

Treating Bladder Cancer

A Quick Guide

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Bladder cancer stage and grade

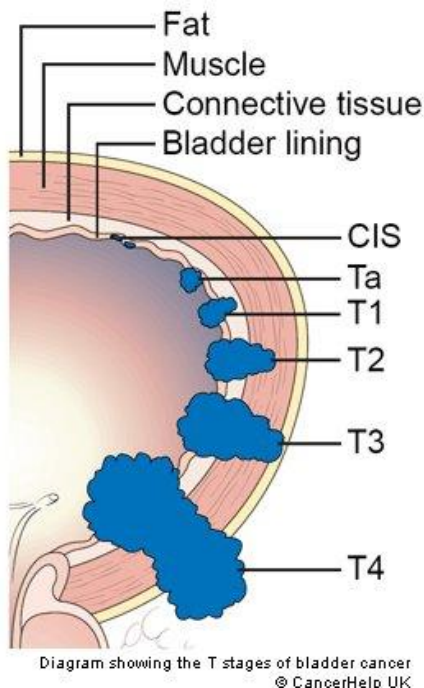
What is staging?

Cancers are divided into stages, depending on how far they have grown. The staging system normally used in bladder cancer is called TNM, which stands for tumour, node, metastasis. So TNM staging takes into account how deeply the tumour has grown into the bladder, whether there is cancer in the lymph nodes, and whether cancer has spread to other parts of the body (metastasis).

The T stages of bladder cancer

Cancer that is only in the innermost lining of the bladder is classed as carcinoma in situ (CIS or Tis), or Ta. Cancer that has grown further into the bladder has a T number from 1 to 4. In T1, the cancer has started to grow into the connective tissue just under the bladder lining. In T4, it has spread outside the bladder. T2 and T3 are in between.

Ta, T1 and CIS tumours are classed as non muscle invasive (superficial) or early bladder cancer. T2 and T3 are classed as invasive bladder cancer. T4 is called advanced bladder cancer.



Grade

You may hear doctors talk about the grade of your cancer. This means how well developed the cells look under the microscope. In low grade cancers, the cells look very like normal cells and tend to grow slowly and stay within the bladder lining. High grade cancers tend to grow more quickly and are more likely to come back after treatment (recur) or to spread into the muscle layer of the bladder (progress).

Bladder cancer statistics and outlook

Outlook means what is likely to happen in the future. Your doctor may call this your prognosis. With bladder cancer, the likely outcome depends on whether the cancer is just in the bladder lining or whether it has spread into the muscle wall of the bladder or beyond. The grade can also be important. The grade means how abnormal the cells look under the microscope.

We have quite detailed information on our website about the likely outcome of different stages of bladder cancer. The statistics we use are taken from a variety of sources, including the opinions and experience of the experts who check every section of this website. They are intended as a general guide only. For the more complete picture in your case, you'd have to speak to your own specialist.

How reliable are cancer statistics?

No statistics can tell you exactly what will happen to you. Your cancer is unique. The same type of cancer can grow at different rates in different people. The statistics cannot tell you about the different treatments people may have had, or how that treatment may have affected their prognosis. There are many individual factors that will affect your treatment and your outlook.

Types of treatment for early bladder cancer

Removing early bladder cancer tumours

If you have early stage bladder cancer, your specialist will remove the areas of cancer in the bladder lining during a cystoscopy. You have this under general anaesthetic. Your doctor will send the tumours to the lab so the pathologist can check the grade of your cancer cells.

Treatment into the bladder

In some people, early bladder cancer comes back after surgery. So, after the cancer is removed, your specialist will give you chemotherapy treatment into the bladder. This is called intravesical therapy and lowers the chance of the cancer coming back.

If you have a cancer with a medium risk of coming back, you are then likely to have a further course of chemotherapy into your bladder for 6 weeks. You may also have a course of chemotherapy treatments into the bladder if the cancer comes back after initial treatment.

If you have a high grade tumour the cancer cells look very abnormal. If you have a high grade tumour or changes in the bladder lining called carcinoma in situ you have a higher risk of the cancer coming back. Your doctor will probably suggest a course of BCG treatment into the bladder to reduce the chance of the cancer coming back or spreading.

Keeping an eye on you

After treatment you will need regular checkups for some years, to make sure the cancer doesn't come back.

Treatment into the bladder

Treatment into the bladder is called intravesical treatment. The aim is to treat the cancer and stop it coming back. You can have intravesical treatment with chemotherapy drugs or with BCG vaccine.

