

# **T1G3 MESANE KANSERİ TEDAVİ SEÇENEKLERİ**

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Üroloji Derneği



Üroonkoloji Derneği

## Re-TUR

- N=42
- T1 tümörler, 3. ayda Re-TUR
- Evre yükselmesi: %24
- İzlem 60 ay
- Rekürrens oranı:  
Re-TUR'da tm negatif ise %33



## Tedavi- Yalnızca TUR

Authors	Patients	TNM and Grade	Recurrence (%)	Progression (%)	Disease specific survival	Follow-up (month)
<b>TUR alone</b>						
Jakse [33] 1987	40	T1G3	NA	33	50	106
Heney [58] 1983	33	T1G3	NA	48	NA	36
Holmång [14] 1997	58	T1G3	NA	48	48	84
Zangri [59] 1999	34	T1G3	NA	24	NA	40
Klan [60] 1995	17	T1G3	NA	64	NA	72
Torti [61] 1987	16	T1G3	NA	50	NA	60

**N:6**

**44.**

**5**

Barmoshe S, Zlotta A, Eur Urol, 2004

Üroonkoloji Derneği

# Treatment-TUR + BCG

Authors	Patients	TNM and Grade	Recurrence (%)	Progression (%)	Disease specific survival	Follow-up (month)
<b>TUR + BCG</b>						
Pansadero [62] 2002	50	T1G3	28	12	94	60
Harle [63] 1999	51	T1G3	25	17	86	85
Binke [64] 2000	44	T1G3	27	16	89	28
Zhang [65] 1996	23	T1G3	74	35	88	45
Baniel [55] 1998	78	T1G3	28	8	100	56
Herr [1] 1997	48	T1G3	NA	52	69	180
Patard [34] 2001	50	T1G3	54	22	90	65
Soloway [66] 2002	61	T1G3	23	15	93	46
Gohji [67] 1999	45	T1G3	37	4	67	63
Meng [68] 1995	49	T1G3	NA	16	NA	60
Eure [2] 1992	30	T1G3	34	6	NA	39
Serretta [69] 1996	50	T1G3	32	12	84	52
Lebet [3] 1998	35	T1G3	26	17	94	45
Pakou [70] 1997	98	T1G3	NA	13	NA	56
Vincente [71] 1996	95	T1G3	40	11	NA	46
Shahin [72] 2003	72	T1G3	70	33	NA	64
Kwak [73] 2004	64	T1G3	71	44	NA	100
Pyromanos [74] 2003	57	T1G3	42	23	86	56

## Progresyon

### T1G3 Tümörler (48 hasta)

(BCG tedavisi ile)

<u>yıl</u>	izlem	
	<u>5 yıl</u>	<u>15</u>
Progresyon	19%	52%
Ölüm	17%	31%

## EVRE T1 TCC PROGRESYON İÇİN RİSK FAKTÖRLERİ

- 3. ay sistoskopisinde tümör olması (3-9 ay)
- Yüksek grade (Grade 3)
- CIS varlığı
- prostatik üretra mukozası veya prostatik duktusları tutan tümör varlığı
- Lamina propria tutulumunun derinliği (> 1.5 mm)



## Risk faktörleri

### Hazard Ratio-Progressyon

	<u>Univariate</u>	<u>Multivariate</u>
İlk sistoskopi	6.95	4.82
Grade	3.47	3.25
Evre	5.30	nd
Multiple tümörler	1.33	nd

2002

Holmang S. et al. J. Urol., 167: 1634,



## İlk sistoskopi bulguları

191 hasta, median f-u 73 ay

- 3. ayda tm yok
- progresyon riski %10.6 (%12)\*
- 3. ayda tm var
- kasa invazyon riski %65.8 (%60)\*
- mortalite %46.3 (%40)\*

Solsona E., et al. J. Urol., 164: 685, 2000

\*Lockyer CRW., et al. Eur Urol, 42: 542,

2002

## Maintenance BCG therapy

SWOG 8507:

