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Discordance of PD-L1 expression in a patient with recurrent bladder cancer.

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Case report: A 67-year-old woman presented with lower abdominal pain for 4 days. She was diagnosed as bladder cancer and underwent radical cystectomy in 1998. Histology was transitional cell carcinoma grade II by WHO. Computerized tomography (CT) scan revealed bilateral hydronephrosis and right pelvic mesenteric mass. Biopsy for the pelvic mass was done and invasive urothelial carcinoma without programmed death-ligand-1 (PD-L1, SP142) expression was identified. Six cycles of gemcitabine and cisplatin chemotherapy was administered and best response was stable disease. Five months later, she presented with dyspnea and new multiple lung nodules were found. Biopsy for the lung nodules was done and metastatic urothelial carcinoma was revealed. Different from the previous biopsy for the pelvic mass, PD-L1 (SP142) was highly expressed (20% of immune cell and 90% of tumor cell) She began receiving Atezolizumab (Anti-PD-L1 antibody), and response evaluation after 3 cycles showed partial response with marked decrease of lung metastases. The pelvic mass was decreased as well. She was tolerable to the treatment and it is ongoing. **Discussion:** This case showed discordance of PD-L1 expression between pelvic and pulmonary metastases in a patient with recurrent bladder cancer. Surgery for the primary bladder cancer was done 20 years ago, thus identification of PD-L1 expression for the primary tissue was unavailable. Tumor heterogeneity, change of tumor nature over time, or change of nature after chemotherapy might be the explanations for the discordance. Thus, in recurrent setting, we suggest to evaluate PD-L1 expression with fresh biopsies of metastatic sites.

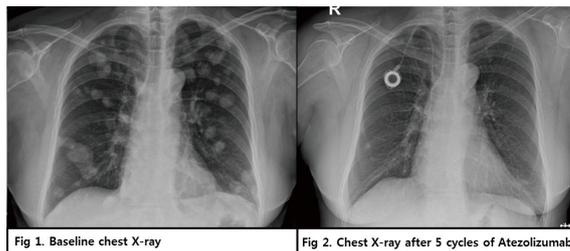


Fig 1. Baseline chest X-ray

Fig 2. Chest X-ray after 5 cycles of Atezolizumab