

# 膀胱癌診療指引

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2010 年 01 月初訂  
2011 年 04 月修訂  
2012 年 06 月修訂  
2013 年 07 月修訂  
2014 年 12 月修訂  
2015 年 12 月修訂

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## Reference:

**Bladder Cancer NCCN Guidelines V2.2015.**

**Physician's cancer chemotherapy drug manual 2015.**

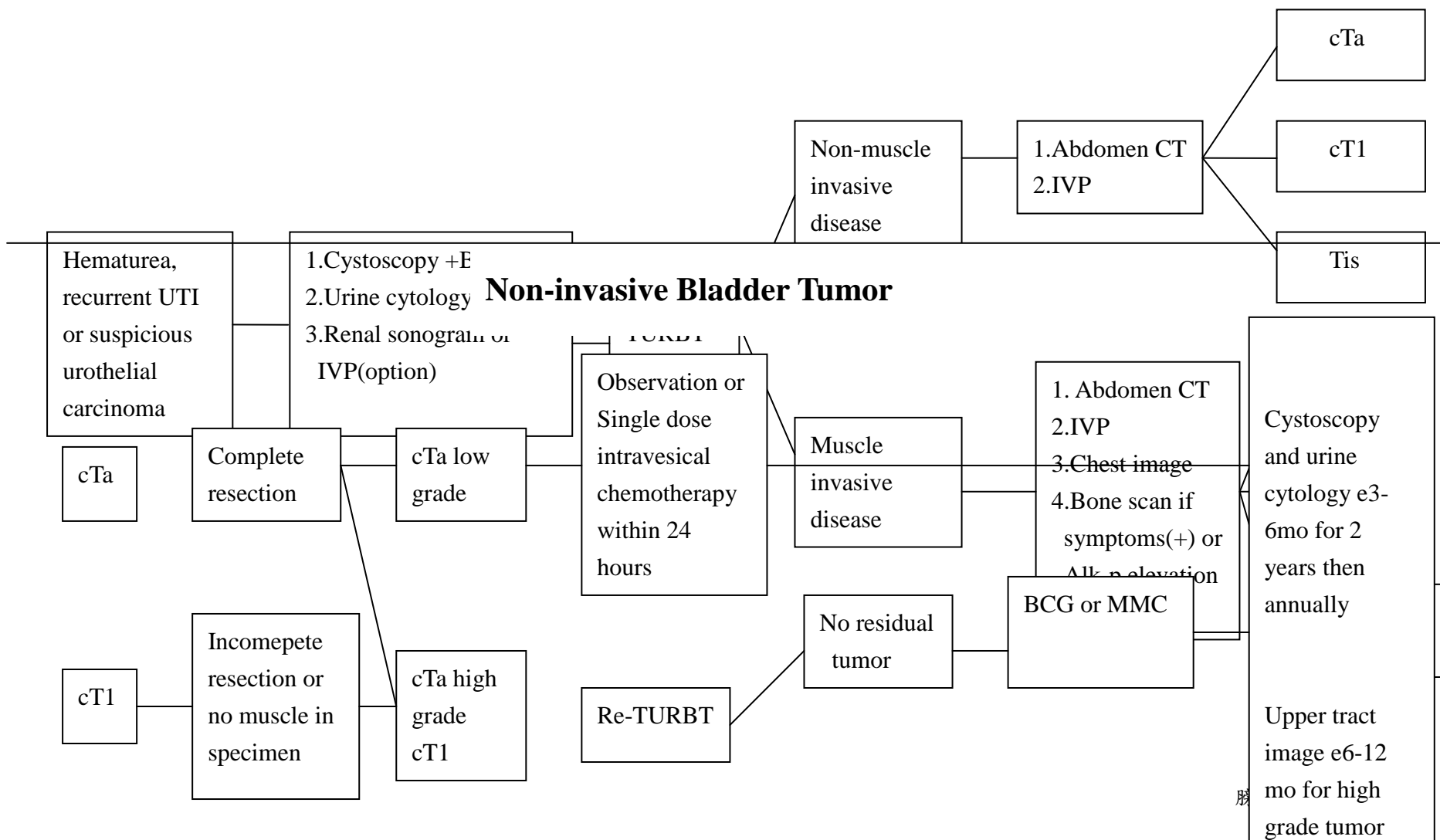
全民健康保險藥品給付規定 行政院衛生署一百零四年版

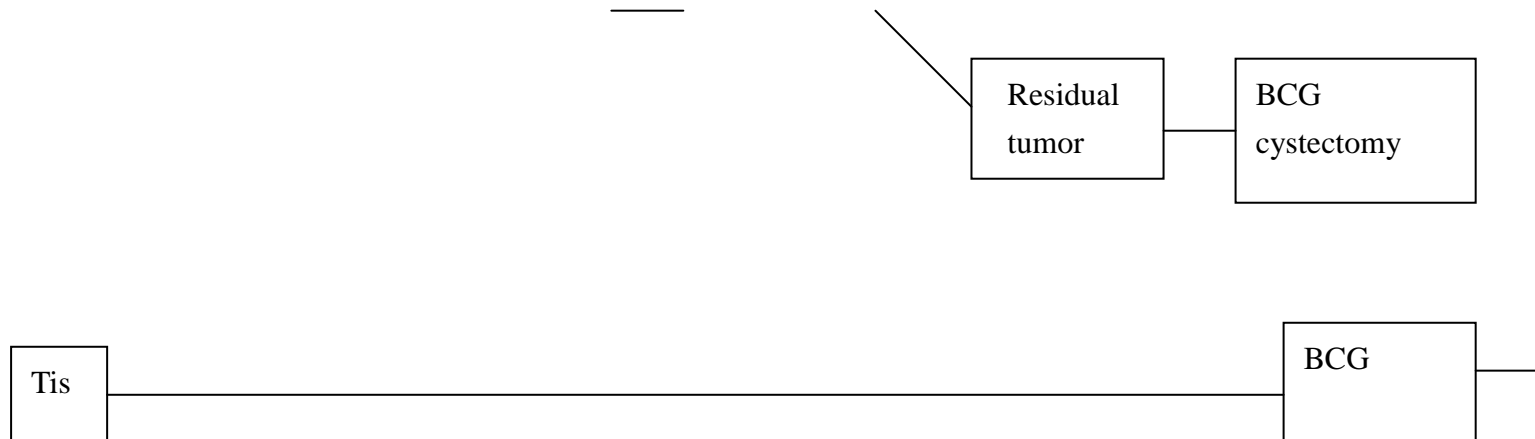
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## Table of Content

