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2023 FLASCO FALL SESSION GU CASE PANEL

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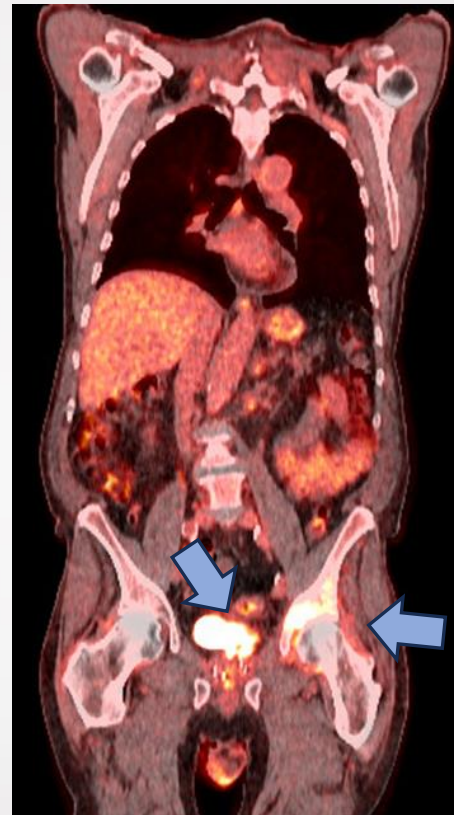
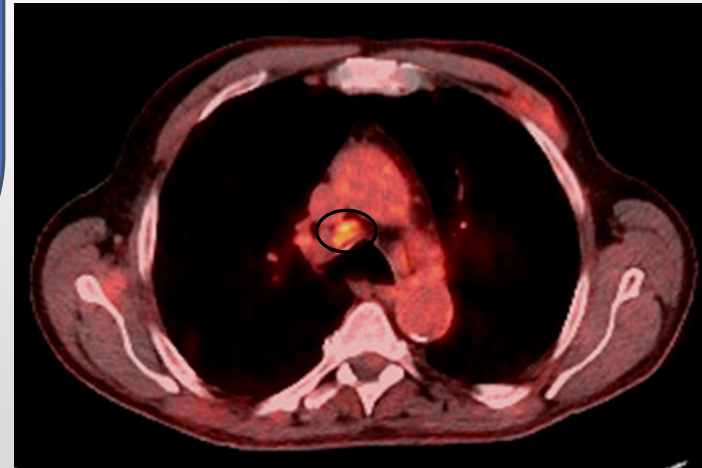
Case Presentation

- 73 y.o. male with PMH of COPD, HTN, Prostate Cancer s/p seed implant Brachytherapy presented with hematuria and urinary frequency in March 2022.
- 03/22: Hematuria. CT showed moderate-severe hydronephrosis with peri vesicular LNS and bladder mass measuring 4.5 X 1.5 cm in dimensions.
- Biopsy of the bladder mass: Invasive high grade papillary urothelial carcinoma with muscularis propria invasion (cT3,cNo).
- 5/2023: The patient was recommended to receive neoadjuvant chemotherapy followed by salvage radical cystoprostatectomy with ileal conduit.
- 6/25/22: Had a nephrostomy tube placed to improve hydronephrosis and renal functions.

Case Continued:

PET CT 07/01/2022:

- 1- Hypermetabolic left bladder urothelial carcinoma with FDG uptake suggestive for extension into the distal left ureter and adjacent left prostate.
- 2- Hypermetabolic left pelvic sidewall, left para-aortic and mediastinal lymph nodes suspicious for metastatic disease.
- 3- Solid bilateral pulmonary nodules, some of which are hypermetabolic and suspicious for metastatic disease.
- 4- Hypermetabolic metastasis involving L2 vertebral body, left lateral sixth rib and left iliac bone.



Case Continued:

- [7/22](#): Bone biopsy consistent with metastatic urothelial carcinoma.
- Received palliative irradiation to the left pelvis.
- [7/22-9/2022](#): Started on Carboplatin AUC=5 and Gemcitabine 1000 mg/m² X 3 cycles.
- Liquid biopsy showed FGFR3 Y373C mutation. TMB low at 6.7 and MSS.
- [09/22/22](#): Restaging scans showed disease progression with new sclerotic lesions and increase in the bladder mass.
- [09/22-12/22](#): Started Pembrolizumab 200 Q 3 weeks for 4 cycles.
- [12/22](#): Imaging showed progression of disease with new liver lesions, new bone lesions, and enlarging bladder mass.

