

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22日修訂

2016年12月20日修訂

2017年12月26日修訂

Reference:

Bladder Cancer NCCN Guidelines V2.2017

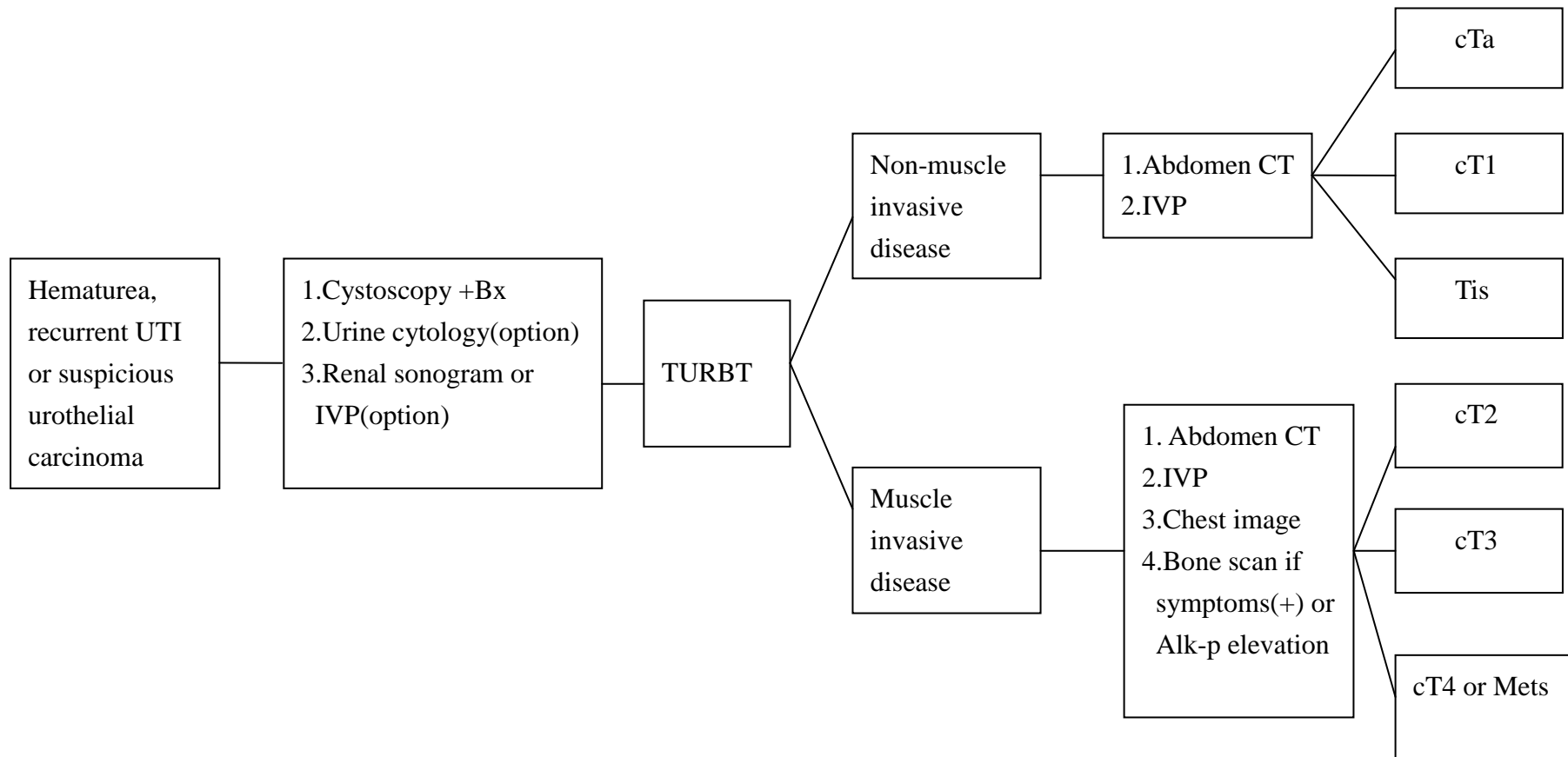
Physician's cancer chemotherapy drug manual 2015.

