A retrospective analysis of cisplatin and S-1 chemotherapy for 5 patients with advanced / recurrent urachal carcinoma

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Background: Urachal carcinoma (UraC) is one of rare malignancies, primarily originating from fibrous remnant of the allantois, endodermal evagination of the developing hindgut. Surgical resection has been standard for patients with localized and locally invasive UraC. By contrast, no standard chemotherapy has been established yet. We retrospectively analyzed the effect of cisplatin and S-1 combination chemotherapy (S-1/CDDP therapy) on patients with advanced and recurrent UraC as a first line chemotherapy.

Methods: The data of 5 patients who underwent S-1/CDDP therapy, out of 9 patients with UraC who visited our hospital from 2003 to 2014, were extracted from the medical records. S-1 was administered orally at a dose of 80 mg/m^2 per day for 21 consecutive days, followed by a 14-day rest. Cisplatin was administered intravenously for over 2 hours at a dose of 60 mg/m^2 per day on Day 8 of each cycle. Treatment was repeated every 35 days.

Results: Three male and 2 female patients with a median age of 61 years (range, 47-67 years) were treated with S-1/CDDP therapy. S-1/CDDP therapy. The most common presenting symptom was gross hematuria (three patients). All tumors were adenocarcinoma and three were mucin-producing. According to the Mayo Clinic staging system, stage II, III, and IV were 3, 1, 1 patient(s), respectively, at first diagnosis. Three patients had stable disease (SD) and 2 progressive disease (PD). One patient experienced a durable SD, lasting for more than 6 months. The median progression free survival was 127 days (66-237 days). Three patients experienced one grade 3 adverse event each, namely, thromboembolic event, anemia, and hypertension. However, S-1/CDDP was well tolerated.

Conclusions: Although the current study employed only five patients, no patients achieved CR or PR. The development of more effective chemotherapy against UraC is desired.