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# What Now?

A Practical Guide for  
New Bladder Cancer Patients

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# What is Bladder Cancer?

The inside of the bladder is lined with many layers, each containing different types of cells.

The most common type of bladder cancer is **urothelial carcinoma**, also called transitional cell carcinoma (TCC). It begins in the urothelial cells found in the innermost tissue layer of the bladder. The same type of cell is found in other areas of the urinary tract, including the ureters, which connects the kidneys to the bladder, and the urethra, where urine exits the body. When bladder cancer is diagnosed, the entire urinary tract is examined for cancer cells.

Less common types of bladder cancer include:

- **Squamous cell carcinoma:** Cancer that begins in squamous cells, which are thin, flat cells that may form in the bladder after long-term infection or irritation.
- **Adenocarcinoma:** Cancer that begins in glandular (secretory) cells that may form in the bladder after long-term irritation and inflammation.
- **Sarcoma:** Cancer that begins in the fat or muscle layers of the bladder wall.
- **Small-cell carcinoma:** A rare type of bladder cancer that begins in neuroendocrine cells. This type of bladder cancer is likely to spread to other parts of the body.

Your specific bladder cancer type is determined by the kind of cell in which it began.

# Understanding the Extent of the Cancer

## Invasive vs Non-invasive

Sometimes, the cancer cells stay within the lining, not growing into the bladder muscle. This is known as non-invasive bladder cancer. When cells have grown beyond the lining and into the bladder muscle, it is called invasive or muscle-invasive bladder cancer.

Treatment will be determined primarily based on whether the cancer is invasive.

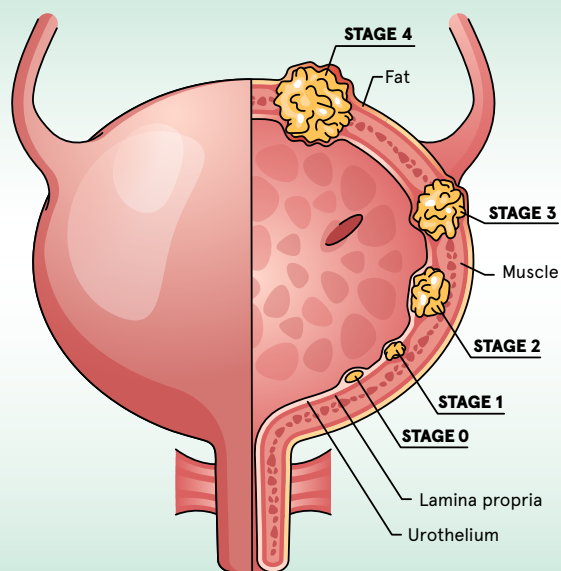
- **Non-invasive – Stage 0 or 1.** The cancer has not grown into the muscle.
- **Invasive – Stages 2 and 3.** The cancer has grown into the muscle and may have affected lymph nodes.
- **Advanced – Stage 4.** The cancer is invasive, and it has spread beyond the bladder to other parts of the body. The most common areas for bladder cancer to spread include the bones, liver, or lungs.

## Grade of Cancer

Bladder cancer is also assigned a grade in addition to the stage. It's determined by how the cancer cells look under a microscope.

- **Low-grade cancer** tends to look closer to healthy bladder cells and is likely to grow slowly.
- **High-grade cancer** looks less like normal tissue under a microscope. It's likely to grow rapidly and become invasive if it hasn't already.

### STAGES OF BLADDER CANCER







## Diagnosing Bladder Cancer

Most patients are diagnosed with bladder cancer by a urologist. A cystoscopy is performed to look inside the bladder and to remove tissue for a biopsy. The results of the pathology report will determine if cancer is present. If cancer is found, it's time to consult with a medical oncologist.

The oncologist may request several additional tests for a complete understanding of how far the cancer has grown. Some of these tests include:

- **A CT urogram** is a scan of the kidneys, bladder, and ureters to look for signs of cancer. It's also used to check for affected lymph nodes.
- **An MRI urogram** can be used instead of a CT urogram if the patient has low kidney function or cannot tolerate the dye needed for the CT scan. It's most often used to examine the upper part of the urinary system, the lymph nodes, and other organs in the pelvis for signs of cancer.
- **An intravenous pyelogram (IVP)** is an X-ray of the urinary tract after injecting a contrast dye. While a CT is most often used for this, IVP can be used to identify whether cancer has spread to the kidneys and ureters.
- **Ultrasound** may be performed to better understand the size of the tumor.
- **Chest x-rays and bone scans** are performed if there is concern that the cancer has spread outside of the bladder.

