

# Bladder cancer treatment

## Advanced bladder cancer

### **DISCLAIMER:**

**This website and document is a guide and while it is written by professionals, we advise you to see your doctor if you have any symptoms.**

### **Advanced bladder cancer**

Patients with bladder cancer that has spread outside the bladder are not usually candidates for surgery but will be eligible for one or more of the following treatments:

- Chemotherapy
- Immunotherapy
- Radiation therapy

#### **Chemotherapy**

The common chemotherapy drugs used are Cisplatin and Gemcitabine. They work by interfering with the ability of rapidly growing cells (such as cancer cells) to divide or reproduce themselves. They are administered intravenously through a cannula in your arm as an outpatient, and given as a cycle over a period of weeks.

#### **What are common side effects?**

Because normal cells in the body are not rapidly growing, they are not affected by chemotherapy. Exceptions to this include cells of the bone marrow (where blood cells are produced), lining of the gastrointestinal tract and hair. These tissues are affected most by chemotherapy, causing the typical side effects (low blood counts, nausea, and hair loss etc).

#### **Immunotherapy**

Immunotherapy is usually reserved for patients whose cancers don't respond to chemotherapy or in people who can't tolerate or are ineligible for chemotherapy.

Some commonly used immunotherapy drugs are Pembrolizumab and Atezolizumab. These drugs work by triggering the body's immune system to systemically destroy cancer cells. They are administered intravenously through a cannula in your arm as an outpatient.

#### **What are common side effects?**

Because immunotherapy works in a positive way within the body, it has fewer side effects compared to chemotherapy and is generally better tolerated. Rare and unpredictable side effects can still occur.

Common side effects may include:

- Feeling tired (fatigue)
- Diarrhoea
- Fever
- Nausea and vomiting



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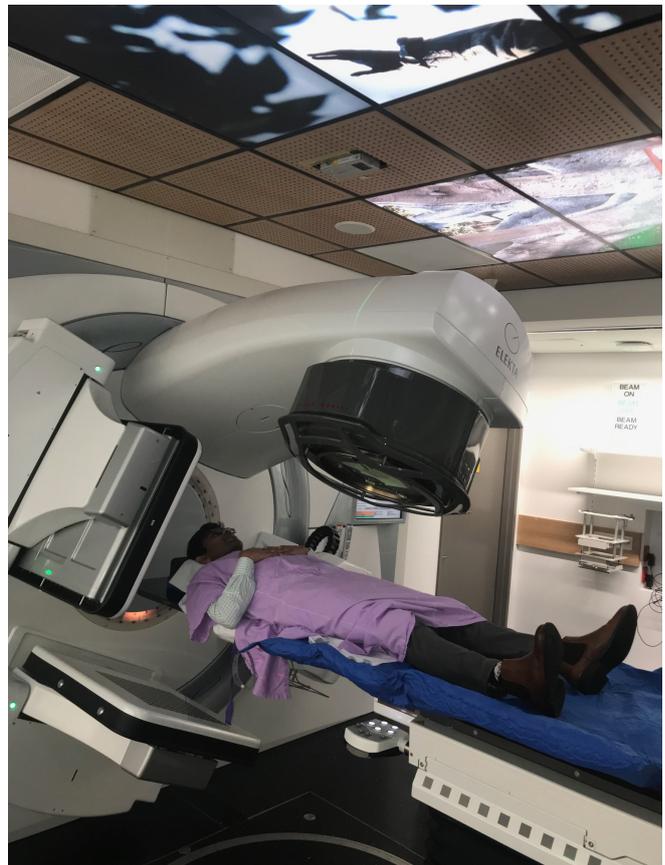
## Radiation therapy

Radiation therapy is often used for patients when the cancer in the bladder is advanced or when the cancer has spread from the bladder to other areas in the body. Your radiation oncologist will assess whether this treatment is suitable for you and explain what is involved.

Radiation therapy can be used to shrink the cancer in the bladder, stop bleeding in the bladder and to help with pain that the cancer may be causing. It can also be directed at other body sites, for symptoms such as pain from cancer which has spread to the bones.

Radiation therapy is very carefully planned and delivered. The first step is called a “simulation session”, where you will be positioned on a treatment bed with equipment tailored to your body shape to keep you comfortable and help you lie still. Scans and measurements will be used to design an individualised treatment plan, focusing high energy x-rays to cancer cells in the problem area, whilst limiting radiation to surrounding normal tissues. The design process may take a few days before treatment commences. You may be asked to have some small, permanent marks left on the skin (tattoos), to help position you on the bed when you return for treatment.

The number of treatments that you need can range from as little as a single treatment to a few weeks of daily treatment. Your doctor will explain how many treatments you need. Each treatment session takes about 10-15 minutes. Much of that time is taken up by getting you into the correct position and making sure that you are comfortable, with the treatment itself taking only a few minutes. You will be asked to lie still and the machine will move around you, making some clicking noises when the radiation beam is turned on. You cannot see or feel the radiation being delivered, although occasionally people describe a warm feeling in the area being treated. After each session is finished, there is no radiation left in the body and you are free to be around other people.



The potential side effects will depend on which part of the body is being treated, but are usually mild. Your radiation oncology doctor and nursing team will help you manage these symptoms if they occur.



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## Clinical trials

If you don't respond to standard chemotherapy or even immunotherapy then you may be eligible to take part in a clinical trial.

Other than the benefits in advancing medical science, being part of a clinical trial often involves dedicated care and support by the clinical trial team and access to new treatments that may not be widely available.

To find out more about clinical trials speak to your oncologist or visit: <https://www.australianclinicaltrials.gov.au/>

If there is a trial that you might have heard about taking place overseas find out all the facts and discuss it with your oncologist in Australia first before getting involved.



To learn more about Clinical Trials, click **here** to watch a video by Dr Patti Bastick.

## Treatment of rare bladder cancers

These are bladder cancers that are not urothelial (transitional cell) cancer. Combined they make up only 5% of all bladder cancers. They include:

- Squamous cell carcinoma
- Adenocarcinoma
- Small cell carcinoma
- Sarcoma
- Plasmacytoid
- Micropapillary variant

Many of these cancers don't respond to conventional intravesical chemotherapy or immunotherapy. In most cases the first line of treatment is a radical cystectomy, in some cases, followed by chemotherapy, immunotherapy and/or radiation. For some of the adenocarcinomas it may be possible to only take out part of the bladder known as a partial cystectomy.

Your urologist and oncologist will work with you to agree on the most appropriate course of action if you are suffering from a rare (non-urothelial) cancer.

## Alternative therapies

There are many alternative therapies available, however there is not enough scientific evidence to support their efficacy in preventing or curing bladder cancer. Always discuss alternative therapies with your oncologist before use.



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