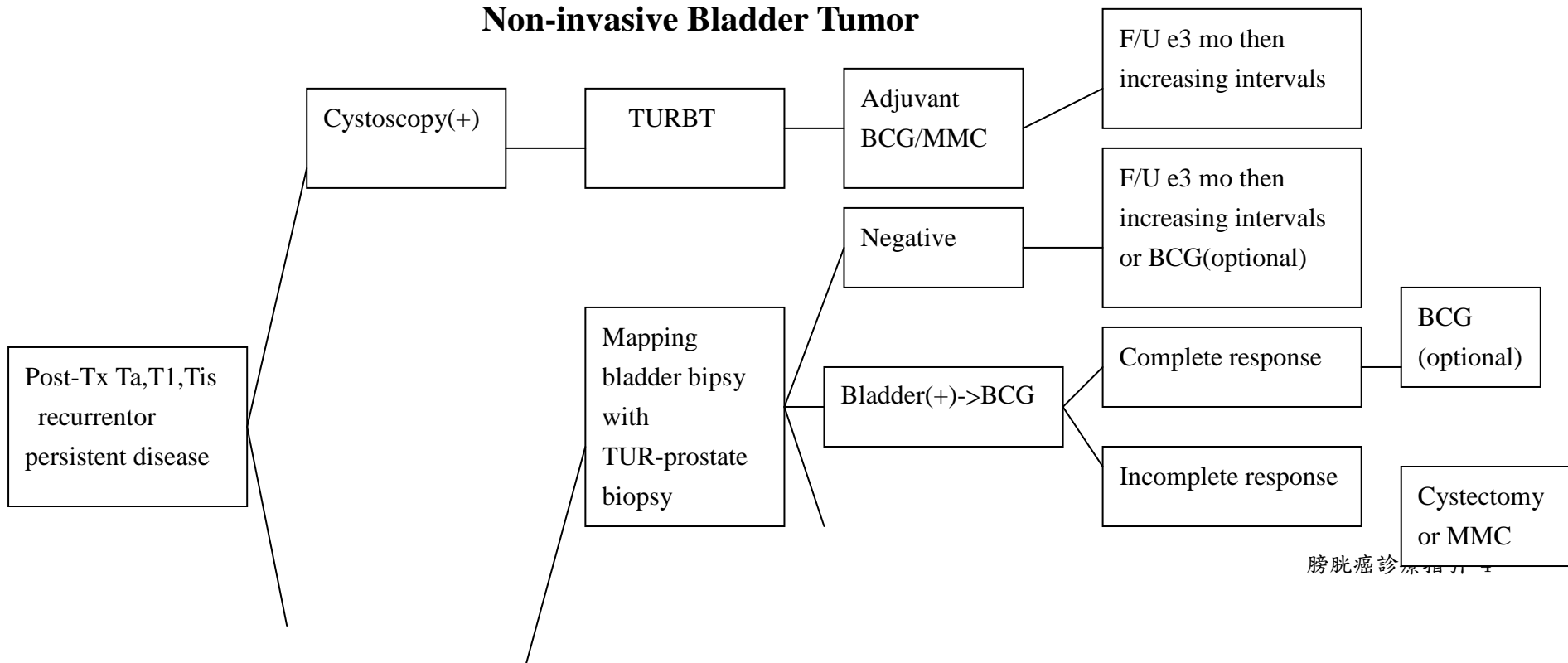
- **Clinical Evaluation of Bladder Tumor**
- **Non-invasive Bladder Tumor**
- **Follow-up after Cystectomy and Bladder Prservation**
- **Principle of intravesical treatment**
- **Upper Tract Tumor**
- **Follow-up for the Upper Tumor**
- **Principle of Chemotherapy**
- **Principle of Radiation Mangement**
- **Urinary Bladder AJCC 7<sup>th</sup> TNM Stage**
- **Renal Pelvis and Ureter AJCC 7<sup>th</sup> TNM Stage**