The bladder cancer team will review the information available to them from the biopsy and all of these tests to determine the following:

- The specific type of bladder cancer
- The stage of cancer and lymph node involvement
- The grade of cancer, indicating how quickly it is growing
- Any biomarkers identifying a genetic change that can be treated with a targeted therapy

When creating a treatment plan specific to the individual's needs, the patient's overall health condition and age are also considered.

## Using AI in Bladder Cancer Diagnosis & Treatment

Artificial intelligence (AI) technology is now being used to diagnose and treat bladder cancer.

- It can diagnose bladder cancer by detecting tumors and determining their stage and grade.
- AI helps the oncologist better understand the patient's response to treatment by measuring the tumor's change from one CT or PET scan to the next.
- AI is becoming more helpful in determining the likelihood of recurrence and providing predictions for survival.



Our patients experience better outcomes as a result of the entire care team working together on a regular basis to coordinate treatments and guide you throughout cancer journey.



# Who Is On the Bladder Cancer Treatment Team?

Our team at Rocky Mountain Cancer Centers includes [genitourinary medical oncologists](#) who regularly treat bladder cancer. The medical oncologist leads the treatment team, which also includes the urologist and radiation oncologist, who, together, determine the best treatment plan for each patient.

They are supported by many other caregivers, including:

- **Advanced practice provider (APP):** Physician associates and nurse practitioners are important members of our team. They play a key role in supporting patients throughout their treatment journey, monitoring progress, managing side effects, and offering guidance on any additional resources or care that may be required.
- **Triage nurses:** These nurses work with the medical oncologist and the APPs. They help make sure your treatment plan is being executed as intended and will discuss any reactions you have that may make the doctor consider a different treatment path.
- **Infusion nurses:** These nurses administer chemotherapy and other drugs through an IV. They stay with the patients in the cancer center's infusion room throughout their treatments and can help manage side effects.
- **Radiation technicians:** They will position you for each radiation therapy treatment and address any side effects of radiation therapy.
- **Schedulers/Assistants:** These staff members help set up appointments and provide other clerical support.
- **Social worker:** Oncology social workers can help patients with the day-to-day challenges they may face with their mental and emotional health during cancer treatment. They can provide resources that will assist you and your family in the ways you need throughout treatment.
- **Patient financial counselor:** This person will review your insurance coverage so you understand what is covered and what is expected for your portion of the treatment costs.



# Creating a Personalized Treatment Plan

**Treatment plans are primarily guided by two factors:**

1. Is the cancer invasive or non-muscle invasive?
2. Were any genetic mutations identified?

## Treatments for Non-invasive Bladder Cancer

- **TURBT:** A transurethral resection of bladder tumor (TURBT) is a procedure that removes any tumors from the inner lining of the bladder along with some of the tissue around the tumor. Some patients have this done during the diagnosis process to remove tissue for a biopsy. A second TURBT procedure is common a few weeks later to be sure all of the cancer is removed.
- **Intravesical therapy:** Drugs such as chemotherapy, immunotherapy, or gene-based therapy can be delivered directly into the bladder to lower their effect on other areas of the body. Intravesical therapy is usually used for non-invasive bladder cancers after the TURBT procedure to ensure that any remaining cancer cells are destroyed, lowering the risk of the cancer returning.

## Treatments for Muscle-invasive Bladder Cancer

- **TURBT**, followed by chemotherapy and then surgery, if needed.
- **TURBT**, followed by chemotherapy and then radiation. This is used more often if the patient's health prevents them from having surgery.



Clinical trials are underway with patients at Rocky Mountain Cancer Centers and around the country to determine if immunotherapy can effectively be used as one of the primary treatments for muscle-invasive bladder cancer. Your oncologist may discuss participation in a clinical trial as one of your treatment options. You always have the choice to decline and use one of the other standard treatments for your type of cancer. Talk with the oncologist about why they feel a trial may be right for you.



“Usually with the newer drug therapies, the response rate, survival rate, and side effects can be better.” - Dr. Bupathi

## Metastatic Bladder Cancer Treatment

When other treatments are ineffective, and cancer has spread outside the bladder, several different treatment options are available to these patients.

