
CHEMOTHERAPY FOR ADVANCED UROTHELIAL CANCER OF THE BLADDER

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Definitions and High Level Overview

- n Like many solid tumors (breast, colon, lung) the approach to the management of muscle invasive bladder cancer hinges around the “stage” at which the disease presents
 - n Stage: how big is the tumor, how deep in the bladder has it gone, has it involved lymph nodes, has it spread to distant organs (lung etc)
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Definitions and High Level Overview

- n Again like other solid tumors, the critical issue remains, has the disease gained the potential to spread outside the bladder either by direct extension, via the lymphatic's or blood stream
 - n Our tests i.e. cystoscopy, biopsy, CT scans etc have limitations
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Definitions

- n Adjuvant therapy: follows a surgical procedure, typically some type of systemic therapy (for example chemotherapy) or radiation therapy
 - q Purpose: to kill microscopic remnants of disease either in the field (radiotherapy) or systemically (chemotherapy)
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Definitions

- n Neo Adjuvant therapy: prior to a local treatment i.e. surgery or radiotherapy
 - q Purpose: to decrease the size of the tumor rendering it easy to treat and/or to kill distant microscopic disease, to improve outcome
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Why Does Cancer “Come Back”?

Microscopic cancer cells, not detectable by current technology and outside of the surgical field grow over time to become detectable and cause the patient problems

What is the Goal of My Treatment ?

- n Cure
 - n To improve survival
 - n To increase the time that I am cancer free
 - n To make me feel better
 - n Investigational
 - n Because I have cancer and the doctor doesn't really want to discuss alternatives
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Drugs and Regimens Used

- n MVAC (methotrexate, vinblastine, Adriamycin, cisplatin)
 - q Developed in 1970's
 - q Nothing has ever been proven to be better
 - n Gemcitabine/Cisplatin
 - q Similar in efficacy to MVAC
 - n Substitute carboplatin for cisplatin
 - q Cisplatin may be difficult or impossible to administer due to renal problems
 - q Carboplatin likely an inferior drug
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Comments on “Cisplatin Ineligible”

- n Few to no studies with rigorously defined population
 - n Unwillingness to use up 6 hrs of chair-time to administer necessary fluids: no
 - n Inability to tolerate fluid load due to CHF: maybe
 - n Age > xx: no
 - n Creatinine: no
 - n Estimated GFR < 30 ml/min: yes
 - n Estimated GFR 30-50 ml/min: maybe
 - n Sensori-neuronal hearing loss: maybe
 - n Peripheral neuropathy > gr 1: maybe
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Other Drugs Being Used

- n Paclitaxel (Taxol)
 - n Docetaxel (Taxotere)
 - n Vinflunine (investigational)
 - q May be approved by FDA for second line therapy
 - n Ifosfamide
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Why is there so little information from clinical trials for patients with bladder cancer

- n Evolution of therapy from academic medical centers into clinical practice in the community
 - n An older, more infirm population, more likely to want therapy closer to home
 - n Some patients are cured with current therapy, making new efforts problematic
 - n Poor understanding of the disease by the big pharmaceutical companies
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What do we know?

- n Cisplatin-based chemotherapy administered neoadjuvantly followed by radical cystectomy improves survival compared to cystectomy alone
 - n Adjuvant chemotherapy may help some folks, but this is less well understood
 - n Chemotherapy for advanced disease cures a small subset of people
 - n **WE NEED BETTER DRUGS-** but there is hope, new studies are underway, testing new generations of anticancer drugs
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“Everyone has a
photographic memory
Some just don’t have film”

- Steven Wright