CIS or recurrent pTa/T1

no toxicities > grade 3

recurrence-free survival:

maintenance: 77m

no maintenance: 36m

5 year survival (overall):

maintenance: 83%

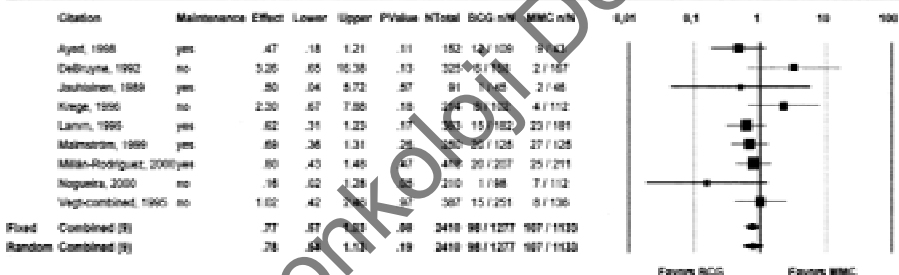
no-maintenance: 78%

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# BCG vs MMC

## Meta Analysis: BCG vs. MMC - progression



### Progression:

BCG: %7.67

MMC: %9.44

OR: 0.77, p: 0.081

A RETROSPECTIVE ANALYSIS OF 153 PATIENTS TREATED WITH OR WITHOUT INTRAVESICAL BACILLUS CALMETTE-GUERIN FOR PRIMARY STAGE T1 GRADE 3 BLADDER CANCER: RECURRENCE, PROGRESSION AND SURVIVAL

OSAMA SHAHIN, GEORGE N. TRALMAN, CYRIL BENTON, L. RAJUBHALLI and U. E. STUBBS

**f-u 5.3 y**  
**BCG X6**  
**İdame yok**

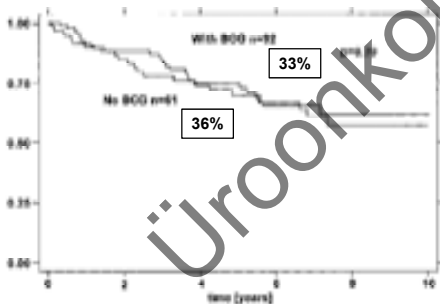


FIG. 2. Progression-free survival of primary stage T1 grade 3

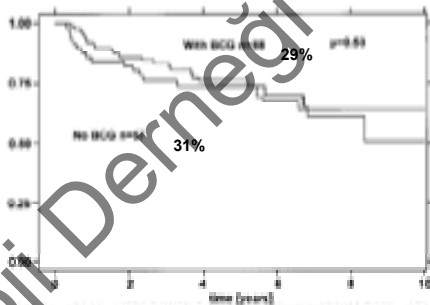


FIG. 3. Time to cystectomy for primary stage T1 grade 3 bladder

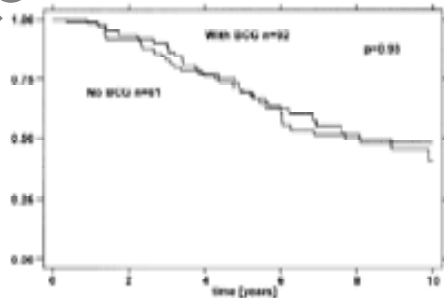
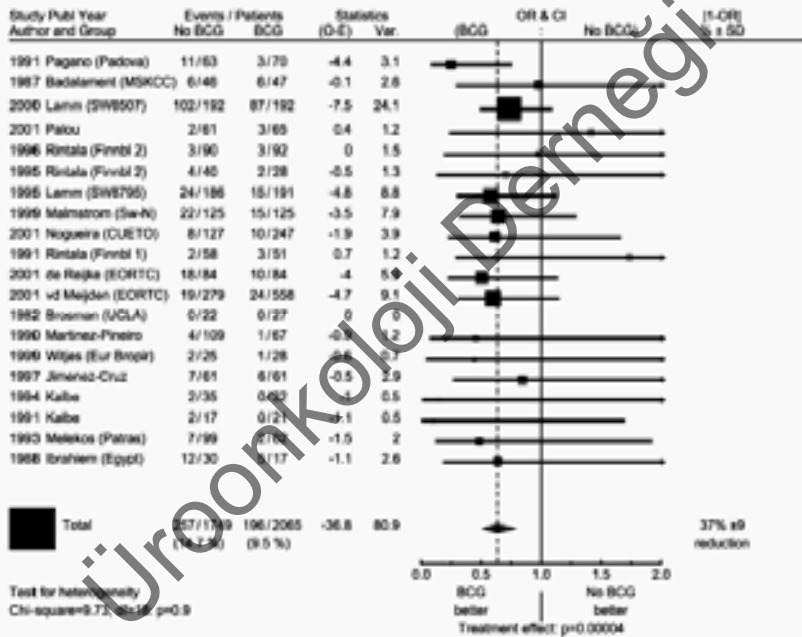


