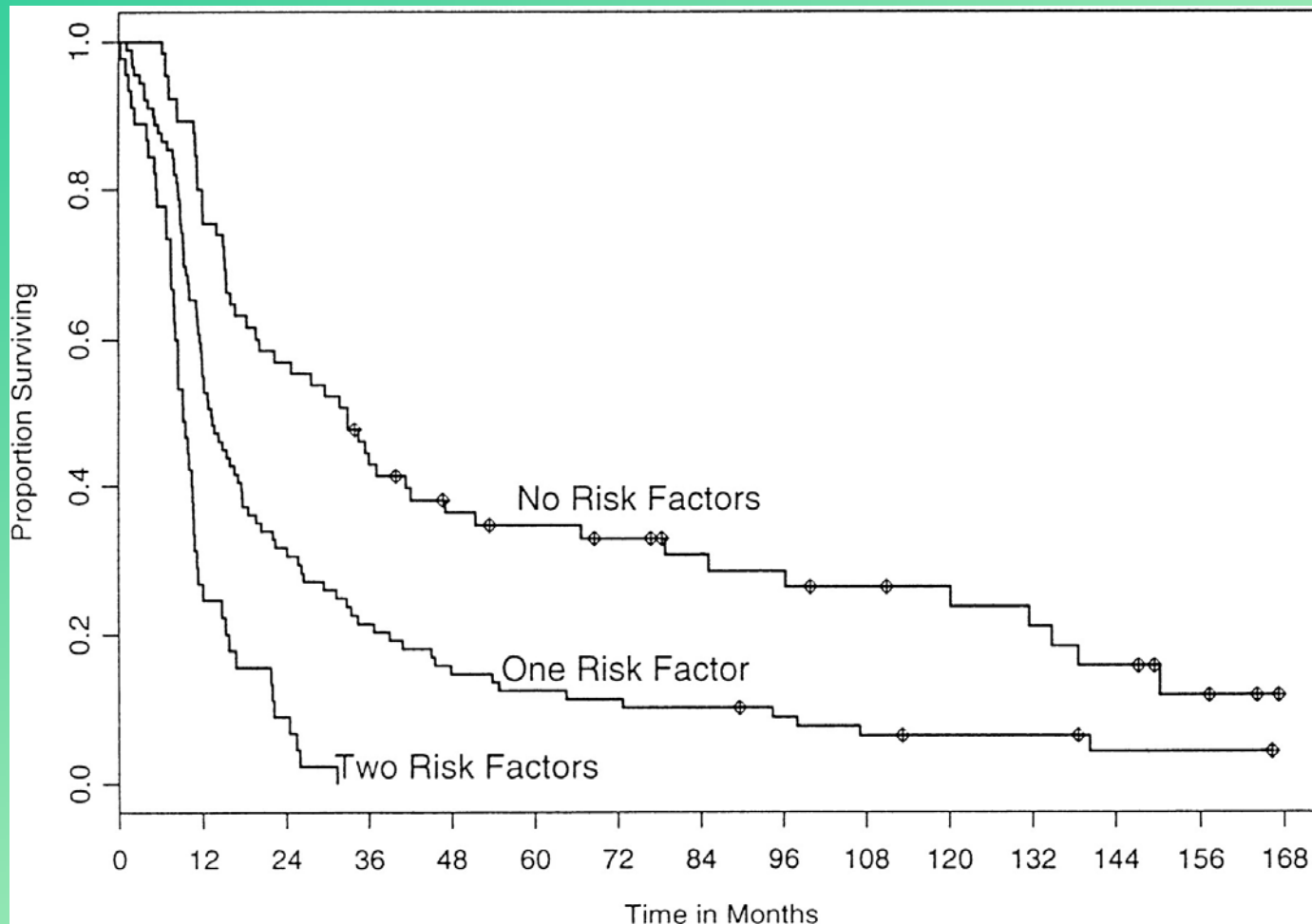


Bajorin, D. F. et al. J Clin Oncol; 17:3173-3181 1999

Long-term survival about 10%; curve parallel to non-disease cohort after 6 yrs



Survival for all patients grouped according to number of risk factors present at baseline