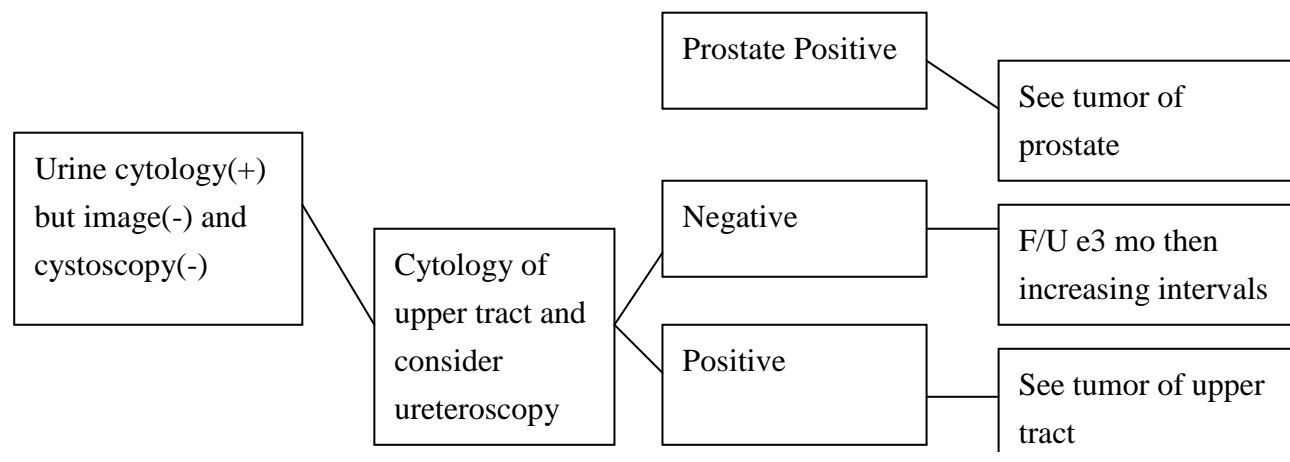
Clinical Evaluation of Bladder Tumor



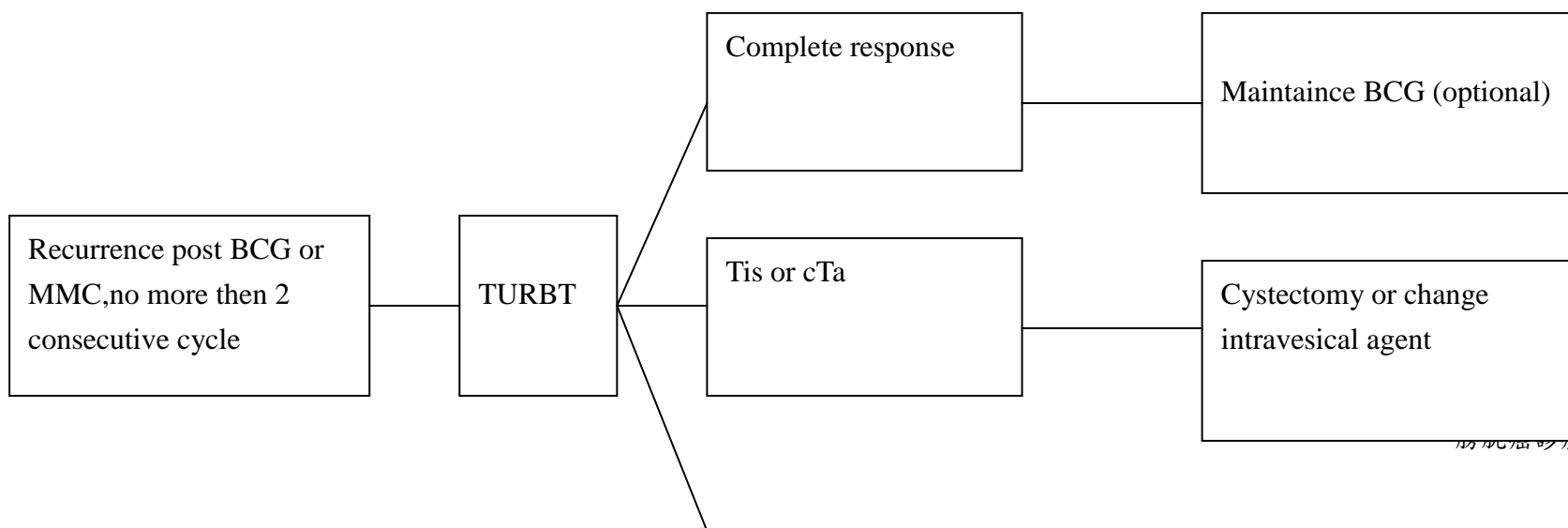


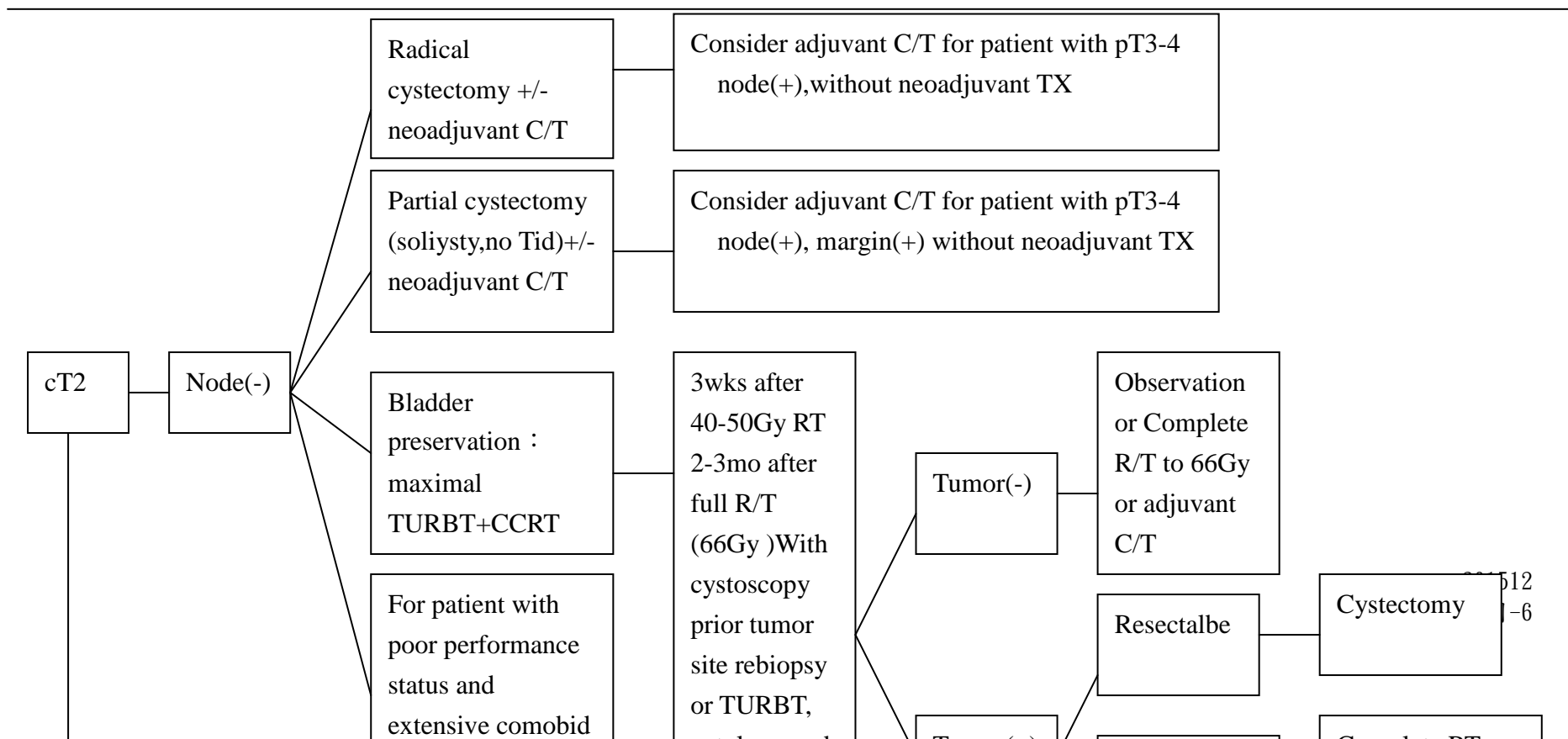
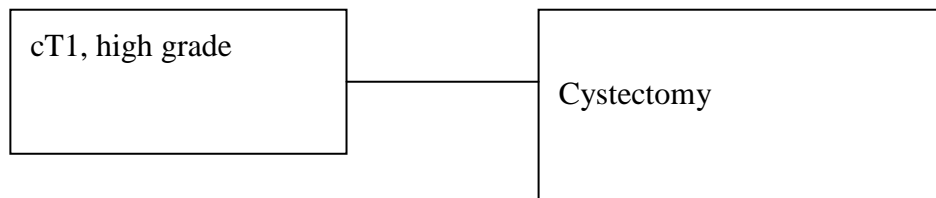
**Non-invasive Bladder Tumor**