After surgery to remove bladder cancer, you have a tube (catheter) put into your bladder. The BCG or chemotherapy drug goes into your bladder through the catheter. You have to try not to pass urine for the next 2 hours.

Chemotherapy into the bladder

Chemotherapy into the bladder is called intravesical chemotherapy. This helps to stop the bladder cancer growing back. You may have it just once, or have weekly treatment for 6 weeks. Bladder irritation is usually the only side effect. Some people get a rash on their hands or feet for a short time after treatment.

BCG into the bladder

BCG given into the bladder is called intravesical BCG. BCG is a vaccine for tuberculosis (TB). Doctors are not quite sure how it works for bladder cancer, but they know from research that it helps to stop or delay bladder cancers growing back. You usually have this treatment weekly for 6 weeks. You may then have it every few weeks or months for the next 3 years. You may get an irritated bladder or want to pass urine more often. Some people have flu like symptoms after treatment. There is a very small chance that some of the TB could get into your system and give you TB symptoms. If you are worried, tell your doctor or nurse straight away.

Electrically stimulated chemotherapy

Your doctor may suggest electrically stimulated chemotherapy if you have a high grade cancer that remains or comes back after chemotherapy or BCG into the bladder. While chemotherapy is in the bladder you have electrodes on the skin of the abdomen and inside the bladder that create an electrical current. This treatment is usually only used as part of clinical trials.

Follow up for early bladder cancer

After treatment for early bladder cancer there is a chance that the cancer could grow back. So you will need to go for regular check ups. The best way to check your bladder is to have a bladder examination (cystoscopy). You will probably have a cystoscopy to check your bladder 3 months after your treatment finishes.

The more time that passes, the lower the risk of the cancer coming back. But you may need to have regular cystoscopies for up to 10 years.

What if the cancer comes back?

If you had early bladder cancer removed and it comes back inside the bladder, you can have the growths removed during cystoscopy as before. You will probably then have chemotherapy or BCG treatment into the bladder.

If your cancer is high grade, has spread deeper into the bladder muscle, or is a return of carcinoma in situ, then you may need more intensive treatment.

What to ask your doctor about treating early bladder cancer

- What stage is my bladder cancer and what does this mean?
- What grade is my bladder cancer and what does this mean?
- How do stage and grade affect the type of treatment I need?
- Do I need any more treatment after my cystoscopy and treatment into the bladder?
- What type of treatment do I need?
- What are the short and long term side effects?
- Is there any choice of treatment?
- Which tests can show if my cancer has come back?
- How likely is it that my cancer will come back?
- How likely is it that my cancer will spread into the deeper layers of the bladder?
- What will happen if my cancer comes back?
- How often will I have follow up appointments and how long will they continue for?

Types of treatment for invasive bladder cancer

Radiotherapy or surgery are the main treatments for bladder cancer that has spread into the muscle layer of your bladder. You may have one of the following treatments

- Surgery to remove all or part of the bladder
- Radiotherapy
- Radiotherapy combined with chemotherapy (chemoradiation)

Giving chemotherapy before surgery or radiotherapy, or combining it with radiotherapy, can help these treatments to work better.

Choosing between surgery or radiotherapy

In some situations surgery or radiotherapy work equally well in treating invasive bladder cancer. You and your specialist will need to talk about the risks and benefits of each treatment in your particular case. The main difference is that having radiotherapy means you can keep your bladder. But it can cause side effects such as diarrhoea or inflammation of the bladder during the treatment.

Surgery for invasive bladder cancer usually means having quite a big operation. There are different types of bladder cancer surgery. You may have part or all of the bladder removed. If you need to have your whole bladder removed, you may need to have a bag (urostomy bag) on your tummy (abdomen) afterwards to collect urine. Some people can have an operation to create a new bladder instead so that they can pass urine in the usual way.

Types of surgery for invasive bladder cancer

For bladder cancer that has spread into the muscle layer you usually have the whole bladder removed. But some people may be able to have only part of the bladder taken away.

Removing part of the bladder (partial cystectomy)

This is suitable for only a small number of bladder cancers. The surgeon removes the area of the bladder containing the cancer.

Removing the whole bladder (radical cystectomy)

As well as removing the bladder, the surgeon removes the surrounding lymph nodes. In men, the surgeon also takes out the prostate gland. In women, the surgeon removes the tube that takes urine from the bladder to the outside of the body (the urethra). The surgeon may need to remove the womb and ovaries as well.

