Bladder Cases

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Case 1– Locally advanced Bladder Cancer

A 65 year old male with a history of hypertension, obesity, and a myocardial infarction 1 year ago develops gross hematuria. Cystoscopy demonstrates a 2.5 cm lesion in the left lateral wall of the bladder. TURBT demonstrates urothelial carcinoma with squamous differentiation, lymphovascular invasion. CT scan of the chest/abdomen/pelvis demonstrates no evidence of metastatic disease however the patient has left sided hydronephrosis. Creatinine=1.7
Treatment options include

1) Radical cystectomy followed by adjuvant carboplatin based chemotherapy
2) Neoadjuvant carboplatin based chemotherapy followed by radical cystectomy
3) Radical Cystectomy
4) Split dose cisplatin based chemotherapy followed by radical cystectomy
Case 1 Continued

- He undergoes split dose cisplatin/gemcitabine based chemotherapy x 4 cycles and undergoes a radical cystectomy. His creatinine post cystectomy = 1.9. His final pathology is T3b, with 4/22 positive lymph nodes.
CASE # 2

• 63 year old smoker develops gross hematuria. Cystoscopy demonstrates a large bladder mass; TURBT demonstrates a high grade urothelial cancer with muscle invasion. CT scan of the chest/abdomen/pelvis demonstrates a bladder mass and multiple pulmonary nodules. His creatinine clearance is 40 ml/min. His PDL 1 staining is 0