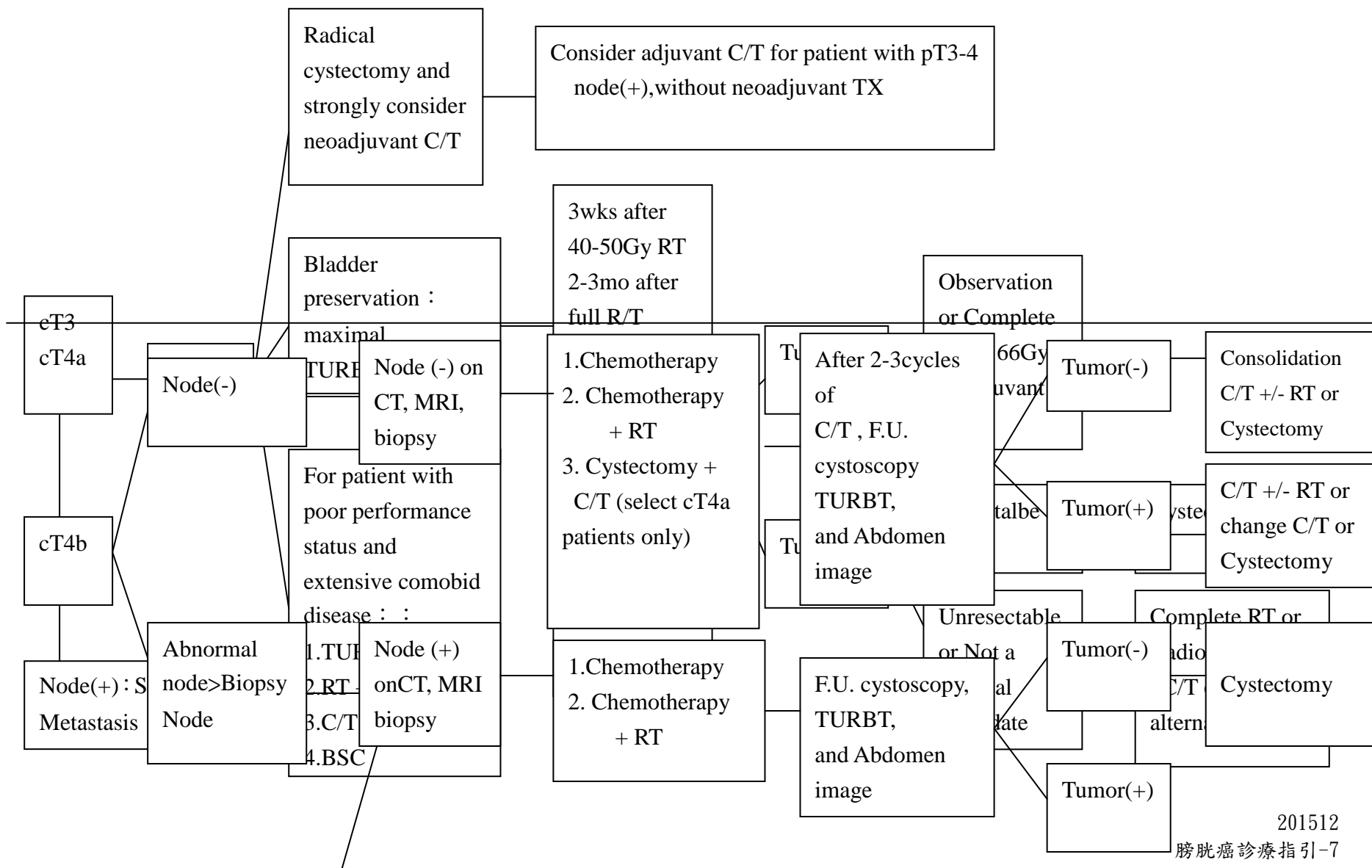




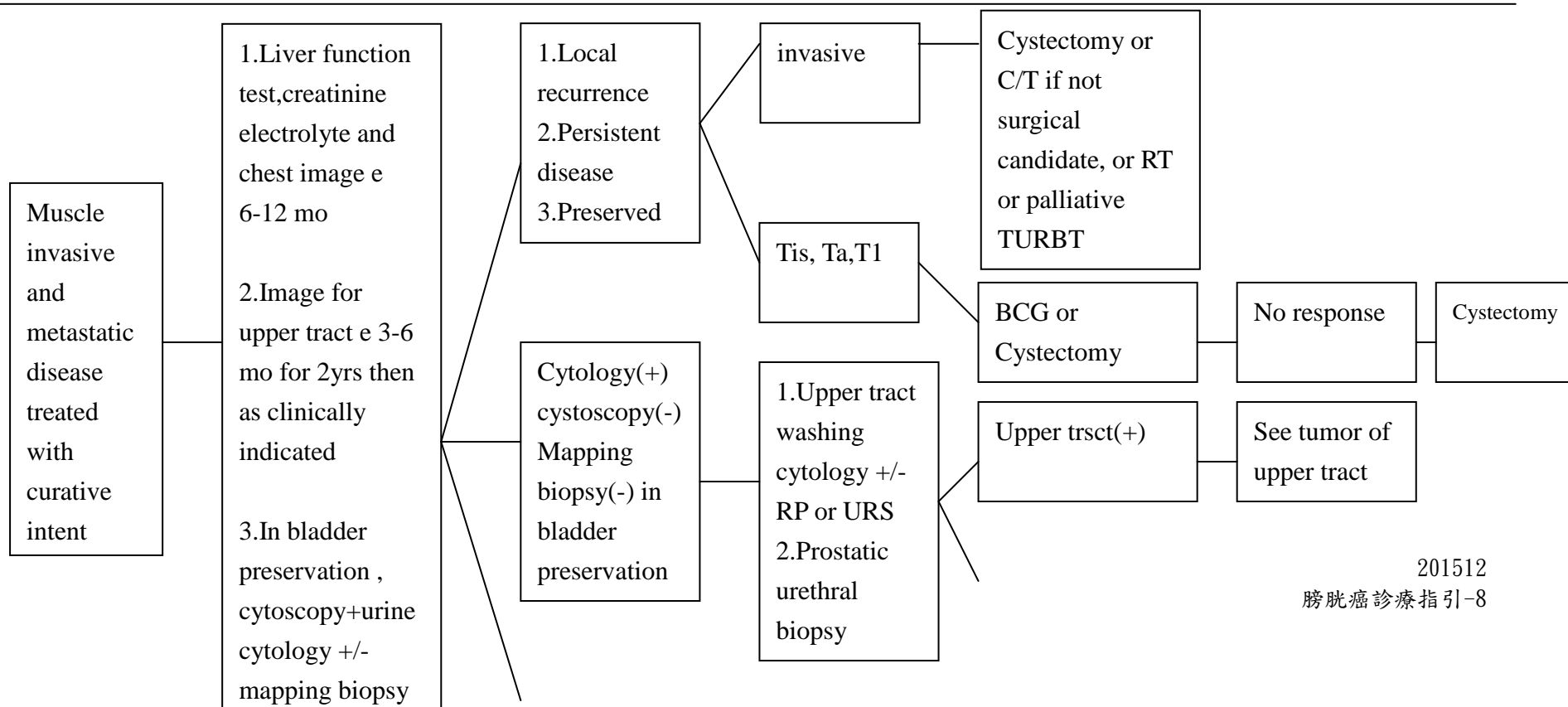
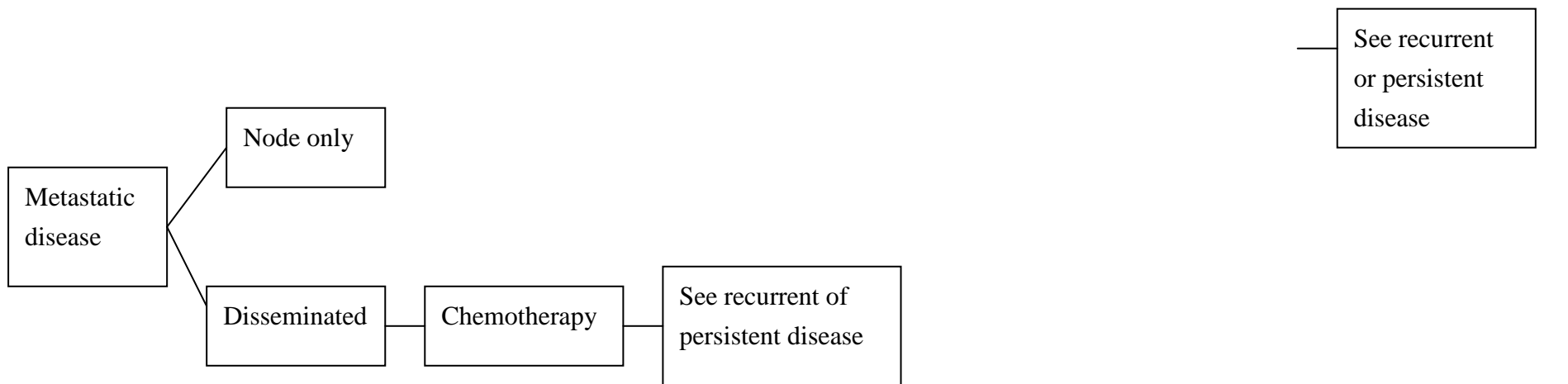
### Non-invasive Bladder Tumor

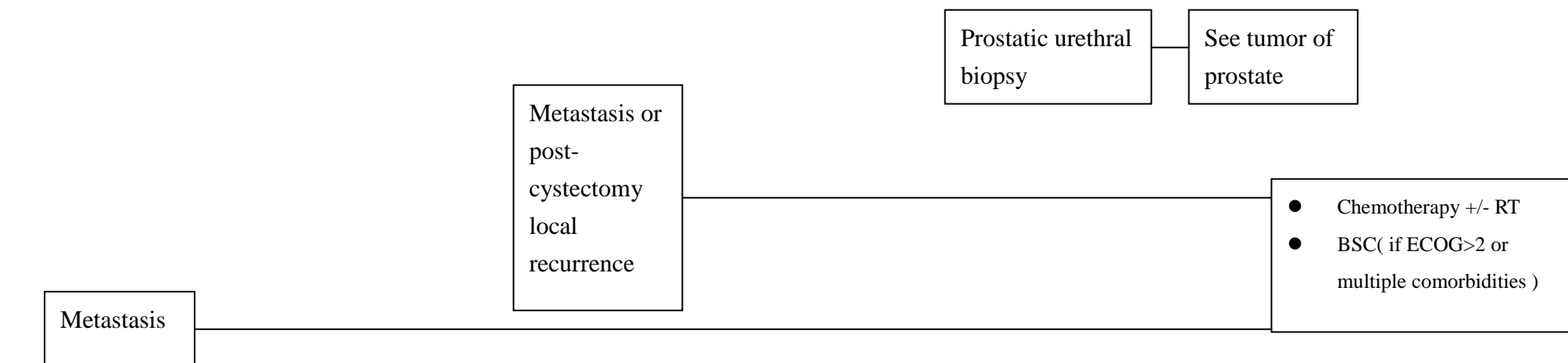












**Follow-up**  
**after Cystectomy and Bladder Prservation**

- After Radical Cystectomy
- 1.Urine cytology, creatinine, electrolytes e3-6 mo for 2yrs then as clinically indicated
- 2.Image of chest and abdomen e 3-12 mo for 2 ys then as clinically indicaed
- 3.If continent diversion was created ,monitor for Vit. B12 deficiency annually
- 4.Urethral washing cytology e6-12 mo ,especially if Tis