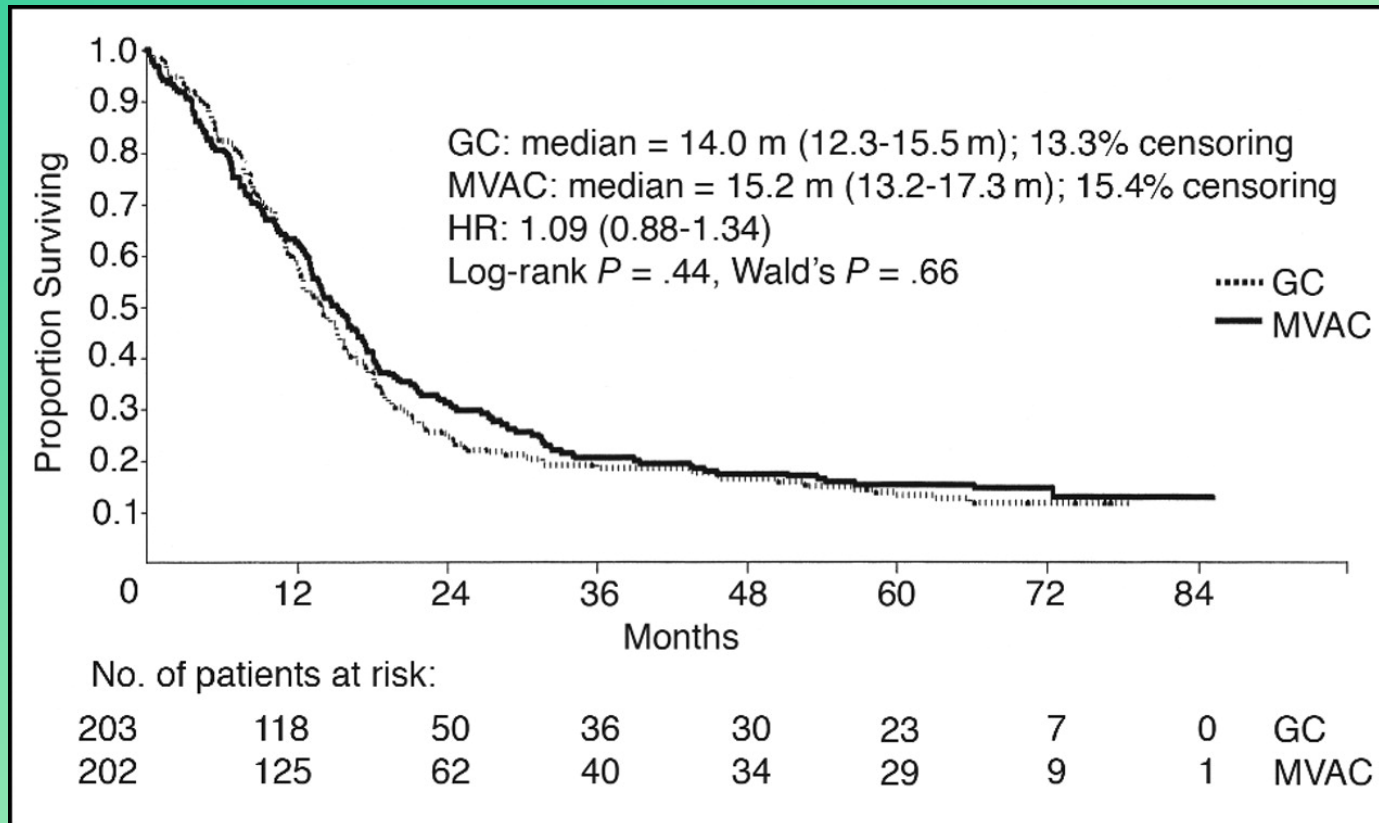


Bajorin, D. F. et al. J Clin Oncol; 17:3173-3181 1999

[Risk factors: KPS, visceral metastasis]