When your bladder is removed, you need another way of collecting your urine. There are several different ways of doing this. The most common is to have a urostomy. This means having a bag outside your body to collect your urine.

Instead, some surgeons can use part of the bowel to make an internal pouch to hold your urine (called a continent urinary diversion). Or your surgeon may make an artificial bladder for you (a bladder reconstruction). Rarely, the surgeon may be able to make the back passage (the rectum) into a pouch where the urine is collected. After this operation, you pass urine out with the stools from your back passage. These operations are not suitable for everyone.

Before your operation for invasive bladder cancer

You and your family need to understand exactly what your operation involves and how you will manage afterwards. If you are going to have a urostomy or continent urinary diversion, you may see a stoma nurse. This is a nurse experienced in teaching people how to use and look after stomas. Or a specialist nurse on the ward may show you. It might be helpful if your partner or someone close to you is there at the same time, so they can learn about stomas too.

Tests

You will have blood tests and possibly a chest X-ray before your operation. If you have other health problems you may need other tests to make sure you are fit enough for the operation.

Cleaning out your bowel

The surgeon may need to use part of your bowel to make the new way of collecting your urine. The cleaner your bowel, the less likely you are to get an infection after your operation. For a few days before the operation you will need to follow a special diet and take laxatives. You may have an enema when you go into hospital to make sure your bowel is empty.

Eating and drinking

You may need to stop eating the day before the operation or on the day itself. But you can usually drink clear fluids until about 4 hours before the surgery. Your nurse will tell you about this. They may also give you high protein, high calorie drinks to help maintain your nutrition.

After your operation for invasive bladder cancer

After your operation you are likely to be in an intensive care unit for a couple of days. You can then have individual nursing care.

You may have a drip for fluids. You may also have tubes to drain your wound. You may not be able to eat for a few days. But your nurse will give you water to drink and also high protein, high calorie drinks. You can usually start eating a few days after the surgery.

It is important to tell your doctor or nurse about any pain straight away, so they can find the right type and dose of painkiller for you.

After urostomy

You will have a small hole like a spout on your abdomen (called a stoma) where your urine will drain out. The stoma has no nerve supply, so it doesn't hurt. It will get smaller as it heals. At first, your stoma nurse may change your bags. They will help you when you change them yourself. After you go home, a stoma nurse or district nurse can visit to make sure that you are coping.

After continent urinary diversion, bladder reconstruction or recto sigmoid pouch

As with a urostomy, you will have a stoma after a continent urinary diversion. At first you will have a catheter in it, connected to a drainage bag. If you have bladder reconstruction or a recto sigmoid pouch, you will have a catheter into the new bladder for up to 3 weeks until the new bladder has healed.

Side effects of bladder surgery

Men will probably have their prostate gland removed during the operation. This will mean that you can no longer father a child. Also, the nerves that control erection can be damaged. For women, your vagina may be shortened during surgery. You may also have your womb removed. If so, you will no longer be able to have children.

What to ask your doctor about bladder cancer surgery

- Why do I need surgery?
- Which type of operation should I have and why?
- What is the aim of the surgery?
- Is there any other choice of treatment?
- Is it possible for me to have only part of my bladder removed instead of all of it?
- What does the surgery involve?
- Will you take anything else out as well as my bladder?
- Will I have to wear a bag to pee into?
- Is it possible for me to have a bladder reconstructed?
- Is it possible for me to have continent urinary diversion?
- How many of this type of operation do you do each year?
- What are the results?
- Can I talk to someone who has had the type of operation I'm going to have?
- Is there a stoma nurse I could talk to?
- Where do I get the stoma equipment from?
- Do I have to pay for stoma equipment?
- Is there anything I should do to prepare for the operation?
- What are the short and long term side effects of the operation?
- Will I have any pain afterwards?
- Will the operation affect my sex life?
- Is there any other treatment I need to have after my surgery?
- How often will I have follow up appointments and how long will they go on for?
- Is there a number I can call if I'm worried between appointments?
- What happens if my cancer comes back?

Radiotherapy for invasive bladder cancer

Radiotherapy uses high energy rays to kill cancer cells. Your specialist may suggest radiotherapy instead of surgery if you want to try to keep your bladder, or try to keep your ability to have an erection. If your cancer comes back in your bladder after radiotherapy, your doctor will probably recommend that you have your bladder removed (cystectomy).