全民健康保險藥品給付規定 行政院衛生署一百零五年版

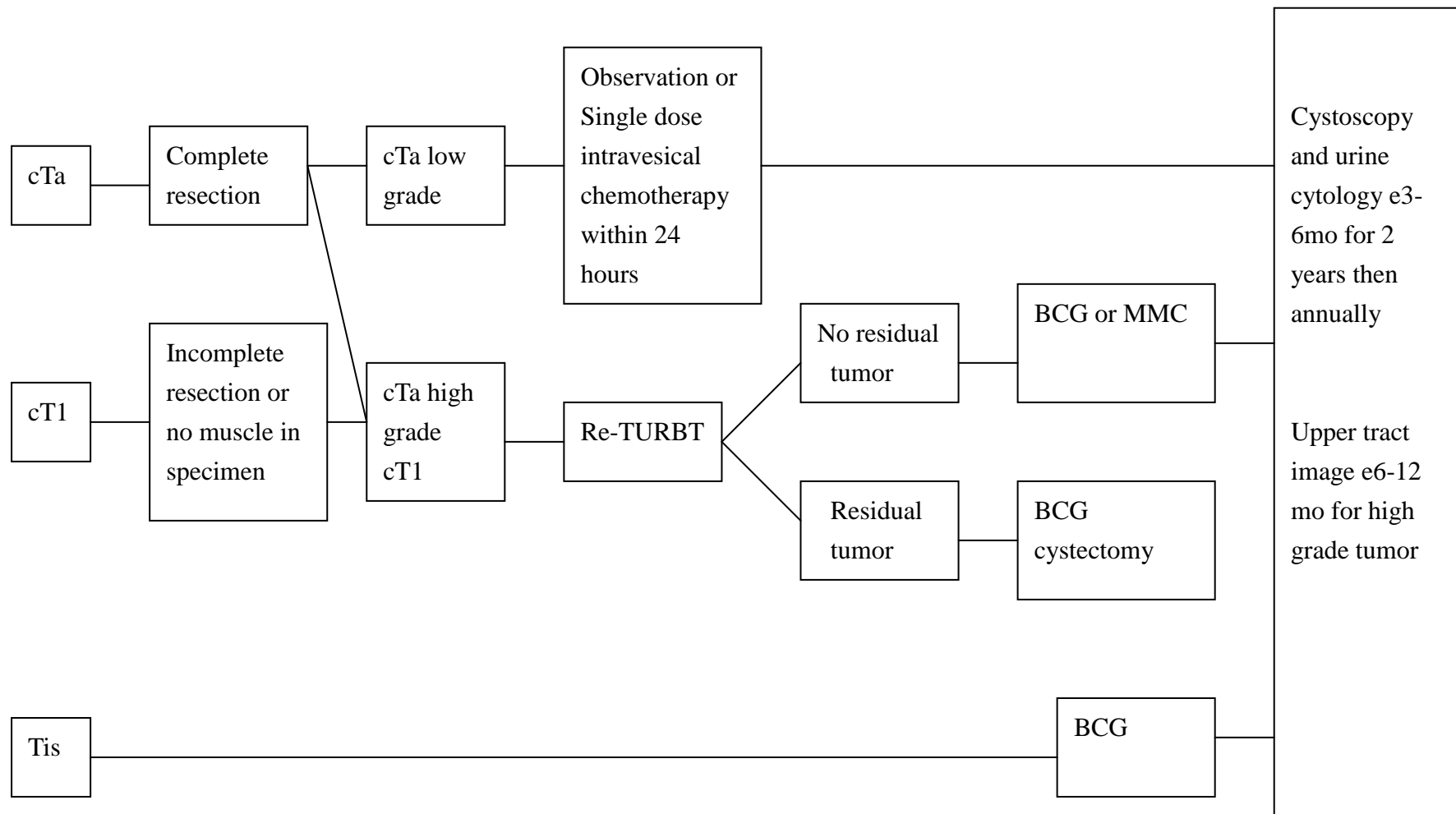
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