

Lancashire and South Cumbria Cancer Network
Algorithm for Cancers of the Bladder and Urinary Tract

Chemo Radiation Algorithm for Transitional Cell Carcinoma of the
Urinary Bladder

T2-T4No TCC Performance status 0-2, EGFR > 25mls per minute, fit for radical radiotherapy and for chemotherapy:

- Concurrent 5-FU and Mitomycin C fraction 1-4 of radiotherapy
- 5-FU fraction 16-19 of radiotherapy as per BC2001 Phase III Data (ASCO 2010, ASTRO 2010, JCO 2010).

Chemotherapy Algorithm for Non-Transitional Cell Bladder Cancer

Adenocarcinoma or urachal cancer of the urinary bladder

T2-T4 potentially resectable tumours:

- Neoadjuvant chemotherapy is not evidence based and should not be given

Resected T2-T4N+ or T4No:

- Minimal data in support of adjuvant treatment

Metastatic disease, performance status 0-1, EGFR > 50 mls/min and LVEF > 45 mls:

- 3-6 cycles of Epirubicin-Cisplatin and Capecitabine if fit, performance status 0-1, EGFR > 50 mls/min and LVEF > 45 mls. Reassess after 3 cycles and if responding continue to 6 cycles

Metastatic disease with performance status 2 or EGFR < 50 mls/min or LVEF < 45 mls/min, or other comorbidities making platinum ineligible but still fit for chemotherapy:

- 3 cycles of Gemcitabine-Carboplatin 21 day cycle, reassess after 3 cycles and if responding continue to 6 cycles

Chemotherapy Algorithm for Non-Transitional Cell Bladder Cancer

Small cell carcinoma of the bladder

NB transitional cell carcinoma with small cell differentiation should be treated according to TCC algorithm

Limited stage disease post cystectomy or local excision, performance status 0-1, EGFR > 50mls/min, fit for cisplatin:

- 4-6 cycles of Etoposide and Cisplatin **adjuvant** chemotherapy

Limited stage disease post cystectomy or local excision, performance status 2 or EGFR < 50mls/min, or unfit for Cisplatin due to comorbidities:

- 4-6 cycles of Etoposide and Carboplatin **adjuvant** chemotherapy

Extensive or metastatic disease:

- Follow algorithm above for choice of regime dependent on comorbidities, performance status and EGFR. For 3 cycles, reassess and if response continue to 6 cycles

Recurrent disease:

- If > 6 months from initial treatment follow algorithm above and re-treat
- If < 6 months from initial treatment and patient fit for further chemotherapy, consider second-line chemotherapy as per small cell lung protocol as there is no evidence based choice of second-line chemotherapy in metastatic small cell carcinoma of the bladder

Chemotherapy Algorithm for Non-Transitional Cell Bladder Cancer

Squamous cell carcinoma of the bladder

NB Transitional cell carcinoma with squamous differentiation should be treated according to TCC algorithm

T2-T4 potentially resectable tumours:

- Neoadjuvant chemotherapy is not evidence based and should not be given

Resected T2-T4N+ or T4No:

- Minimal data in support of adjuvant treatment

Metastatic disease, performance status 0-1, EGFR > 50 mls/min:

- 3-6 cycles of Cisplatin and continuous infusional 5FU or Cisplatin and Capecitabine
- Reassess after 3 cycles and if responding continue to 6 cycles

Metastatic disease, performance status 2, or EGFR < 50mls/min or other comorbidities rendering ineligible for Cisplatin:

- 3-6 cycles of Mitomycin C and continuous infusional 5FU or Mitomycin C and Capecitabine. Reassess after 3 cycles and if responding continue to 6 cycles

Recurrent disease:

- If > 6 months from initial treatment follow algorithm above and re-treat
- If < 6 months from initial treatment and patient fit for further chemotherapy, there are no regimes with strong supportive data

