SIOG guidelines (ongoing)
Senior adults with bladder cancer

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BCa and senior adults

Median age: 73 years old
5 year relative survival: 77%
BUT: 70% NMIBC
For MIBC: 50% 5 years

TNM 2009 of BCa

NMIBC: specificities of senior adults?

Intravesical treatment: no specific toxicity and age
Possible decreased efficacy for BCG
Importance of side effect prevention / early treatment
Intravesical treatment: role of voiding / storage problems

Rules for NMIBC

First step: TURB ± IPOP
Follow-up only
- Instillations MMC / BCG
- Re TURB and prolonged BCG instillations

Rules for MIBC (overall)

Adjacently intravesical therapy is recommended for non-high grade NMIBC bladder cancer and should always be platinum-based combination therapy.

Only 17% > 70 years (Griffiths JCO 2011) median age phases II / III: 64

Inclusion criteria:
- NMIBC
- High risk (T1b, G3, high grade, CIS)
- Positive biopsy, > 2 instillations
-0.3 cm T1a tumour

Surgical intervention or multimodality treatments are the preferred curative therapeutic as they are more effective than radiotherapy alone.

Multimodality treatment could be offered as an alternative in selected, well-informed and compliant patients (especially for advanced cytoreduction is not an option)
**From PCa**

- Screening by G8 and mini-COG test

**Reversible**
- Abnormal ADL: 1 or 2
- Weight loss 5-10%
- Co-morbidities CDR-G 0-1

**Non-reversible**
- Abnormal ADL: 1 or 2
- Weight loss >10%
- Co-morbidities CDR-G 3-4

**G8 then geriatric intervention**

- FIT
- FRAIL
- Disabled/ severe comorbidities

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**MIBC: differences MIBC / PCa**

- Very aggressive disease
- Very aggressive treatments
- Very painful / unpleasant evolution if untreated
- Palliative treatments: often short term efficacy
- No real simple alternative

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**MIBC: really undertreated**

28,691 MIBC in the US (national database), Am J Clin Oncol 2013

Patients seen: 2004 – 2008, N = 28,691, median age: 72 years

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**Cystectomy in senior adults**

- No technical specificity.
  - Mainly ileal conduit
  - Only question: risk / benefit balance
  - Based on disease (TNM) / patient (NOT legal, but physiological age)
  - No real age limit: But physiological age limit

- **ONLY MANDATORY QUESTION**
  - Optimal procedure and nursing: impact of any complication

- **PREREQUISITE:** a real medical TEAM
  - surgeon, anesthesiologist, geriatrician AND the paramedical team

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**Alternative modalities: bladder sparing**

Partial cystectomy / TURB only: superselected patients

Outcome similar to radical cystectomy ... only for 5-10% of patients

**Concomitant radio-chemotherapy**

Combined analysis of 6 RTOG protocols Dec 2014

N = 468 T2-4a NO, All included Cisplatin (second dose / schedule)
Median age: 66 years (36% > 70 years)
N = 360 (median age: 72 years), Pearl Lifetime Dec 2012
T2-4, NO, P5 ≥ 2, GFR ≥ 25 ml/min, liver function < 1.5 upper limit

**Rx:** RX × 5FU 500 mg i/p/week (3x 1st 4 weeks) + MMBC 16 mg/kg pm 3x

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**“Unfit” for cisplatin**

50% of patients with MIBC ineligible for Cisplatin


No standard chemotherapy for this patient group.

**EORTC definition of „fit“ and „unfit“ for cisplatin**

- **„fit“**
  - GFR ≥ 60 ml/min and
  - PS 0-1

- **„unfit“**
  - GFR < 60 ml/min and / or
  - PS ≥ 2

And NYHA class III heart failure

Wardy F Clin Oncol 2001
Metastatic disease

Survival prediction. Approx. 10-15% survival rate.

Median survival using Cisplatin: 15 months

Proposal: 1st line (ongoing)

Patient characteristics:
- PS 0-1/2/3/4
- GFR > 60 mL/min
- Comorbidities

CISPLATIN? NO

Psy < 2 and
GFR < 60 mL/min

STANDARD treatment:
CC
MVAC
MIRAC
POG

Immunotherapy: the future?

Proposal: 2nd line (ongoing)

Second line CT after Cisplatin

Proposed Prognostic factors

MULTIVARIABLE MODEL

<table>
<thead>
<tr>
<th>Performance Status</th>
<th>ECOG 1 vs ECOG 0</th>
<th>1.79 (1.45–2.20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>tumor-related toxicity</td>
<td>Yes vs No</td>
<td>1.94 (1.05–3.52)</td>
</tr>
<tr>
<td>Liver metastases</td>
<td>Yes vs No</td>
<td>1.54 (1.25–1.90)</td>
</tr>
<tr>
<td>Anemia &lt; 10 vs 10 g/dl</td>
<td>1.60 (1.21–2.10)</td>
<td></td>
</tr>
<tr>
<td>Time since last chemotherapy &lt; 3 mo vs 3 mo</td>
<td>0.63 (0.51–0.78)</td>
<td></td>
</tr>
</tbody>
</table>

Sonpavde. Eur Urol 2013

Second line CT after Cisplatin

Prognostic factors

So far

As usual: balance between disease / overall health condition

Few data regarding senior adults

Natural history of untreated MIBC: poorly known

Alternative procedures for MIBC: underused

Systemic treatments: a real issue. Progress to come.