FACTSHEET 3

Understanding chemotherapy for bladder cancer

A simple guide to what chemotherapy is, when it is used for bladder cancer, and what to expect.

What is chemotherapy?

Being told you may need chemotherapy can feel scary. It helps to know what it is, and why your team has suggested it. This can make it easier to talk with your doctors and nurses.

Chemotherapy is a treatment that uses medicines to treat cancer. The medicines kill cancer cells or stop them from growing. Many people call it "chemo" for short.

There are two main ways to have chemo for bladder cancer:



Systemic chemotherapy

Goes all around your body. It travels in your blood. It is used when the cancer has grown into the bladder muscle or has spread further.



Intravesical chemotherapy

Goes only into your bladder. It is put in through a thin tube (a catheter). It is used for early cancer that is still in the bladder's lining.

Your team will tell you which type is right for you. This factsheet explains both.

Why might you need chemotherapy?

You may have chemo at different times: before surgery, after surgery, together with radiotherapy, to slow cancer that has spread, or to lower the chance of early cancer coming back in the bladder.

The sections below explain each of these, and when they may be used for you.

The chemotherapy journey

The usual steps are:



1. You get your diagnosis
2. Your team plans your treatment
3. You have chemo (through a vein, or into the bladder)
4. You rest and get your strength back
5. You go for check-ups

Systemic chemotherapy (for your whole body)



Systemic chemo is mainly used for muscle-invasive bladder cancer (MIBC). This is cancer that has grown into the muscle of the bladder wall. It is also used when cancer has spread to other parts of the body. The medicines travel in your blood. They can reach cancer cells almost anywhere.

When it may be used

- **Before surgery (neoadjuvant):** to make the tumour smaller. It also treats tiny cancer cells that are too small to see on scans.
- **After surgery (adjuvant):** to kill any cancer cells left behind. This lowers the chance of the cancer coming back.
- **With radiotherapy (chemoradiation):** you have it at the same time as radiotherapy. It helps radiotherapy work better. This can help you keep your bladder.
- **For cancer that has spread:** to slow the cancer, ease your symptoms, and help you live longer.

How you have it

You usually have this chemo through a drip into a vein. Doctors call this "intravenous", or IV.

You have it in cycles. A cycle is a time of treatment, then a rest. The rest gives your body time to get its strength back. Then you have the next round. Most people have a few cycles over some months. You can often go home the same day.

Intravesical chemotherapy (inside your bladder)



Intravesical chemo is used for non-muscle-invasive bladder cancer (NMIBC). This is cancer found only in the inside lining of the bladder. The medicine goes straight into your bladder. It works mostly on the lining. Very little goes into the rest of your body. So you are much less likely to feel side effects all over your body.

When it may be used

- **One dose soon after surgery:** many people have one dose of chemo put into the bladder within a day of having a tumour removed. The tumour is taken out in an operation called transurethral resection of bladder tumour (TURBT). This dose helps kill any loose cancer cells and lowers the chance of the cancer coming back.
- **A course of treatments:** some people have a few treatments, often once a week for some weeks. This helps stop the cancer coming back.

Chemo is not the same as BCG. Both go into the bladder. But they work in different ways. Chemo uses medicines to kill cancer cells. BCG (Bacillus Calmette-Guérin) helps your body's own defences (your immune system) fight the cancer. Your team will tell you which is right for you.

Before, during and after treatment

Before treatment | **During treatment** | **After treatment**

Before systemic chemo, your team may check your general health. They may test your blood and check how your kidneys are working. Before intravesical treatment, you may be asked to drink less. You may also give a urine sample to check for infection. If you have a water infection, treatment usually waits until it clears.

- **Systemic:** you have the medicine through a drip. This takes some time. You can rest while you have it.
- **Intravesical:** the medicine goes into your bladder through a thin tube. You hold it in for a set time, often about one hour. Then you pass urine. You can usually go home the same day.

After intravesical chemo, a little of the medicine may stay in your urine for a short time. Your team will give you simple safety advice. This may include sitting down to pass urine, and washing your hands well after. Ask your team how long it takes to do this.

Side effects to know about

Side effects depend on the type of chemo. Many can be eased or managed. Tell your team about anything you notice.

Systemic chemo may cause:

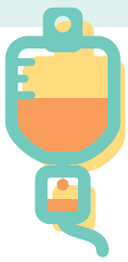
- Feeling very tired (fatigue)
- Feeling sick, or being sick (nausea)
- Catching infections more easily
- Hair getting thinner or falling out
- Tingling or numb feelings in your hands and feet
- Changes to your hearing, or ringing in your ears
- Effects on your kidneys

Intravesical chemo may cause:

- Stinging or a sore feeling when you pass urine
- Needing to pass urine more often
- A little blood in your urine
- Mild soreness in the bladder
- These bladder feelings usually go away in a few days

Call your team straight away if you have a high temperature (fever), shivering, bad pain, or signs of an infection during systemic chemo. A fever during chemo can be a sign of a serious infection. It needs checking right away. Ask your team for a number you can call at any time, day or night.

How chemotherapy can help



- **Can make tumours smaller** before surgery.
- **Can lower the chance** of the cancer coming back.
- **Can help you keep your bladder** when used with radiotherapy.
- **Can slow cancer that has spread** and help you live longer.

Chemo is an important part of care for many people with bladder cancer. Whether it is right for you depends on your cancer, your kidneys, and your general health. Your team will talk through the good points and the side effects with you.

Check-ups and long-term care

Check-ups are an important part of your care. After chemo, your team will arrange check-ups. These check how well the treatment worked. They also look for any sign the cancer has come back. Check-ups may include:



Cystoscopy:

a thin camera is used to look inside your bladder.



Urine tests:

to look for cancer cells in your urine.



Scans:

such as a CT scan, to look at your bladder and the area around it.



Blood tests:

to check your general health and your kidneys.

Going to all your check-ups helps find any problems early.

Looking after yourself

Small steps can help you cope during and after treatment. Rest when you need to. Go at your own pace if you feel tired. Try to eat well and drink enough. Follow any advice from your team. Stopping smoking and cutting down on alcohol can help you get better. Talking helps too. You can talk to people you love, a counsellor, or a support group. You do not have to face bladder cancer alone.



Questions to ask your healthcare team



- Why do you think chemo is right for me?
- Will I have systemic chemo, intravesical chemo, or another treatment?
- Which medicines will I have, and how many treatments?
- What side effects might I have, and how can we manage them?
- Which signs mean I should call you straight away, and what number do I call?
- How will we know if the treatment is working?
- Could chemo affect whether I can have children, and can I plan for this first?
- Are there any research studies (clinical trials) that could suit me?
- Where can I find support and more information?

Notes



Use this space to write down questions, or anything you want to remember.

This factsheet is here to help you. It does not replace advice from your doctors and nurses. It does not tell you which treatment to choose.

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