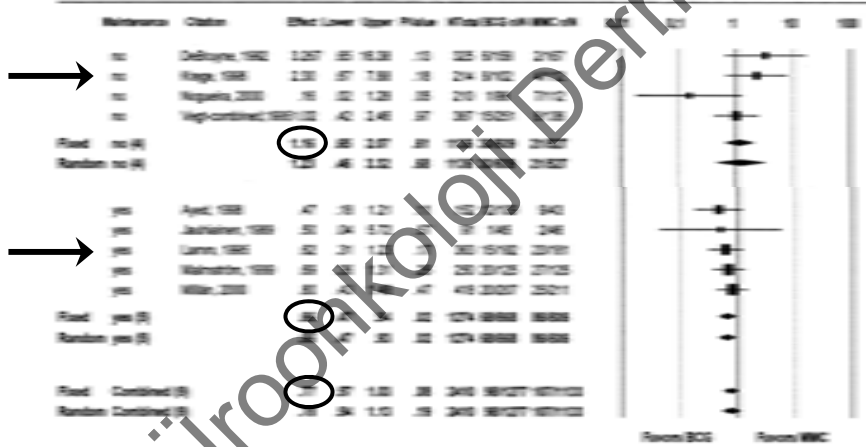
FIG. 4. Overall survival of primary stage T1 grade 3 bladder can-

# Maintenance Therapy Required



# Maintenance: At least 1 year

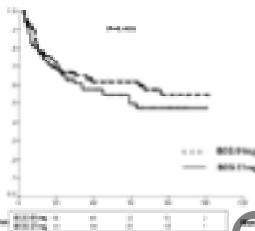
## Meta Analysis: BCG vs. MMC - progression by BCG-maintenance



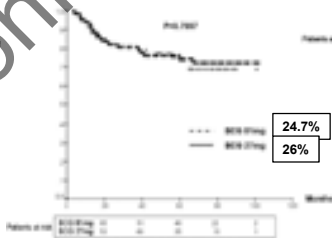
**HAS A 3-FOLD DECREASED RISK OF BACILLUS CALMETTE GUERIN  
 THE SAME EFFICACY AGAINST RECURRENCES AND PROGRESSIONS  
 OF T1G3 AND ITS BLADDER TUMORS THAT THE STANDARD 1200?  
 RESULTS OF A PROSPECTIVE RANDOMIZED TRIAL**

**THE 3- MONTHLY 1200-ITS BACILLUS CALMETTE GUERIN (BCG) FROM 2000 TO 2010  
 BLADDER RECURRENT BLENTER, AND EARLY FROM 2000 TO 2010  
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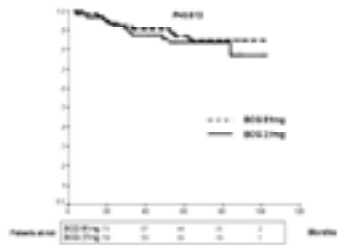
TIME TO RECURRENCE



TIME TO PROGRESSION



TIME TO CAUSE SPECIFIC SURVIVAL



**Tedavi Şeması  
 Haftada bir x 6  
 İki haftada bir x 6**

24.7%  
 26%



## Tedavi

- İlk k r BCG'den sonra rek rrens olduĐunda
- Kasa invazyon riski: %11
- Metastaz riski: %14

