Genitourinary Patient-Based Panel Discussion

All speakers: Drs. Brown, Ciuro, Carthon, Berchuck, Ahmed, Parikh

Case presented by Tyler Kristoff, MD

Case 1: Complete Clinical Response

68-year-old man with MIBC

- ECOG 0, CrCl 85 mL/min
- cT3N0 high-grade urothelial carcinoma
- Cisplatin eligible
- Chose perioperative EV + pembrolizumab

After neoadjuvant therapy

- No visible tumor on cystoscopy
- Negative urine cytology
- MRI bladder without residual disease
- ctDNA negative

Patient asks: *"Do I still need a cystectomy?"*

Discussion

Is cystectomy still mandatory?

Does ctDNA change your recommendation?

Would your answer differ after GC versus EV-P?

Case 2: Excellent Pathologic Response, Significant Toxicity

72-year-old woman with MIBC

- ECOG 1, CrCl 42 mL/min
- cT2N1 high-grade urothelial carcinoma
- Cisplatin ineligible
- Treated with perioperative EV + pembrolizumab

Radical cystectomy

- ypT0N0
- Negative margins
- ctDNA negative

Postoperative course

- Grade 2-3 sensory neuropathy
- Difficulty with fine motor tasks
- Persistent fatigue

Discussion

Would you continue perioperative therapy, continue pembrolizumab monotherapy, or change your adjuvant therapy?

How much benefit is expected after a pCR?

Does ctDNA positivity or negativity change your recommendation?

Case 3: Residual High-Risk Disease

74-year-old man with MIBC

- ECOG 1, CrCl 48 mL/min
- cT3N1 high-grade urothelial carcinoma
- Cisplatin ineligible
- Treated with perioperative EV + pembrolizumab

Radical cystectomy

- ypT3N2
- 7/22 lymph nodes positive
- Negative margins
- ctDNA positive

Postoperative course

- Recovering well
- Mild residual neuropathy

Discussion

How do you interpret residual disease after EV-P?

What adjuvant therapy would you recommend?

How does ctDNA influence your decision?
- What if ctDNA were negative?

How much residual disease is enough to change management?

Q&A