Chemotherapy Algorithm for Non-Transitional Cell Bladder Cancer

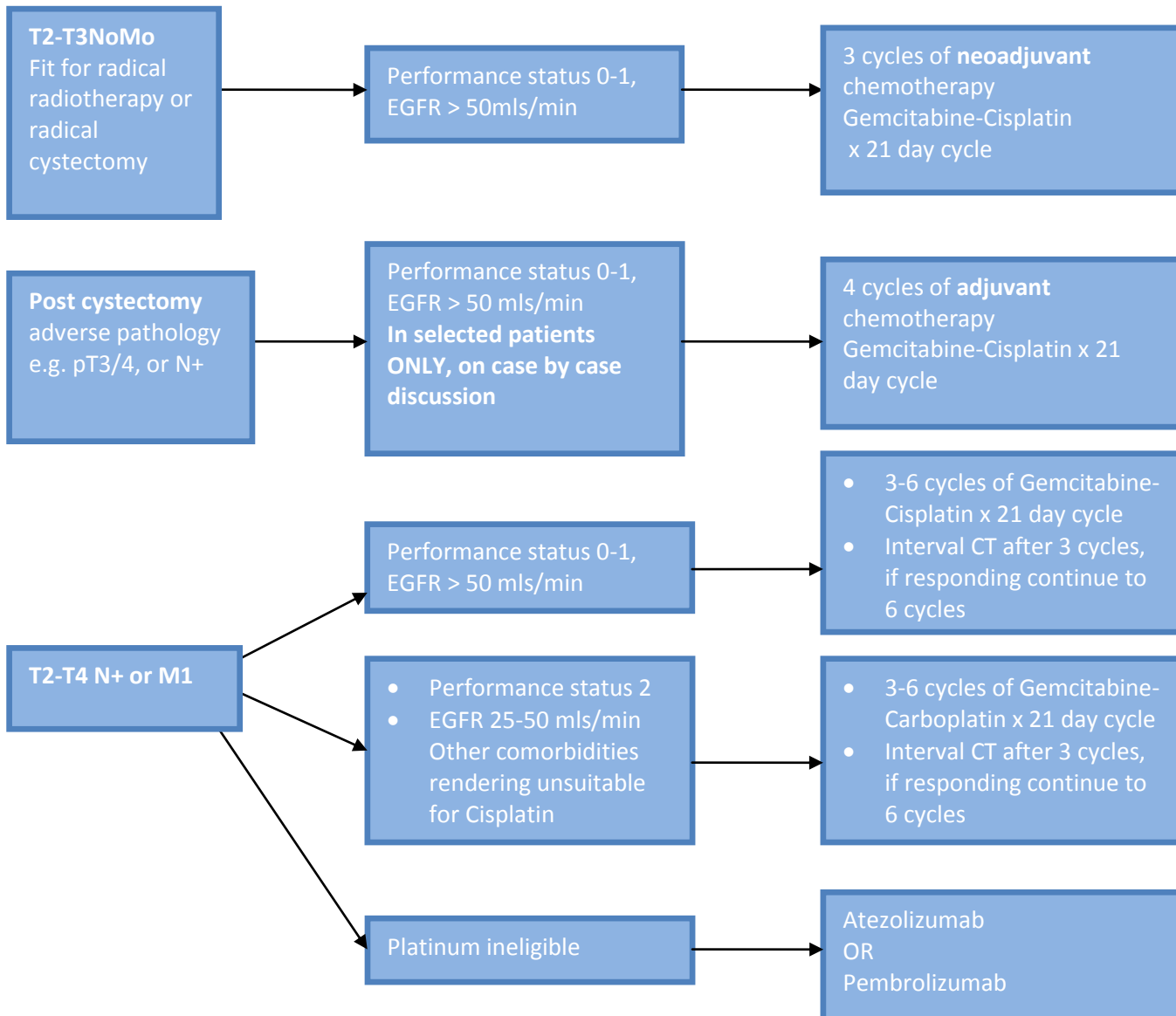
Primary sarcoma or carcino-sarcoma of the urinary bladder

NB Transitional cell carcinoma with sarcomatoid features should be treated according to TCC algorithm

- For all stages of refer to algorithm for treatment of sarcoma

Chemotherapy Algorithm for Bladder Cancer

Transitional cell carcinoma-first line chemotherapy



Second line chemotherapy for transitional cell carcinoma

- T4 or M1- Pembrolizumab or atezolizumab
OR
- If > 6 months since last treatment, re-challenge with same regime and follow algorithm above for EGFR, performance status and number of cycles
- If < 6 months consider second-line chemotherapy with weekly paclitaxel if performance status 0-1
- Reassess after 12 weeks of treatment
OR
- Consider clinical trial

Chemotherapy Algorithm for Upper Urinary Tract Transitional Cell Carcinoma

T2-T4 No or N+ Mo apparently resectable tumour pre radical nephroureterectomy:

- No evidence for neoadjuvant chemotherapy. Neoadjuvant chemotherapy should not be given

Completely resected T2-T4NoMo, or T1-T4N+ Mo post radical nephroureterectomy EGFR >50mls/min:

- 4 cycles of **adjuvant** Gemcitabine and Cisplatin

Completely resected T2-T4NoMo, or T1-T4N+ Mo post radical nephroureterectomy EGFR 30-49mls/min:

- 4 cycles of **adjuvant** Gemcitabine and Carboplatin

Non-resectable locally advanced and/or node positive or metastatic disease:

- Follow bladder TCC algorithm

Recurrent disease:

- Follow bladder TCC second-line algorithm