1987

Catalona WJ., et al. J Urol, 137:220,

 roonkoloji DerneĐi



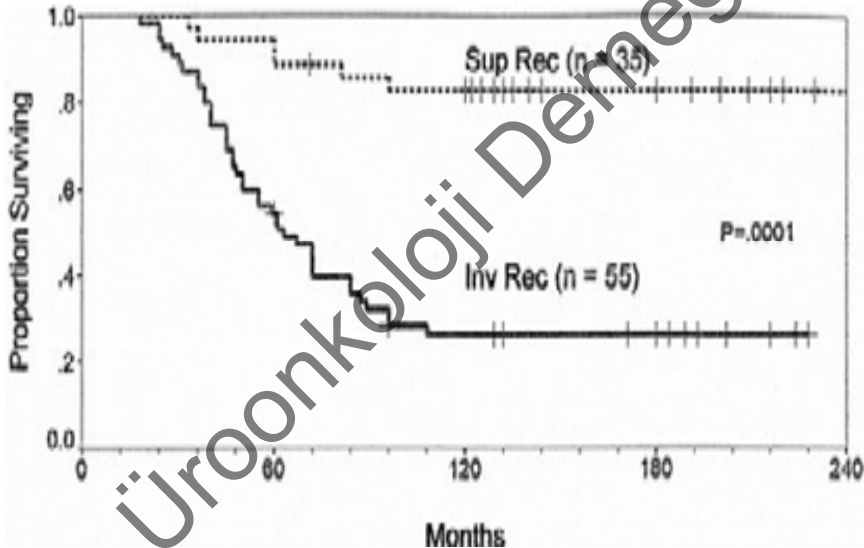
## TUR+BCG TEDAVİSİ SONRASI SİSTEKTOMİ ENDİKASYONLARI

- 3. ay (6. ay) sistoskopisinde tümör varlığı (BCG sonrası erken rekürrens kötü prognostik faktör)
- T1 tümör tekrarı
- Yeni veya persistan CIS
- Rezeksiyonu zor bölgede tümör (anterior mesane boynu)
- Prostatik duktus yada stroma tutulumu
- Kas invazyonu ( $\geq$  T2)

Soloway M, et al., J Urol, 167: 1573–1583, 2002  
Malavaud B. Eur Urol, 45: 406-410, 2004



# Kasa invaziv progresyon sonrası sistektomi ile yaşam beklentisi



## EORTC Prognostik Tabloları

Factor	Recurrence	Progression
<b>Number of Tumours</b>		
Single	0	0
2 to 7	3	3
≥ 8	6	5
<b>Tumour Diameter</b>		
< 3 cm	0	0
≥ 3 cm	3	3
<b>Prior Recurrence Rate</b>		
Primary	0	0
≤ 1 recurrence/year	2	2
> 1 recurrence/year	1	2
<b>Category</b>		
Ta	0	0
T1	1	4
<b>CIS</b>		
No	0	0
Yes	1	6
<b>Grade (1973 WHO)</b>		
G1	0	0
G2	1	0
G3	2	5
<b>Total Score</b>	<b>0 - 17</b>	<b>0 - 23</b>

CIS = carcinoma in situ; rec/yr = recurrence per year.

Üroonkoloji Derneği

## EORTC Prognostik Tabloları

Recurrence score	Probability of recurrence at 1 year (95% CI)	Probability of recurrence at 5 years (95% CI)
0	15% (10%, 19%)	31% (24%, 37%)
1-4	24% (21%, 26%)	46% (42%, 49%)
5-9	38% (35%, 41%)	62% (58%, 65%)
10-17	61% (55%, 67%)	78% (73%, 84%)

Progression score	Probability of progression at 1 year (95% CI)	Probability of progression at 5 years (95% CI)
0	0.2% (0%, 0.7%)	0.8% (0%, 1.7%)
2-6	1% (0.4%, 1.6%)	6% (5%, 8%)
7-13	5% (4%, 7%)	17% (14%, 20%)
14-23	17% (10%, 24%)	45% (35%, 55%)