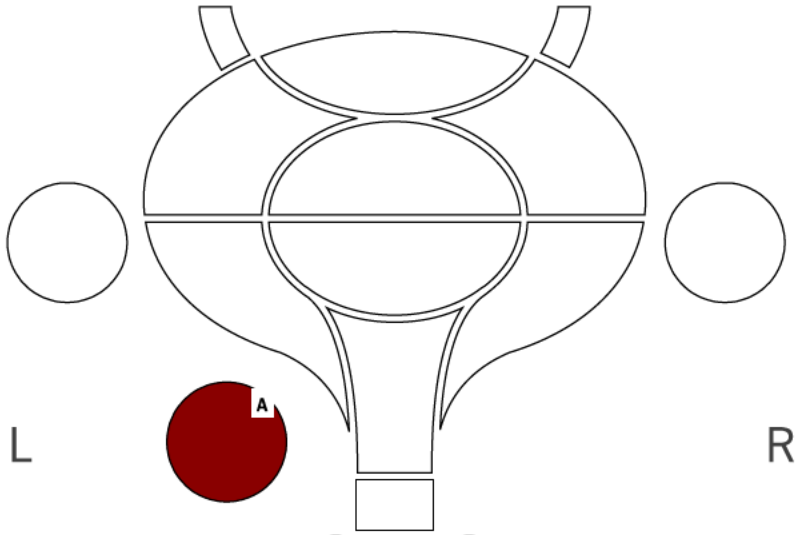
[redacted]

AMENDMENT (CHANGE TO FINAL DIAGNOSIS)

[redacted]

Bladd r Diagram:



High grade papillary urothelial carcinoma. No lamina propria invasion was observed Muscularis propria was present but not involved.

RESULT:	ORDERING ICD-10 CODES:	FINAL ICD-10 CODES:
MALIGNAN	C67.2	C67.9

Case C mm nts:
Adjacent urothelial carcinoma insitu is noted

[redacted]

[redacted]

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[redacted]

Microscopic Diagnosis and Gross Specimen Information

SPECIMEN A: BLADDER TUMOR - Cystoscopic biopsy

GROSS DESCRIPTI N: 3 fragments, 24.0 mm total length, 70.6 mm^2 total area. Received in a formalin container, labeled with patient name and DOB, designated as "Bladder Tumor ", is tan-pink tissue aggregating to 70.6mm ^ 2. Specimen entirely submitted in one cassette.
DIAGNOSIS: HIGH GRADE PAPILLARY UROTHELIAL CA
DEPTH OF INVASION: None **MUSCULARIS PROPRIA:** Yes, but not involved.

[redacted]

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AlpinePath Clinical Summary

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Diagnosis

High-grade papillary urothelial carcinoma of the bladder (Ta, high grade). Adjacent carcinoma in situ (CIS) is also present. No lamina propria or muscularis propria invasion identified.

Pathology Details

- High-grade papillary urothelial carcinoma identified in bladder biopsy.
- No invasion of lamina propria (non-invasive).
- Muscularis propria present in specimen and not involved.
- Adjacent urothelial carcinoma in situ (CIS) is noted.
- Specimen size: 3 fragments, 24.0 mm total length, 70.6 mm^2 total area.

Risk Category

Low
Intermediate
High

This is high-risk non–muscle-invasive bladder cancer (NMIBC) due to the presence of high-grade papillary urothelial carcinoma with adjacent CIS, without invasion.

Recommendations based on the NCCN guidelines

- Initial management of high-risk NMIBC, including:
  - BCG induction followed by maintenance therapy (preferred)
  - Intravesical chemotherapy if BCG is unavailable or contraindicated
  - Clinical trial
  - Cystectomy in select cases
- If disease becomes BCG-unresponsive (persists or recurs after adequate BCG):
  - Cystectomy
  - Clinical trial
  - Gemcitabine intravesical system
  - Intravesical multi-agent chemotherapy
  - Nadofaragene firadenovec-vncg
  - Nogapendekin alfa inbakicept-pmln + BCG
  - Pembrolizumab
- Follow-up:
  - Cystoscopy and urine cytology every 3 months in year 1, then every 6 months in years 2–5, then annually
  - Baseline and 12-month upper-tract imaging, then as clinically indicated
  - Ongoing surveillance per high-risk NMIBC guidelines

Conclusion

This case demonstrates a diagnosis of high-grade, non-invasive papillary urothelial carcinoma (Ta, high grade) with adjacent CIS, placing the patient in the high-risk NMIBC category. There is no evidence of invasion into the lamina propria or muscularis propria. Guideline-based management includes BCG induction and maintenance as first-line therapy, with additional options if the disease becomes BCG-unresponsive. Close cystoscopic and cytologic surveillance is essential.