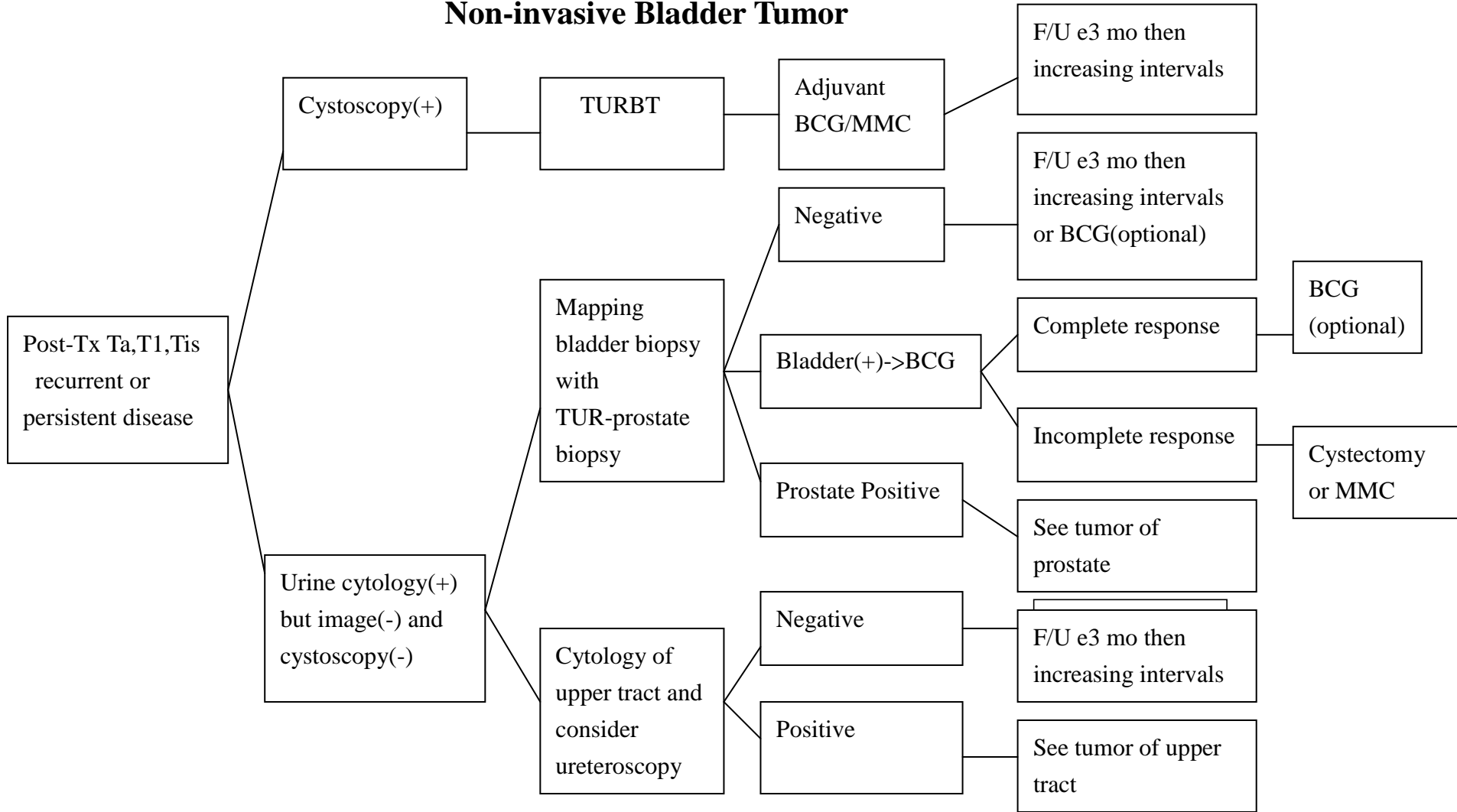
Clinical Evaluation of Bladder Tumor