- After Partial Cystectomy or Bladder Preservation
- 1.Same as above
- 2.Cystoscopy,Urine cytology +/- mapping biopsy e 3-6 mo for 2yrs,then increasing interval

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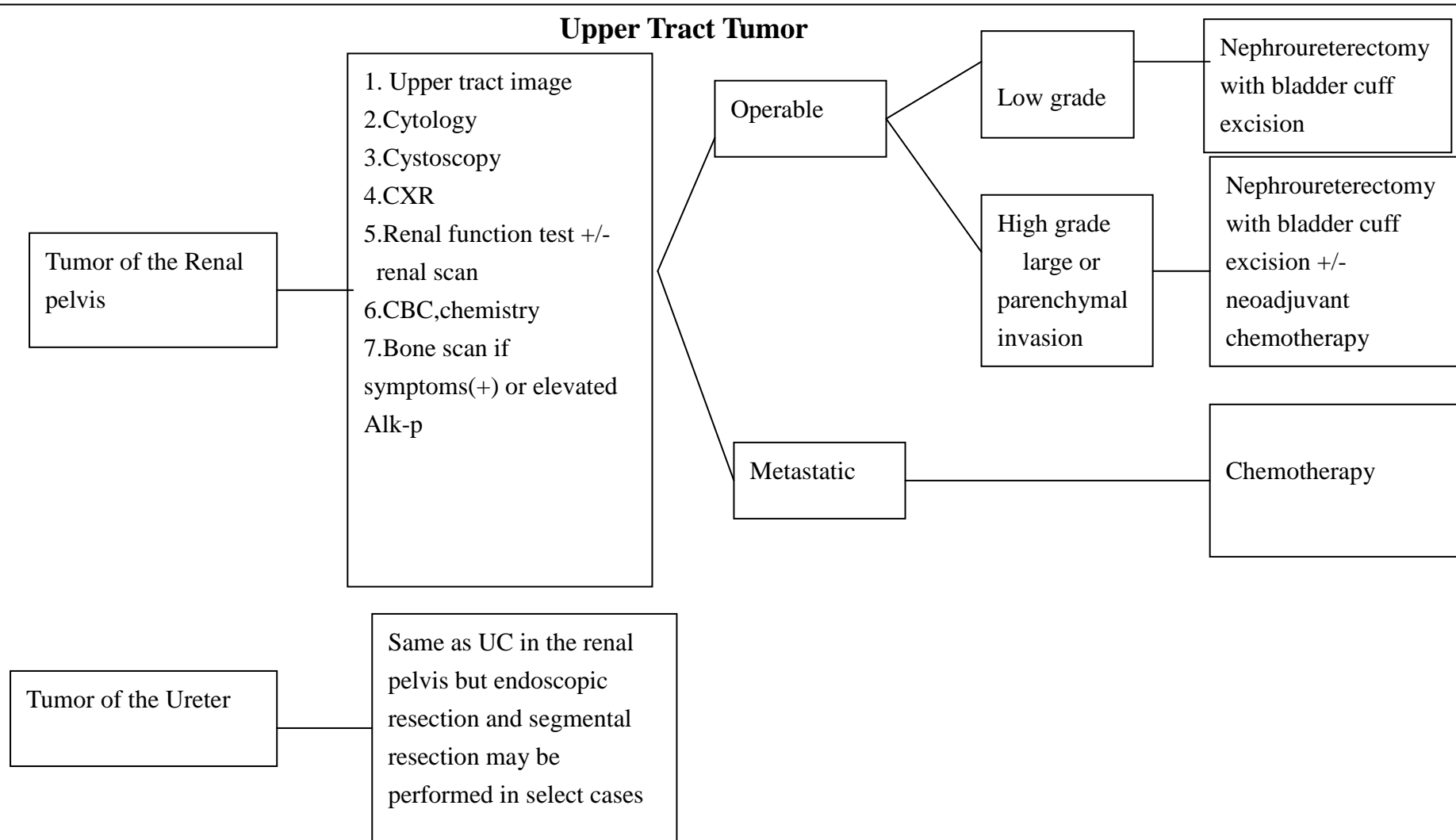
## Principle of intravesical treatment