Legend

- NMIBC: Non–muscle-invasive bladder cancer
- CIS: Carcinoma in situ
- BCG: Bacillus Calmette-Guérin (intravesical immunotherapy)

- Ta: Non-invasive papillary carcinoma
- LVI: Lymphovascular invasion (not present in this case)

References

- NCCN Guidelines Version 1.2026: High-Risk NMIBC; BCG-unresponsive NMIBC, CIS +/- Ta/T1 papillary; Management per NMIBC Risk Group (BL-3, BL-4); Follow-up (BL-E 2 of 6)

Patient Friendly Report

Diagnosis

Your bladder biopsy has shown a high-grade papillary urothelial carcinoma, which is a type of bladder cancer. This was found during a procedure where a small sample of tissue was taken from your bladder for examination under a microscope.

What the Biopsy Showed

- The cancer is classified as "high grade," meaning the cells look more abnormal and may grow more quickly.
- The tumor is papillary, which means it grows in finger-like projections.
- There is no evidence that the cancer has invaded the deeper layers of the bladder wall (lamina propria or muscularis propria).
- The muscle layer of the bladder (muscularis propria) was present in the sample and was not involved by the cancer.
- There is also a finding of urothelial carcinoma in situ (CIS) next to the main tumor. CIS is a flat, high-grade cancer that stays on the surface lining of the bladder.

Understanding Your Risk Category

This diagnosis is considered **high-risk non–muscle-invasive bladder cancer**. High-risk means there is a greater chance that the cancer could come back or become more aggressive if not treated carefully. However, it is important to know that the cancer has not grown into the muscle layer, which is a positive sign.

Why It Is Not Low Risk

- The tumor is high grade (more aggressive cell type).
- There is carcinoma in situ (CIS), which is a high-risk feature.
- The cancer involves the surface and lining of the bladder but has not invaded the muscle.

Recommended Next Steps

1. Imaging for Staging

Your doctor may recommend imaging tests, such as a CT scan or MRI, to make sure there is no cancer outside the bladder and to get a complete picture of your urinary tract.

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2. Treatment Options

Because your cancer is high-risk but has not invaded the muscle, the following treatments are recommended:

- Transurethral Resection of Bladder Tumor (TURBT)
- This is a procedure to remove any visible tumor from the bladder lining. You may have already had this as part of your diagnosis.
- Intravesical Therapy (BCG)
- The standard next step is treatment with a medicine called BCG, which is placed directly into the bladder to help prevent the cancer from coming back or getting worse.
- Repeat TURBT
- Sometimes, a second TURBT is recommended to make sure all cancer has been removed and to confirm there is no deeper invasion.
- Other Options (if BCG does not work or cannot be tolerated)
- If the cancer persists or comes back after adequate BCG treatment, or if BCG cannot be tolerated, other options may include:
    - Intravesical chemotherapy (medicine placed in the bladder)
    - Gemcitabine intravesical system
    - Nadofaragene firadenovec-vncg
    - Nogapendekin alfa inbakicept-pmln with BCG
    - Pembrolizumab (an immunotherapy medicine, for select patients)
    - Surgery to remove the bladder (cystectomy), especially if the cancer is not controlled with other treatments
    - Participation in a clinical trial

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3. Active Surveillance

Because your cancer is high grade and there is carcinoma in situ, simply monitoring without treatment (active surveillance) is not recommended. Active treatment is important to reduce the risk of the cancer returning or progressing.

Shared Decision-Making

We understand that this diagnosis can feel overwhelming. Your care team is here to support you and help you understand your options. Please talk openly with your doctor about your preferences, concerns, and any questions you have. Together, you can decide on the treatment plan that is best for you.

Helpful Terms

- Urothelial carcinoma: The most common type of bladder cancer, starting in the cells lining the bladder.
- High grade: Cancer cells that look more abnormal and tend to grow and spread faster.
- Papillary: Tumor grows in finger-like projections.
- Carcinoma in situ (CIS): A flat, high-grade cancer that stays on the surface lining of the bladder.
- Lamina propria: A thin layer of tissue beneath the bladder lining.
- Muscularis propria: The muscle layer of the bladder wall.
- TURBT: A procedure to remove bladder tumors using a scope inserted through the urethra.
- Intravesical therapy: Medicine placed directly into the bladder.
- BCG: A type of immunotherapy used to treat bladder cancer.
- Cystectomy: Surgery to remove the bladder.
- Clinical trial: Research studies that test new treatments.

You are not alone, and your healthcare team is here to guide you every step of the way.

This report is intended for educational and clinical support purposes only and does not replace physician judgment or individualized patient care decisions. Final diagnosis and treatment decisions remain the responsibility of the treating clinician.