### FGFR inhibitor

If biomarker testing shows a change in the FGFR gene, fibroblast growth factor receptors (FGFRs) may overproduce a protein that helps cancer grow. A targeted therapy called an FGFR inhibitor can be used to block this gene from continuing to fuel the cancer's growth.

### Antibody-drug conjugates (ADCs)

This unique drug contains three parts:

- **An antibody** that binds to certain proteins or receptors on the cancer cell's surface. This is an immunotherapy, and
- **A drug**, such as chemotherapy, that can kill the cancer cells, and
- **A linker** that connects the drug to the antibody. The linker keeps the drug bound to the antibody until it arrives at the cancer cell.

The antibodies are designed to target a specific protein on the surface of bladder cancer cells. Once inside the body, the antibody part of the ADC knows how to identify cancer cells, making the chemotherapy most effective.

# Questions for Your Oncologist

When going to your appointment to discuss a treatment plan, bringing a family member or friend who can also listen to the oncologist is helpful. It can be difficult to absorb everything discussed during this appointment. By bringing someone else, they can take notes and even ask questions you may not think of.



Below are some topics we recommend you cover with your oncologist during this appointment. However, asking these or other questions at any appointment is always appropriate.

## Understand Your Diagnosis

Before leaving your treatment planning appointment, be sure you understand the basics about your diagnosis, including:

- **What:** Specifically, what type of bladder cancer was found, and is it invasive?
- **Where:** Is the cancer contained only in the bladder?
- **Stage:** Did the cancer grow into the muscle wall, lymph nodes, and/or other areas of the body?
- **Is it curable?** Some bladder cancers can be cured. Is yours one of them? If the cancer is advanced, it may not be curable, but it is still treatable. It just means that it will be a longer process. In fact, it could be managed for years into the future. Talk about what you should expect.

## Understand Your Treatment Options

While your oncologist will recommend the treatment they feel is best for you, discussing options is a good idea. Is a clinical trial available that you qualify for? Clinical trials are always optional. Talk about the pros and cons and what the results have shown so far so you can make an informed decision about your care.

## Prepare for Side Effects

It's also a good idea to understand the side effects of each recommended treatment.

- If surgery is needed in addition to a TURBT, there can be sexual side effects that you should discuss.
- TURBT surgery may also cause some burning during urination. Drinking a lot of fluid can help reduce the burning.
- Chemotherapy is likely to have the side effects specific to the drugs used. Your oncologist can help you understand what those could be.
- ADCs are known to cause hair thinning, loss of fingernails, and skin rashes.

## How Will You Know if the Treatment is Working?

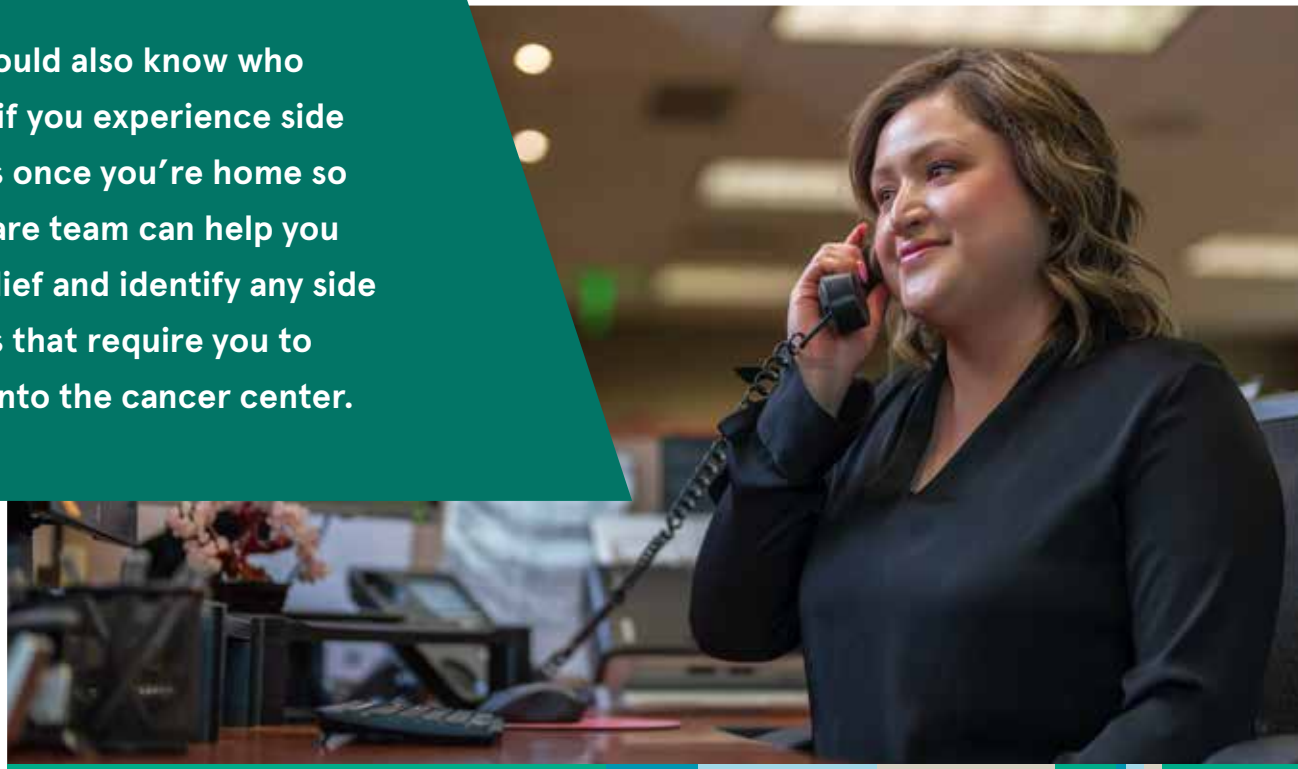
What is the plan for monitoring your progress? A ctDNA test is one of the most common ways to monitor patients for circulating tumor DNA in the body. ctDNA is a protein found in the bloodstream from proteins expressed by dying cancer cells. What is your ctDNA now, and what are the goals for reducing it?