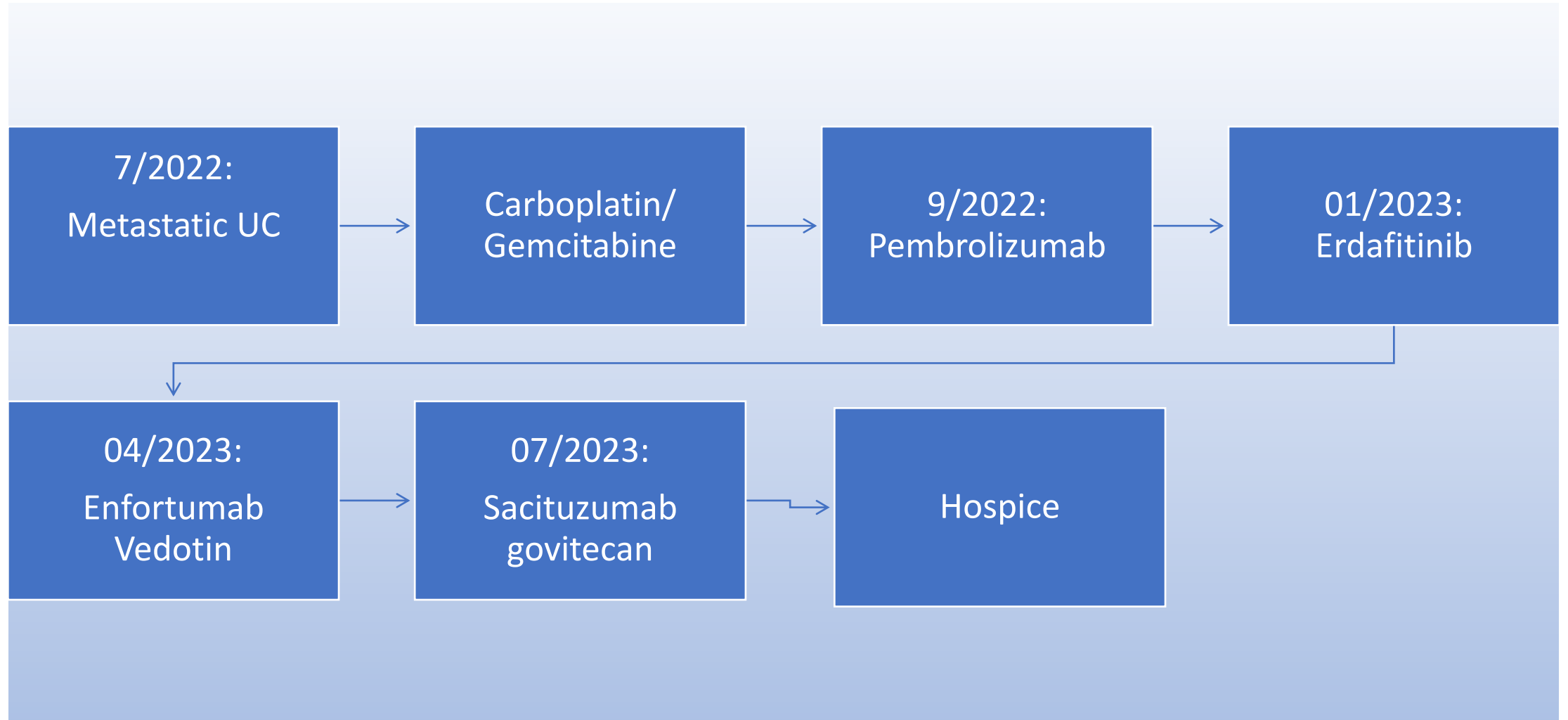
Case Continued:

- 01/23: Started Erdafitinib 8 mg daily based on FGFR3 mutations.
- 02/23: Diarrhea, fatigue, weakness, decrease appetite, and watery eyes. Those symptoms continued despite lowering the dose to 4 mg daily. Decision to discontinue Erdafitinib due to toxicity.
- 03/23: CT showed development of new hepatic lesion, increased size of the metastatic bony lesion. Admitted to the hospital for ESBL UTI and bacteremia.
- 03/23: Underwent cryoablation and cementoplasty of the left acetabular bony metastasis with pathological fracture.
- 04/23: Started Enfortumab vedotin (EV) 1.25 mg/kg Days 1, 8 and 15 of a 28-day cycle
- 07/23: Imaging post 3 cycles of EV showed disease progression with increasing pulmonary nodules, worsening mediastinal adenopathy, and new and enlarging osseous metastases.

Case Continued:

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- Hospice and comfort care but patient wants to continue treatment.
- 07/23: Started fourth line therapy with Sacituzumab govitecan-hziy.
- Unfortunately, his symptoms worsened, and the patient elected to go hospice after 2 dose of Sacituzumab govitecan.

Case Summary





Questions