Having your treatment

You have radiotherapy in the hospital radiotherapy department. Treatments are usually once a day, from Monday to Friday, for up to 6 or 7 weeks. Each treatment only takes a few minutes. You may have chemotherapy at the same time (concomitant chemoradiation). Or you may have chemotherapy before the radiotherapy.

Side effects

Radiotherapy generally causes tiredness and sore, red skin in the treated area. It can also irritate the bladder and bowel. This can cause a need to pass urine very often, pain when passing urine and bowel problems, usually diarrhoea. Drinking plenty of water will help with bladder symptoms. Your doctor or nurse may be able to give you anti diarrhoea tablets.

Side effects usually last a few weeks after your treatment is over. A few people have long term side effects. Radiotherapy for bladder cancer can also affect your ability to have children (fertility)..

Chemotherapy for invasive bladder cancer

Chemotherapy uses anti cancer (cytotoxic) drugs to destroy cancer cells. You have chemotherapy into a vein (intravenously), or as tablets that you swallow. You may have chemotherapy during radiotherapy (chemoradiotherapy) or before the radiotherapy. Or you may have chemotherapy before or after surgery.

If you have chemotherapy before surgery or radiotherapy, it can shrink the tumour and aims to make the treatment work better. Chemotherapy after surgery may help to stop the cancer coming back.

The drugs and side effects

Doctors use combinations of chemotherapy drugs to treat bladder cancer. The drugs most commonly used include gemcitabine, cisplatin, carboplatin, methotrexate, vinblastine and doxorubicin. Your specialist will decide which is most suitable for you based on your individual case. You may hear them talk about your treatment using the initials of the drugs you'll be having, for example, GC which is gemcitabine and cisplatin, or MVAC which is methotrexate, vinblastine, Adriamycin (doxorubicin) and cisplatin.

Side effects

All chemotherapy has side effects. The effects you get depend on the drugs and dose you have and your body's individual reaction. Most side effects only last a few days. The most common side effects of bladder cancer chemotherapy are

- Low resistance to infection due to a drop in the number of white blood cells
- Feeling sick
- Hair loss or thinning
- A sore mouth and mouth ulcers
- Feeling tired and run down
- Loss of fertility (ability to have a baby)

The drug doxorubicin (Adriamycin) can make your urine turn red for a couple of days after treatment. This does not mean you have blood back in your urine.

Follow up for invasive bladder cancer

After your treatment has finished, you will need to have regular check ups. This is to see how you are recovering, and to pick up any early signs of the cancer coming back. At first you will usually have a check up at least every 2 to 3 months. If all goes well, they'll gradually get further apart.

Tests you may have

At check ups, your doctor will examine you. They will ask how you feel and whether you have any symptoms, or whether anything is worrying you. You will have a urine test. At some visits you might have a scan, X-ray or cystoscopy as well.

If you are worried or notice any new symptoms between check ups, tell your doctor or nurse straight away. You don't have to wait for your next appointment.

Worrying about your appointments

You may find your check ups quite worrying, especially at first. It may be helpful to tell someone close to you how you feel. Having someone go along with you to your check ups may help. If you find that worry is seriously affecting your life, you may find it helpful to have counselling.

What to ask your doctor on treating invasive bladder cancer

- What stage is my bladder cancer and what does this mean?
- What grade is my bladder cancer and what does this mean?
- What is the likely outcome (prognosis) of my cancer?
- How do stage and grade affect the type of treatment I need?
- What is the aim of the treatment?
- Is there any choice of treatments?
- Could you arrange for me to have a second opinion?
- How long will the treatment last?
- Can I have treatment as an outpatient or will I need to be in hospital?
- How often will I have to go to hospital?
- Is it possible to get help with paying my fares?
- What are the short and long term side effects of the treatment?
- Is there anything I can do to help with the side effects?
- Are there any experimental treatments or clinical trials I could join?
- How often will I have follow up appointments and for how long?
- Is there a number I can ring between appointments if I'm worried?
- What happens if my cancer comes back?

What is advanced bladder cancer?

Advanced bladder cancer means the cancer has spread to another part of the body from where it started in the bladder. Your cancer may be advanced when it is first diagnosed. Or it may have come back some time after you were first treated. This is called recurrent cancer. Not all bladder cancers will spread or come back.

Where does bladder cancer spread?

The cancer may grow into areas near your bladder, such as the ureters, urethra, prostate or vagina. This is called local spread. Cancer that has spread to a different part of the body is called secondary cancer. Bladder cancer is most likely to spread to the lymph nodes in the pelvis, abdomen or neck, or to the lungs, the liver or the bones.