- **Mitomycin-C**

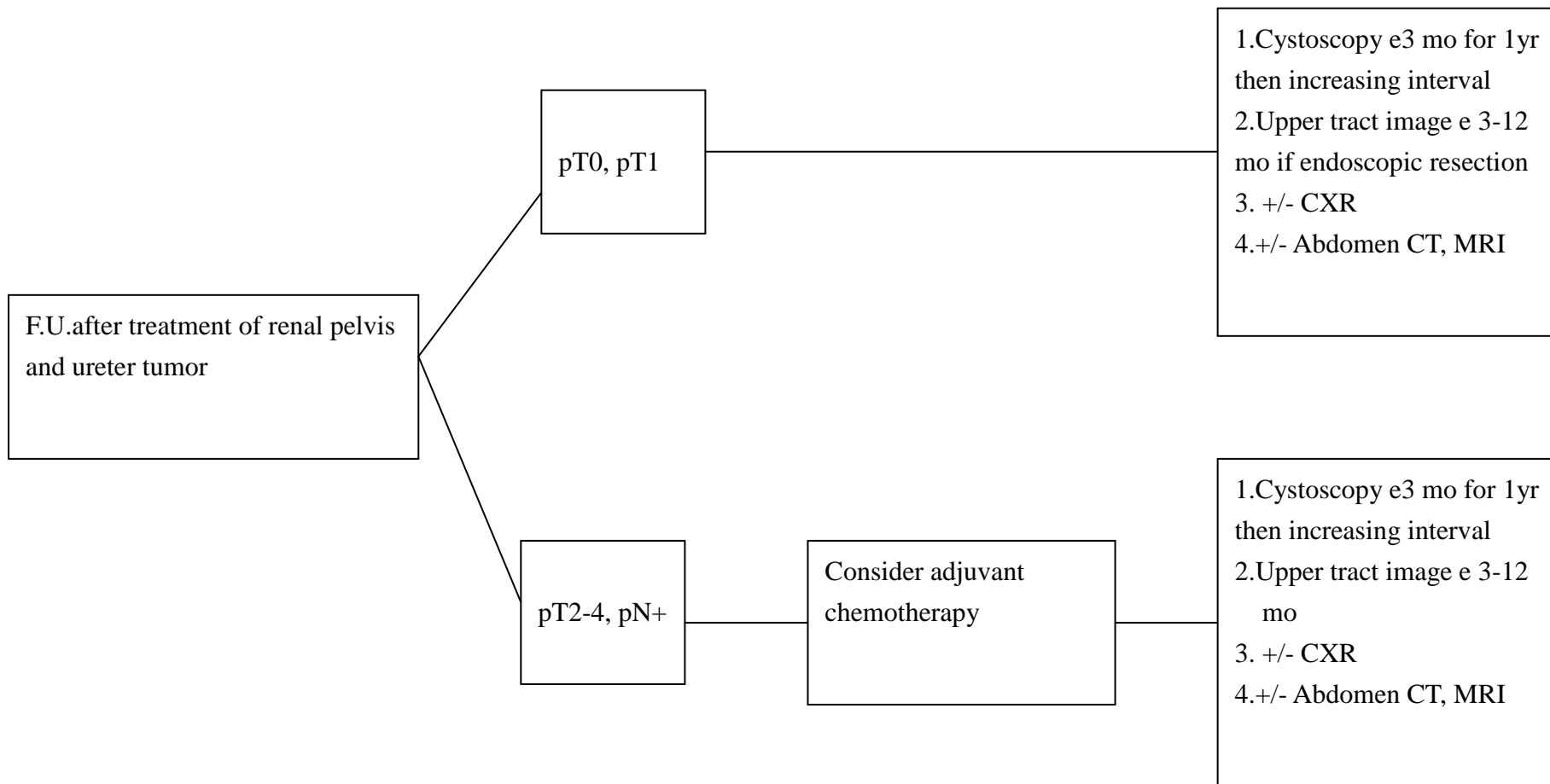
1. 30mg in 30-50ml N/S
2. Immediate treatment : 24 hours
3. Induction course : weekly for 4 wks
4. Maintenance course : monthly for 1year