## Should You Get a Second Opinion?

Rocky Mountain Cancer Centers encourages patients to get a second opinion about their diagnosis and treatment. Whether you choose the cancer care team you meet with initially or you prefer the second, the goal is to feel comfortable and confident in both the cancer providers and the treatment plan you select.

You almost always have time to seek a second opinion, and it's often covered by insurance. Don't worry about offending the first oncologist you met with. Doctors understand this is normal and a good idea. We want you to have peace of mind as you begin your treatments.

**You should also know who to call if you experience side effects once you're home so your care team can help you find relief and identify any side effects that require you to come into the cancer center.**





## Preparing for Treatment

If you work, schedule time with your boss and/or the HR department to discuss your expected treatment schedule and time off for surgery and other treatments. There may also be a short-term disability plan that will allow you to receive treatments and recover without working for a short time, although this typically comes with reduced pay. Discuss your options with your employer to determine your best plan.

It is also a good idea to prepare your family for an adjusted daily routine while you are undergoing treatment. Start by explaining what your treatments will entail and how they might affect you.

- Consider creating a schedule for family members who will help with certain activities you would normally do (e.g., cleaning the home, walking the dog).
- Eat a healthy diet and get plenty of rest before treatments. Supporting your body with nutrients before surgery and therapy can help you feel better as you go through treatments.
- Prepare meals ahead of time and freeze them so they can be easily popped in the oven or microwave.
- Have the uncomfortable conversation about what you'd like medical professionals to do if you need to be revived. If you have specific orders, it's best to put them in writing and tell your family. You may never need this, but it's a good idea to do, just in case, especially before surgery.
- If you have younger children, it is important to reassure them of your plan for how they will get to and from school and complete their homework. This is especially important if you're usually the person who helps with these things.





# Caring for Your Mental Health

A cancer diagnosis typically brings on concerns about your future and your family's future. It's important to prioritize your mental health, especially now.

## Find Ways to Relax

Take some time to think about what can help you feel better mentally. It's important to take breaks from thinking about cancer every day. You might enjoy spending time with family or friends, walking your dog, watching a favorite show, doing puzzles, or listening to calming music. Consider what brings you peace and try to include some of these activities in your daily routine.

## Watch for Signs of Depression

Going through cancer treatment can be difficult, and the road ahead may feel long, which can lead to depression for some patients. Talk about this with your oncology team. They can help.

Your oncologist or APP may ask if you notice any of the following. Try to be as open as possible about these.