Symptoms of cancer spread

These will depend on where the cancer has spread to. A common symptom of cancer spread is weight loss. Other symptoms can include swollen legs, pain in your bones or tummy (abdomen), lumps in your abdomen or neck, or yellowing of the skin and eyes (jaundice). Some people feel increasingly tired when their cancer has spread. Some people have no symptoms from bladder cancer spread.

Remember that you may have symptoms caused by conditions other than cancer, such as coughs, colds or back pain. But do check with your doctor or specialist nurse if a symptom is worrying you or continues for more than a few days.

Types of treatment for advanced bladder cancer

Treatment for locally advanced bladder cancer

If your cancer has grown through the bladder wall or has spread to lymph nodes but no further, it is called locally advanced bladder cancer. You may have removal of the bladder or radiotherapy to the bladder. This may cure the cancer for some people. As well as treatment to your bladder you may have nearby lymph nodes removed or have radiotherapy treatment to them. These treatments would be followed by chemotherapy into a vein.

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Treatments for bladder cancer that has spread

For bladder cancer that has spread, you may have chemotherapy, radiotherapy or minor surgery to control the cancer and reduce symptoms for some time. Your doctor will discuss the options with you.

Chemotherapy

Chemotherapy for advanced bladder cancer can often shrink it or keep it under control for some time. But this treatment can be quite intensive.

Radiotherapy

Radiotherapy can help to relieve the symptoms of advanced bladder cancer, for example if you have pain from cancer that has spread to a bone. The radiotherapy will not cure your cancer but it can improve the quality of your life.

Surgery

If you still have cancer inside your bladder and it is causing symptoms, your specialist may suggest surgery to remove it. This is called debulking and is similar to having a cystoscopy. Your doctor may also suggest an operation if the cancer is blocking your ureters or kidney.

Follow up for advanced bladder cancer

After your treatment has finished, you will need to have regular check ups.

Tests you may have

At check ups, your doctor will examine you. They will ask how you feel and whether you have any symptoms or worries. You may have a urine test. At some visits you might have a scan, X-ray or cystoscopy as well.

If you are worried or notice any new symptoms between check ups, tell your doctor or specialist nurse straight away. You don't have to wait for your next appointment.

Worrying about your appointments

You may find your check ups quite worrying, especially at first. It may be helpful to tell someone close to you how you feel. Having someone go along with you to your check up may help. If you find that worry is seriously affecting your life, you may benefit from counselling.

What to ask your doctor about treating advanced bladder cancer

- What treatment do you recommend for bladder cancer that has spread?
- What is the aim of the treatment?
- What are the side effects of the treatment?
- Is there anything that can help with side effects?
- What happens if my cancer comes back again after this treatment?
- Are there any experimental treatments or trials you would recommend for me?
- Is there a counsellor I could talk things through with?
- Is there a specialist nurse I could see?
- What happens if I decide not to have treatment?

Bladder cancer research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know that they are safe.

First of all, treatments are developed and tested in laboratories. Only after we know that they are likely to be safe to test are they tested in people, in clinical trials.

There is research looking into prevention and causes of bladder cancer, how to diagnose it earlier, radiotherapy, chemotherapy, combining treatments, biological therapies, and giving drugs using an electric current.

What to ask your doctor about bladder cancer treatment

- What stage and grade is my bladder cancer?
- How does this affect my treatment?
- What is the likely outcome (prognosis) of my cancer?
- What is the aim of the treatment?
- What written information you can give me about my treatment?
- Is there a specialist nurse I can see?
- Am I likely to need any other treatment in the future?
- Are there any experimental treatments that would help me, or clinical trials I might join?
- How do I get a second opinion?
- How often will I see you when my treatment finishes?
- What will happen at my follow up appointments?
- Is there a number I can call if I am worried between appointments?
- Is there anything I should look out for?

Notes

For more information, visit our website <http://www.cruk.org/cancerhelp>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for trials in the UK. Our information is based on the best current scientific evidence and reviewed regularly by leading clinicians and experts in health and social care.

For answers to your questions about cancer call our Cancer Information Nurses on 0808 800 4040 9am till 5pm Monday to Friday.

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in November 2013. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. Copyright Cancer Research UK 2013. Cancer Research UK is a registered charity in England and Wales (1089464), Scotland (SC041666) and in the Isle of Man (1103)