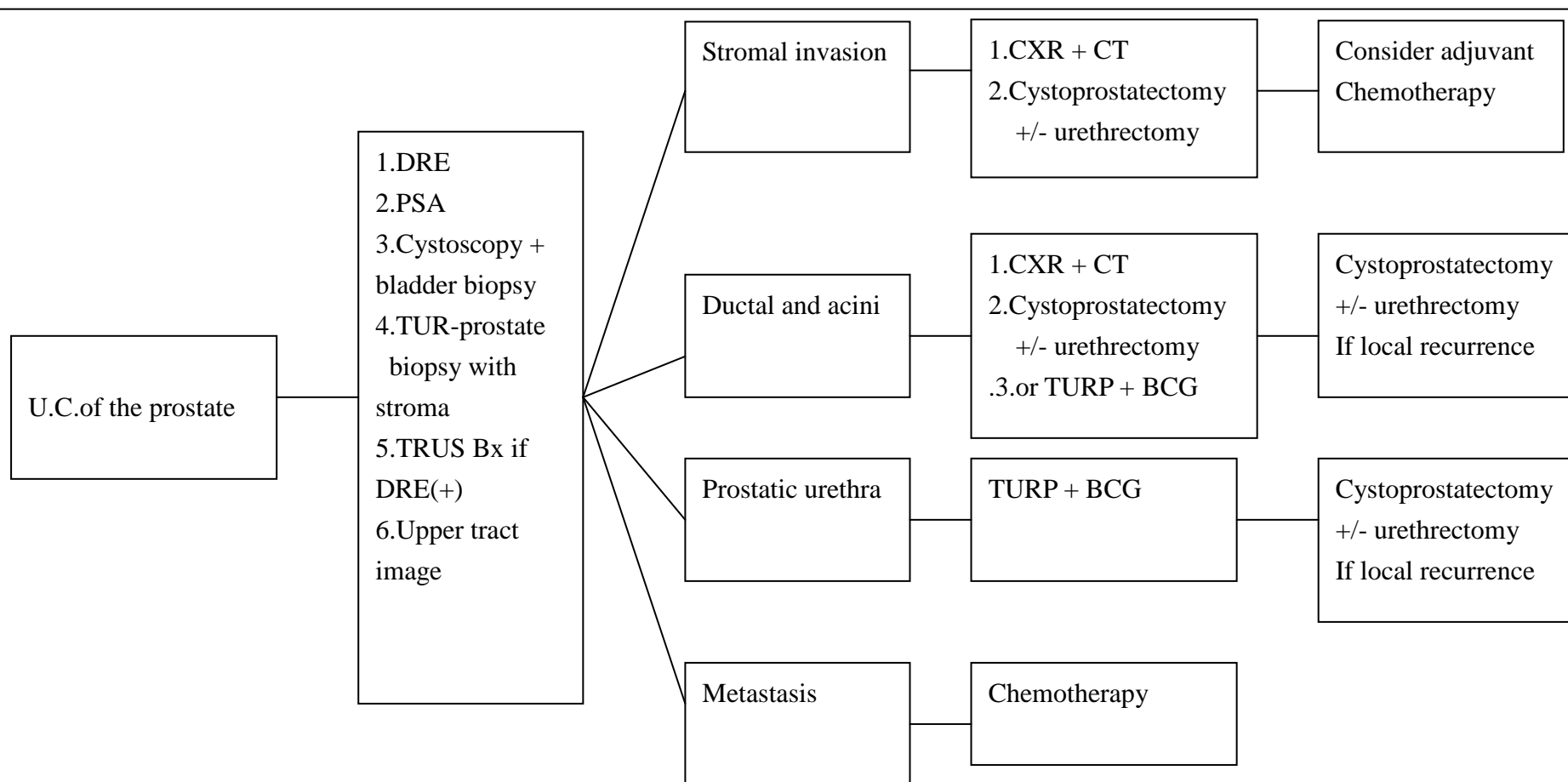
- **BCG**

1. 81MG IN 30-50ml N/S
2. Withhold if traumatic catheterization ,bacteriuria or persistent gross hematuria
3. Induction course : weekly for 6 wks
4. Maintenance course : weekly for 3 wks every 3 month



### Follow-up for the Upper Tumor





## Principle of Chemotherapy

- Gemcitabine+cisplatin 與傳統 MVAC 作用相仿，毒性較低，為多數患者第一線化療用藥
- MVAC(methotrexate,vinblastine,doxorubicin and cisplatin)標準化療用藥
- visceral metastases 合併 ECOG>2 化療預後不佳
- 對 muscle invasive disease 施行 cystectomy 前給予 3 cycle neoadjuvant chemotherapy 有存活上的幫助
- Alternative first line C/T  
Carboplatin + taxane-based regimens in poor renal function patient  
single agent therapy options as second line C/T
- Second line C/T  
No standard therapy,single-agent; taxane(自費),gemcitabine, cisplatin, caboplatin(自費), doxorubicin, 5-FU, ifosamine, pemetrexed(自費), metrotrexate, vinblastine.
- Radiosensitizing C/T  
Cisplatin +/- 5-fluorouracil, Mitomycin C +5-fluorouraci  
Taxane (docetaxel or paclitaxel)(自費),Gencitabine(自費),Capecitabine (自費)

### Principle of Radiation Management

- RT 不適合用在 hydronephrosis 或 extensive invasive tumor-associated Tis
- RT +/- C/T 可用來治療無法手術的患者或控制已轉移患者的局部症狀
- CCRT 前的 TURBT 儘可能將腫瘤刮乾淨
- whole bladder +/- pelvic lymph nodes:40-45 Gy
- boost the bladder tumor to 66 Gy
- Partial cystectomy 前可考慮 low dose RT



STAGE CATEGORY DEFINITIONS	
PRIMARY TUMOR (T)	
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
Ta	Non-invasive papillary carcinoma
Tis	Carcinoma in situ: “flat tumor”
T1	Tumor invades subepithelial connective tissue
T2	Tumor invades muscularis propria
pT2a	Tumor invades superficial muscularis propria (inner half)
pT2b	Tumor invades deep muscularis propria (outer half)
T3	Tumor invades perivesical tissue
pT3a	microscopically
pT3b	macroscopically (extravesical mass)
T4	Tumor invades any of the following: prostatic stroma, seminal vesicles, uterus, vagina, pelvic wall, abdominal wall
T4a	Tumor invades prostatic stroma, uterus, vagina
T4b	Tumor invades pelvic wall, abdominal wall

REGIONAL LYMPH NODES (N)	
	Regional lymph nodes include both primary and secondary drainage regions. All other nodes above the aortic bifurcation are considered distant lymph nodes
NX	Lymph nodes cannot be assessed
N0	No lymph node metastasis
N1	Single regional lymph node metastasis in the true pelvis (hypogastric, obturator, external iliac or presacral lymph node)
N2	Multiple regional lymph node metastasis in the true pelvis (hypogastric, obturator, external iliac or presacral lymph node metastasis)
N3	Lymph node metastasis to the common iliac lymph nodes
DISTANT METASTASIS (M)	
M0	No distant metastasis (no pathologic M0; use clinical M to complete stage group)
M1	Distant metastasis

ANATOMIC STAGE • PROGNOSTIC GROUPS			
CLINICAL			
GROUP	T	N	M
0a	Ta	N0	M0
0is	Tis	N0	M0
I	T1	N0	M0
II	T2a	N0	M0
	T2b	N0	M0
III	T3a	N0	M0
	T3b	N0	M0
	T4a	N0	M0
IV	T4b	N0	M0
	Any T	N1-3	M0
	Any T	Any N	M1
Stage unknown			

STAGE CATEGORY DEFINITIONS	
PRIMARY TUMOR (T)	
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
Ta	Papillary noninvasive carcinoma
Tis	Carcinoma in situ
T1	Tumor invades subepithelial connective tissue
T2	Tumor invades the muscularis
T3	(For renal pelvis only) Tumor invades beyond muscularis into peripelvic fat or the renal parenchyma T3. (For ureter only) Tumor invades beyond muscularis into periureteric fat
T4	Tumor invades adjacent organs, or through the kidney into the perinephric fat
REGIONAL LYMPH NODES (N)	
NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Metastasis in a single lymph node, 2 cm or less in greatest dimension
N2	Metastasis in a single lymph node, more than 2 cm but not more than 5 cm in greatest dimension; or multiple lymph nodes, none more than 5 cm in greatest dimension
N3	Metastasis in a lymph node, more than 5 cm in greatest dimension
	*Note: Laterality does not affect the N classification

STAGE CATEGORY DEFINITIONS	
PRIMARY TUMOR (T)	
DISTANT METASTASIS (M)	
M0	No distant metastasis (no pathologic M0; use clinical M to complete stage group)
M1	Distant metastasis

ANATOMIC STAGE • PROGNOSTIC GROUPS			
CLINICAL			
GROUP	T	N	M
<b>0a</b>	Ta	N0	M0
<b>0is</b>	Tis	N0	M0
<b>I</b>	T1	N0	M0
<b>II</b>	T2	N0	M0
<b>III</b>	T3	N0	M0
<b>IV</b>	T4	N0	M0
	Any T	N1	M0
	Any T	N2	M0
	Any T	N3	M0
	Any T	Any N	M1
Stage unknown			