Surgical Resection of Urological Tumor Metastases Following Medical Treatment
by Prof. Dr. med. Axel Heidenreich, Dr. med. Stefan Wilop, PD Dr. med. Michael Pinkawa, Dr. med. Daniel Porres, Dr. med. David Pfister in volume 39/2012

Surgical Resection Should Be Viewed With Skepticism in Patients With Bladder Cancer

Two centuries ago, Paget described the process of metastasis not as a random event but as a systemic disorder that is subject to laws (seed and soil theory) (1). Local therapeutic measures such as surgical resection of tumor metastases can have a curative intent only when the laws of the metastasis are known, or effective systemic therapy (for example, chemotherapy) is available, which restricts the surgical resection of metastases to minimal tumor residues. The prognosis is always poor when systemic therapy has no effect or not enough of an effect. This also applies to patients with testicular tumors and an otherwise excellent prognosis (2).

With regard to the importance of surgical resection of metastases in metastatic bladder cancer I wish to discuss one of the few prospective studies in 70 patients with metastatic bladder cancer that was refractory to chemotherapy (MVAC) (3). 19 out of the 70 patients had asymptomatic metastases, and 51/70 patients had symptomatic (multifocal) metastases. Only the patients with symptomatic metastases benefited in terms of quality of life. Improvements of the patients’ general condition was observed in 83% of patients (WHO criteria, 3.3 versus 2.1, P=0.005). Patients’ mean survival in the context of the prospective analysis, independently of symptoms, was 7 months and thus clearly different from the reported positive survival data from retrospective analyses and registry analyses (mean survival 38 months). The indication for such surgery should be reserved for selected individual cases. Quality of life should be the main consideration.

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REFERENCES

In Reply:
Otto emphasizes the need for rational patient selection regarding the indication for surgical resection of metastases in advanced bladder cancer, which is entirely consistent with our article. As we pointed out, resection is indicated only in the following patients:

- Patients in whom complete resectability of the metastases is guaranteed
- Patients in whom a significant response to preceding chemotherapy was observed
- Patients whose general health is otherwise good.

The study of 70 patients cited by Otto does not contradict our statements since

- none of the 70 patients had responded to initial MVAC chemotherapy
- 76% of patients had metastases in multiple locations
- no selection of patients was done as far as the indication for surgical resection of the metastases is concerned. This is also obvious from the high perioperative mortality of 4%.

In sum, surgical resection of metastases in bladder cancer, with the aim of long-term control, is indicated only in patients with a significant response to primary systemic chemotherapy and in whom complete resectability of the metastases is a given.

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Conflict of interest statement
The author declares that no conflict of interest exists.

Professor Heidenreich has received lecture fees and is a member of the Advisory Board of AMGEN, Astellas, Bayer AG, GlaxoSmitKline, Janssen-Cilag, Sanofi Aventis, and Takeda. He has received honoraria from Ferring and Pfizer. He sits on the advisory board of IPSEN.