- Ongoing sadness
- Anxiety
- Indifference – feeling like you don't care one way or the other when making decisions
- Loss of interest in activities
- Inability to sleep
- Lack of concentration
- Fatigue – feeling like you just can't get up and do anything or even get out of bed
- Loss of appetite
- Excessive hunger
- Weight fluctuations
- Thoughts of suicide

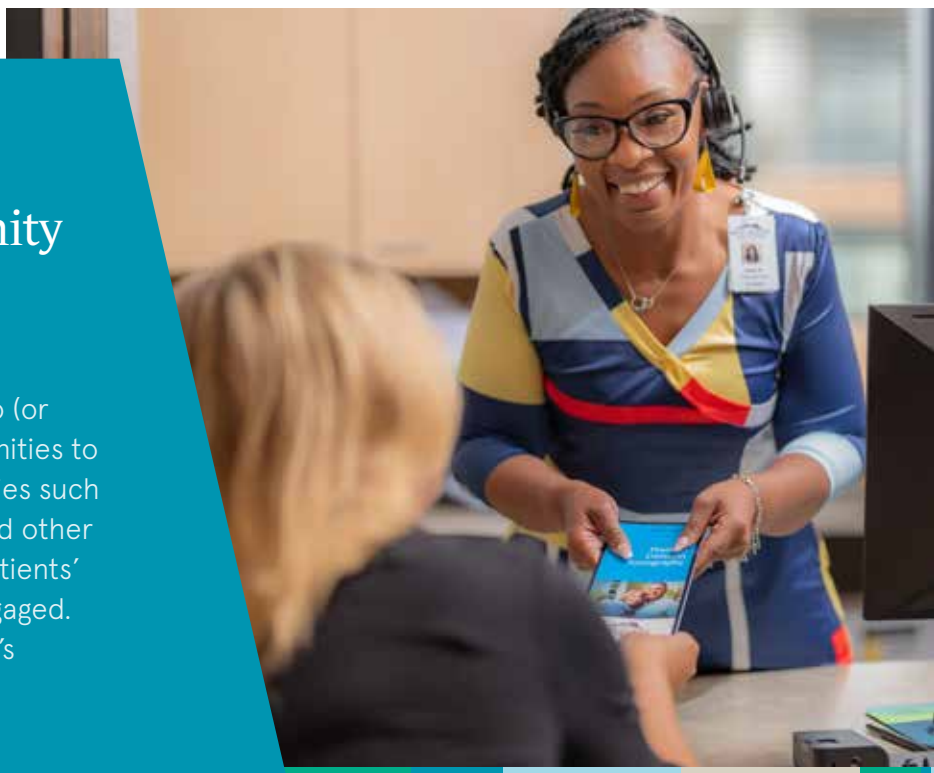
Please note that signs of depression can be different for each person, and some of the symptoms above are also side effects of the treatment. Discuss any of these symptoms with your care team at each appointment so they can give you the support you need.

## Address Anxiety

It's normal to feel anxious about your diagnosis and your future. If this feeling is taking over your daily thoughts, discuss this with your oncologist. There are medications to assist with easing your mind. Even if only used for a short period, they can help you relax enough to function in your daily routine. When you're ready to stop taking anxiety medications, discuss the process with your doctor for a gradual progression before you stop taking them.

## Participate in Community Programs Supporting Your Mental Health

Cancer patients throughout Colorado (or wherever you may live) have opportunities to participate in complementary therapies such as yoga, art classes, music classes, and other activities designed to keep cancer patients' minds and, in some cases, bodies engaged. Talk to your social worker about what's available near where you live.





# The Rocky Mountain Cancer Centers Bladder Specialists Team

The Rocky Mountain Cancer Centers team, located throughout Colorado, understands the challenges you're facing. We are here to not only provide the expert medical treatments you need to overcome bladder cancer, but we're also here to help you with the mental, emotional, and social challenges that come with this diagnosis.

**Request an appointment at one of our locations near you.**

**Aurora** | 303-418-7600  
**Boulder** | 303-385-2000  
**Centennial** | 303-805-7744  
**Colorado Springs - Penrose Pavilion** | 719-577-2555  
**Colorado Springs - St. Peregrine Pavilion** | 719-577-2555  
**Denver - Midtown** | 303-388-4876  
**Denver - Rose Medical Center** | 303-321-0302  
**Englewood - Swedish Medical Center** | 303-740-8200  
**Lakewood** | 303-430-2700  
**Littleton** | 303-730-4700  
**Lone Tree - Sky Ridge Medical Center** | 303-925-0700  
**Longmont** | 303-684-1900  
**Pueblo** | 719-296-6000  
**Thornton** | 303-386-7622



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