

Double Trouble

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A 72-year-old man presents with a single episode of hematuria and is noted to have a prostate-specific antigen (PSA) of 14 and World Health Organization performance status of 0. Computed tomography (CT) urogram showed a $4 \times 4 \times 2$ cm bladder dome tumor without extravascular extension or lymphadenopathy. On magnetic resonance imaging (MRI) of the pelvis, there was a Prostate Imaging Reporting and Data System (PIRADS) 5 right-sided lesion with seminal vesicle invasion (Figs. 1 and 2) and T3b bladder cancer without lymphadenopathy (Fig. 2). Transurethral resection of bladder tumor (TURBT) confirmed a grade 3 pT2 transitional cell carcinoma with vascular invasion, but no carcinoma in situ. At the time of the TURBT, he had a bladder perforation that required transabdominal repair. Transrectal ultrasound (TRUS) guided biopsy of

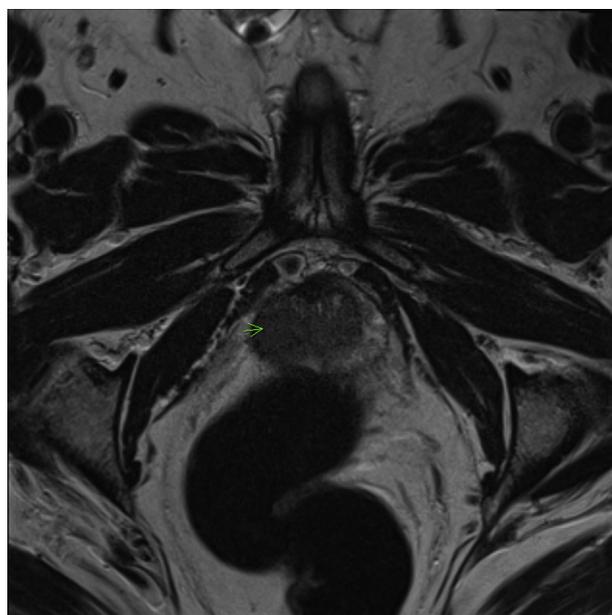


Fig. 1. Axial T2-weighted magnetic resonance image demonstrating a PIRADS 5 prostate lesion.

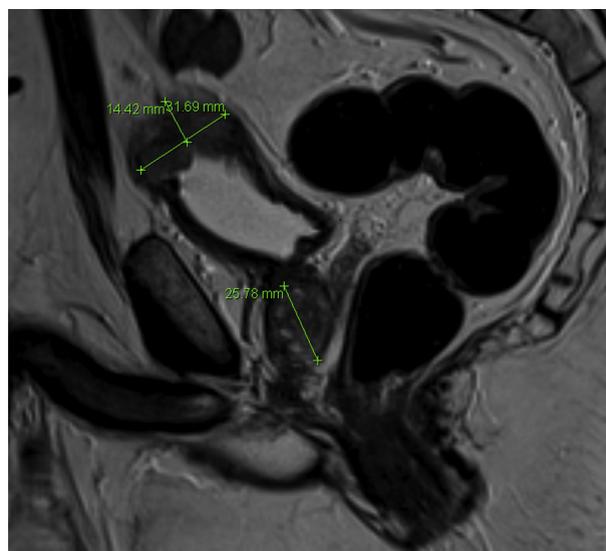


Fig. 2. Sagittal T2-weighted magnetic resonance image demonstrating a PIRADS 5 prostate lesion and a T3b superior bladder lesion.

the prostate showed 10 of 13 cores involved with Gleason 4 + 5 = 9 adenocarcinoma. Computed tomography (CT) of the chest and isotope bone scan staging found no evidence of metastatic disease.

He had no other medical history and reported good urinary, bowel, and sexual function. His nuclear medicine glomerular filtration rate estimation was 48 mL/min/1.73m².

1. What treatment options does this patient have, and what are the expected tumor control, toxicities, and quality of life of each option?
2. What option would you recommend?
3. If treating with radiation therapy, what dose/fractionation/volumes and systemic therapy would you use?
4. If he proceeds with surgery, what is the role of neoadjuvant or adjuvant therapy?

See expert opinions on page 846.

What would you do? Follow the discussion on Twitter at #gyzone, and take the poll at www.redjournal.org/poll.

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