



THE BENEFITS OF MULTIDISCIPLINARY & INTEGRATED CARE IN
MANAGING BLADDER CANCER

With Dr. Jeanny B. Aragon-Ching, Dr. Sam Lolak and Lauren Broschak, LCSW



Meet Our Presenters:



Dr. Jeanny Aragon-Ching serves as the clinical program director of genital urinary cancers at the Inova Schar Cancer Institute and she also has an academic appointment as an associate professor of medicine at Virginia Commonwealth University. She conducts clinical trials and cares for patients with bladder cancer.



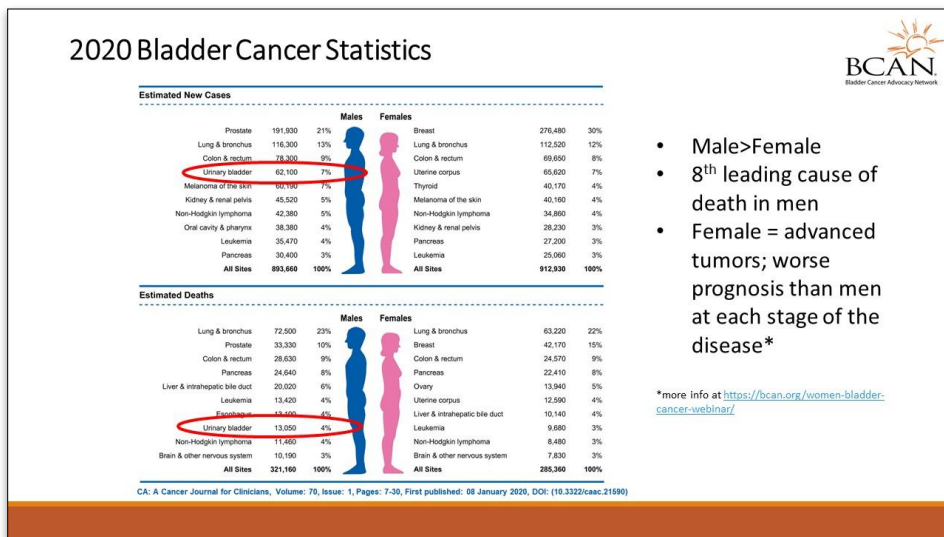
Dr. Sam Lolak is a psychiatrist at the Life with Cancer program Inova Schar Cancer Institute and he has an academic appointment as associate professor of psychiatry at Virginia Commonwealth University. Dr. Lolak specializes in the management of psychiatric issues such as depression, stress and anxiety in the context of cancer diagnosis and treatment, including drug interactions between cancer therapies and psychiatric medicines.



Lauren Broschak is a licensed clinical social worker and oncology clinical therapist at the Life with Cancer program at the Inova Schar Cancer Institute. She offers therapy and facilitates support groups for patients and families touched by cancer. She also sees patients in the clinic with Dr. Aragon-Ching and coordinates care with Dr. Lolak to provide comprehensive and integrative care at Inova.

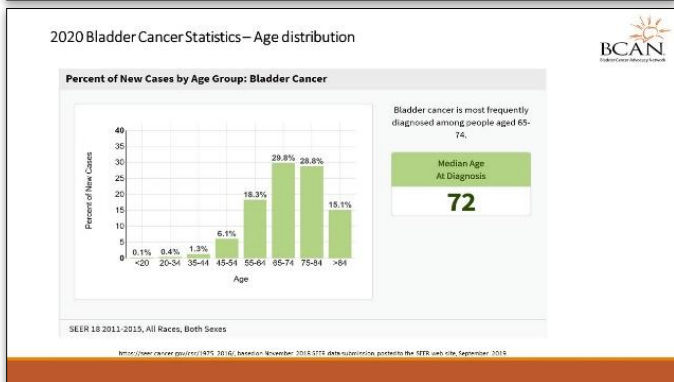
Bladder Cancer Statistics and Background

Dr. Aragon-Ching: Well, let me start off with, there, the projected 2020 bladder and cancer statistics as we know it. Well, you can see here on the left-hand panel that bladder cancer occurs more commonly in males than in females. It is the fourth most common incidence of cancer in males and about the eighth most common cause of death in males. Now, you don't see this same statistic in females, but unfortunately we also know that females do fair worse with prognosis in terms of the disease at each stage of the disease compared to men. There is more to this in a [previous webinar](#) that you can click on the screen, a webinar that BCAN also had in December.

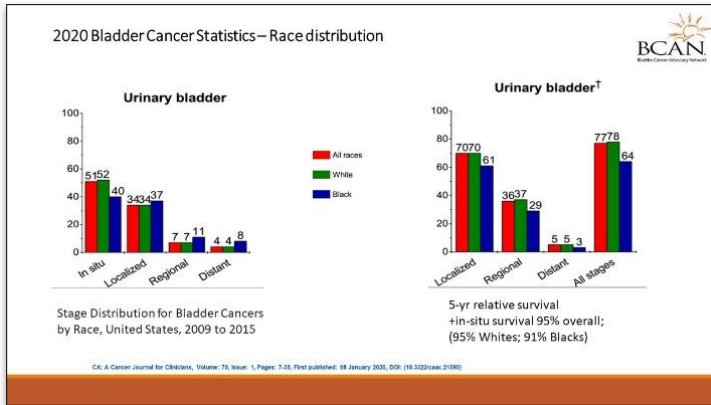


- Male>Female
- 8th leading cause of death in men
- Female = advanced tumors; worse prognosis than men at each stage of the disease*