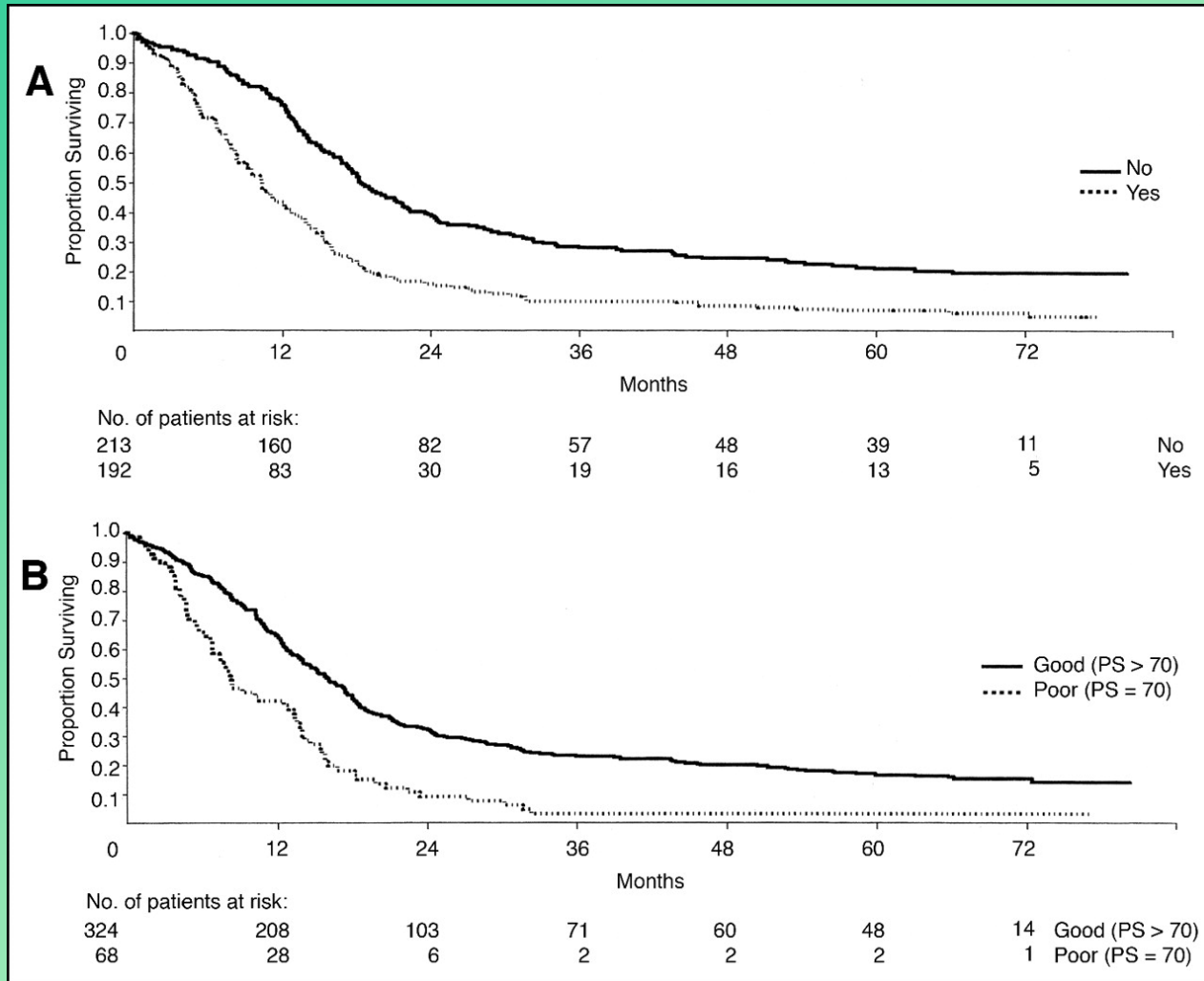
Subsequent European randomized trial using two different chemotherapy regimens in patients with metastatic urothelial cancer



von der Maase, H. et al. J Clin Oncol; 23:4602-4608 2005



Kaplan-Meier curves showing effect of (A) visceral metastases and (B) Karnofsky performance score (PS) on overall survival



von der Maase, H. et al. J Clin Oncol; 23:4602-4608 2005

Validation of earlier MSKCC data analysis



What Can We Learn From This?

- Whereas the long-term survival for the common adult solid tumors in Stage IV is zero (viz., breast, colon, lung cancers) it is greater than zero in metastatic urothelial cancer
- Since these cancers are of the same order of responsiveness to chemo as the above diseases, these data are a surprise
- These data create some basis for optimism especially as the drugs improve
- Data form a basis for continuing ways to dovetail chemo into earlier stage disease to prevent death from metastases



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