

Bladder cancer treatment

Non-muscle invasive 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.

Non-muscle invasive bladder cancer

If your cancer does not spread into the muscle it is known as non muscle-invasive bladder cancer. Important information from the pathology report includes grade of the cancer, the number of cancer lesions present, size of the lesion and whether the subtype of cancer carcinoma in situ (CIS) is present. This will guide your treatment plan.

A bladder tumour which is high grade or has invaded into the lamina propria (layer between the bladder lining and muscle) or has carcinoma in situ (CIS) present is considered high risk. If a tumour is low grade but large or recurrent or multiple it may be considered intermediate risk. If a tumour is low grade and small and single it will be low risk.

1. Low risk - non muscle invasive

Treatment: *Intravesical (into the bladder) chemotherapy after TURBT*

Rationale: This is thought to help prevent floating cancer cells dislodged from the TURBT from seeding and starting new cancer formation.

Drug name: Epirubicin or Mitomycin C

How is it administered?

After your TURBT procedure you will already have a catheter in place or it will be inserted. A chemotherapy drug will then be inserted with a syringe into the end of the catheter and the catheter will be clamped. This allows a high concentration of the treatment to be applied directly to the areas where cancer cells could remain, potentially destroying these cells and preventing them from re-emerging in the bladder.

The solution is left in the bladder for 1-2 hours, then allowed to drain out through a catheter.



For an overview of bladder cancer treatment options, click **here** to watch a video by Prof Manish Patel.



To understand chemotherapy for non muscle invasive bladder cancer, click **here** to watch a video by Dr Patti Bastick.



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What side effects may I experience?

Because this drug is given directly to the site where it needs to act, side effects are minimised. It may cause localised irritation to the bladder.

Symptoms may include

- Need to urinate frequently and urgently
- Pain with urination

These side effects are short-lived and usually disappear in a couple of days.

2. Intermediate risk - non muscle invasive

Treatment: Intravesical (into the bladder) chemotherapy

Duration: 6 weeks starter regime sometimes followed by a longer maintenance regime.

Drug name: Epirubicin or Mitomycin C

3. High risk - non muscle invasive

Treatment - Intravesical immunotherapy (BCG) after TURBT

Rationale: BCG therapy has been shown to delay bladder cancer from becoming more advanced and decreases the need for a cystectomy at a later time.

What is BCG?

BCG is a milder form of the live bacterium that causes tuberculosis.

How does BCG work?

BCG is believed to work by triggering the body's immune system to destroy any cancer cells that remain in the bladder after TURBT.

When is BCG given?

It is given two to three weeks after the last TURBT.

How long is BCG given for?

The treatment is usually given once per week for six weeks (induction) and then less frequently for 1-3 years (maintenance)

How is BCG administered?

BCG is in a liquid solution that is put into the bladder with a catheter. The person then holds the solution in the bladder for two hours before they urinate. During the first hour, your doctor may have you lie for 15 minutes each on your stomach, back, and both sides. When you empty your bladder, you should be sitting down.



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What should I do after receiving BCG treatment?

It is important that you drink extra fluids for several hours after each treatment with BCG so that you will pass more urine. Also, empty your bladder frequently. This will help prevent bladder problems.

What are some of the common problems after receiving BCG treatment?

Some side effects may occur but usually do not need medical attention. These side effects may go away during treatment as your body adjusts to the medicine. Also, your health care professional may be able to tell you about ways to prevent or reduce some of these side effects.

- Frequent urge to urinate
- Increased frequency of urination
- Blood in urine
- Joint pain
- Fever and chills
- Nausea and vomiting
- Painful urination (severe or continuing)

After you stop using this medicine, it may still produce some side effects that need attention. Notify your doctor if they are persistent or severe.

What is maintenance BCG?

Maintenance BCG treatment is given for a prolonged period of time to further delay recurrence and progression of the cancer.

It is usually given for at least one year but may be given for up to three years in those at highest risk of recurrence. Maintenance BCG is typically given once per week for three weeks at 3, 6, and 12, 18, 24, 30, 36 months after the initial BCG treatment.



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