*more info at <https://bcan.org/women-bladder-cancer-webinar/>



Now, when we look at the incidence and overall survival in 2019, for instance, there was an estimated 80,000 cases of bladder cancer. That makes up 4.6% of all new cancer cases and it made up 2.9% of all cancer death. If we look at the five years survival, it approaches about 77%. if we look at the age distribution, the median age of diagnosis is about 72 years of age. You'll see also in this chart that patients over 75, also have a high incidence of developing bladder cancer. Also, younger people less than 64 years of age, also has an 18% incidence. You'll see that even patients as young as 45 to 54 years of age, has about 6.1% incidence.

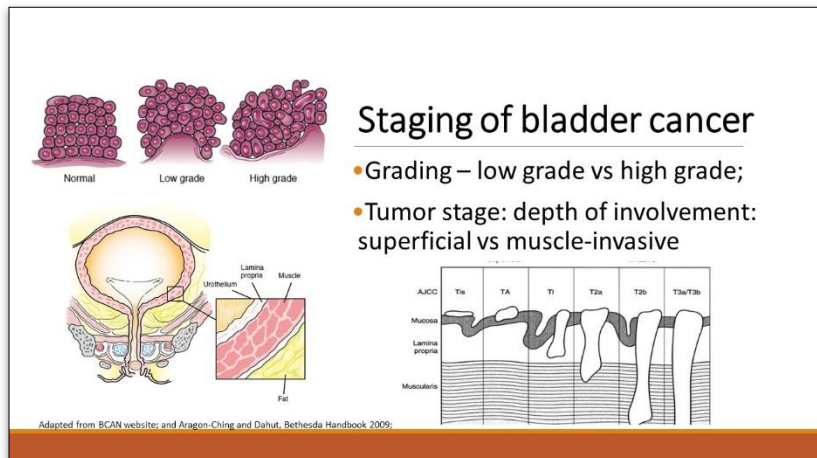


Dr. Aragon-Ching: We look at the race distribution according to the left. This is a stage distribution according to SEER. We see that majority of bladder cancers are diagnosed in the localized disease stage, but there are also distant disease. If we look on the right, the five-year relative survival, there is still a discrepancy with the race amongst white versus black patients.

Now, how do we make a diagnosis of bladder cancer? Cystoscopy, which is looking within the bladder and the resection, transurethral resection of the bladder tumor is necessary and an important tool for the diagnosis. Evaluation by an expert pathologist is a must because not all bladder tumors are going to be urothelial or transitional cell cancers. There's going to be variance. Different variant of bladder cancer and different histologies may require different treatment options. Imaging is a very important tool for the staging, so we often utilize CT scans or MRI for staging. Finally, it's a very important aspect of care to have evaluation by a multidisciplinary team.

Now, how do we make a diagnosis of bladder cancer? Cystoscopy, which is

Now, staging of bladder cancer encompasses what you call the TNM staging, so it looks at the **T**umor death, the **N**ode status, as well as presence or absence of **M**etastasis. If you look at the grading on the top-left corner, it tells us how aggressive bladder cancer is. If we look at the tumor stage on the bottom right-hand corner, the death of the tumor also dictates what the T stage would be. Now, the nodal status is also important because, depending on the degree of involvement, if it's just one area of regional lymph nodes versus multiple regional area that's N2, and if you have multiple lymph node involvement in the common iliacs, that's N3 and if it's beyond that in the retroperitoneum, that's already a more involve N3 and beyond M1a and that makes up a stage IV cancer. The nodal staging is very important in the assessment and evaluation.



Treatment of bladder cancer

Superficial bladder cancer

- Repeat TURBT
- Intravesical therapy

Muscle-invasive bladder cancer (MIBC)

- Multidisciplinary approach
 - neoadjuvant chemotherapy followed by radical cystoprostatectomy (removal of the bladder and prostate) with lymph node dissection (in men) or radical cystectomy with anterior exenteration in women (removal of the uterus/anterior vagina/ovaries)
 - Combined chemoradiation (bladder preservation)
 - Clinical trials

Aragon-Ching JB et al., Am Soc Clin Oncol Educ Book 38 (May 23, 2018) 307-318.

Dr. Aragon-Ching: Treatment of bladder cancer, I would just divide this into big concepts. Certainly for superficial bladder cancer, it's very important for re-resection, or repeat TURBT, to get adequate staging and certainly intravesical treatment is a big part of treatment for superficial bladder cancer. Now, when we see muscle invasive bladder cancer, this is where the opportunity for a multidisciplinary

approach would be because a patient may so choose and be offered cystectomies, cystoprostatectomy. Certainly in women, is a different surgery where also anterior organ removal would be seen. Neoadjuvant (pre-surgery) chemotherapy is an integral part of that care. However, there are some patients who will be well suited for bladder preservation strategies like combined the chemoradiation. Generally, clinical trials is an important part of any phase and disease stage wherever applicable. Now, for patients with locally advanced or metastatic bladder cancer, certainly a lot of systemic therapy modalities including chemotherapy, immunotherapy, targeted therapy, and certainly clinical trials play a role.

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