REMARKABLE CYTOREDUCTION OF A BLADDER LESION POST CHEMOTHERAPY (CHT) IN ASSOCIATION WITH HYPERTERMIA (HT).

Coletta D., Gargano L., De Chicchis M., Castigliani G., Pochini M., Assogna M., Pigliucci G.M.

Department of Clinical Hypertermia. University of Rome, "Tor Vergata". Italy.

A 69 years old woman was admitted to our department with diagnosis of Muscle Invasive Bladder Cancer (MIBC) [TURB: 28/08/2006, pT1-G4]. The patient complained of two months history of emathuria and pelvic continuous pain. The patient underwent therapy based on CDDP 70mg/m² d1 and Gemcitabine 1000 mg/ m² d1,8 every 3 weeks for a total of 3 cycle, associated with 5 cycles of local Hypertermia (HT). Each cycle consist of eight 45-minute-sessions every other day, using about 300 W per session, administering, at the same time, CDDP.

All the cycles has been administered at full doses and at programmed day. At conclusion of CHT patient complained only symptoms linked to G3 leuconeutropenia and trombocytopenia, treated with growth factors and corticosteroids, respectively and allowing a good quality of life. Progressively, the vanishing of pain lead to suspension of analgesic drug.

Before treatment a pelvic ultrasonography documented presence of bladder lesion about of 5 cm in diameter.

At conclusion of the protocol (CHT+ HT) another pelvic ultrasonography and a total body PET-CT scan showed a remarkable reduction of bladder mass (4-5 mm in diameter), confirmed at cystoscopy.

The use of CHT-HT combination may enhance efficacy vs CHT alone. This surprising result may confer a small, but probably, clinically significant improvement survival. However the result of larger collaborative international adjuvant CHT-HT trials will be needed in order to determine the true value of this combination.