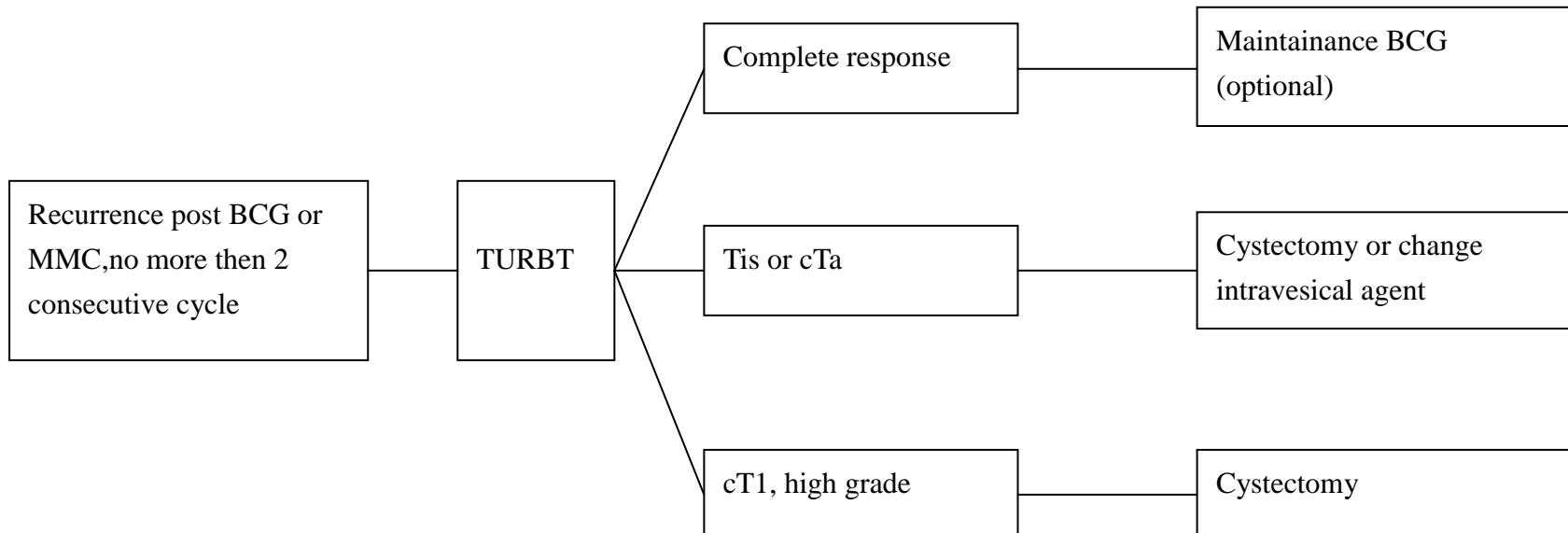
Non-invasive Bladder Tumor

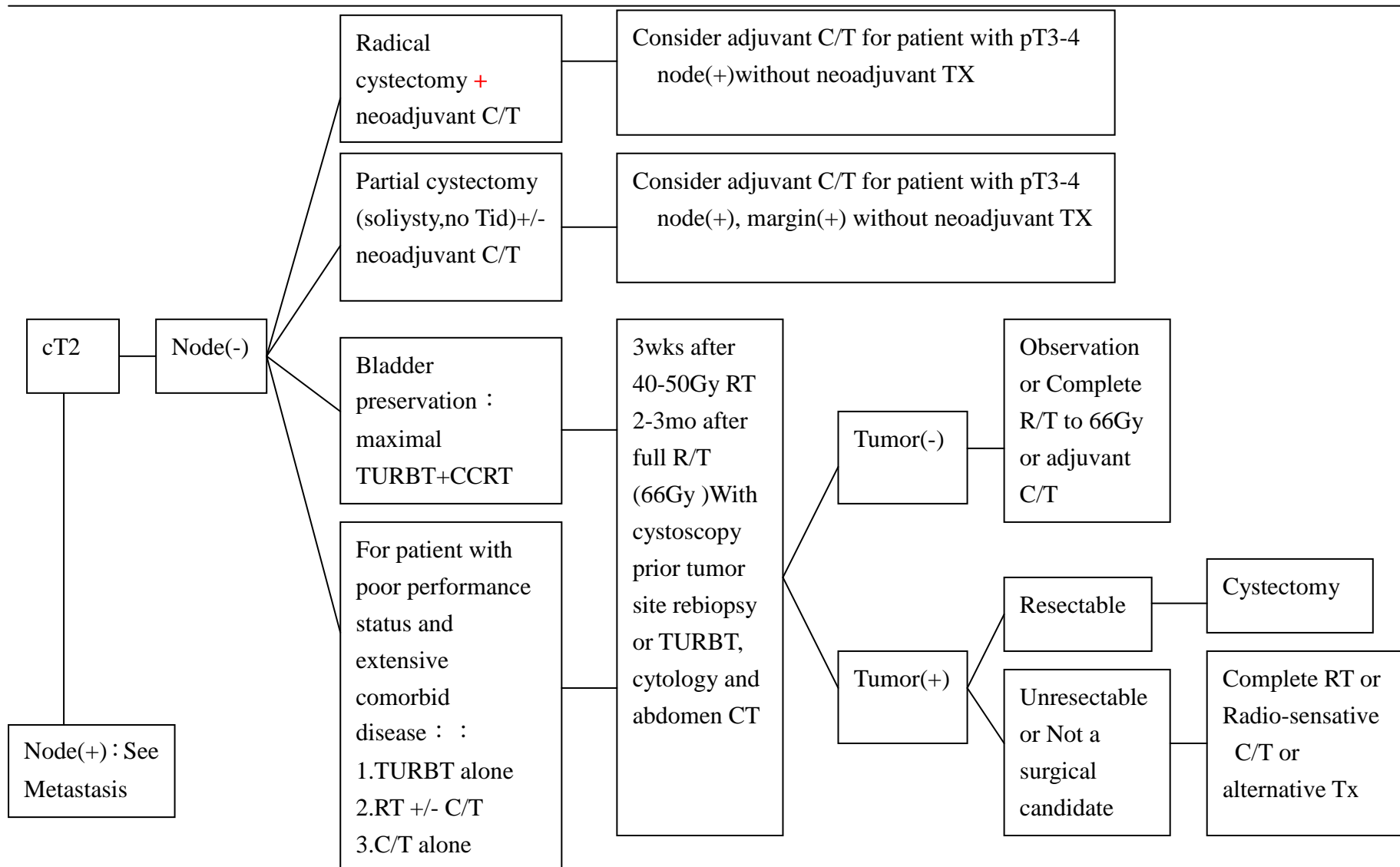


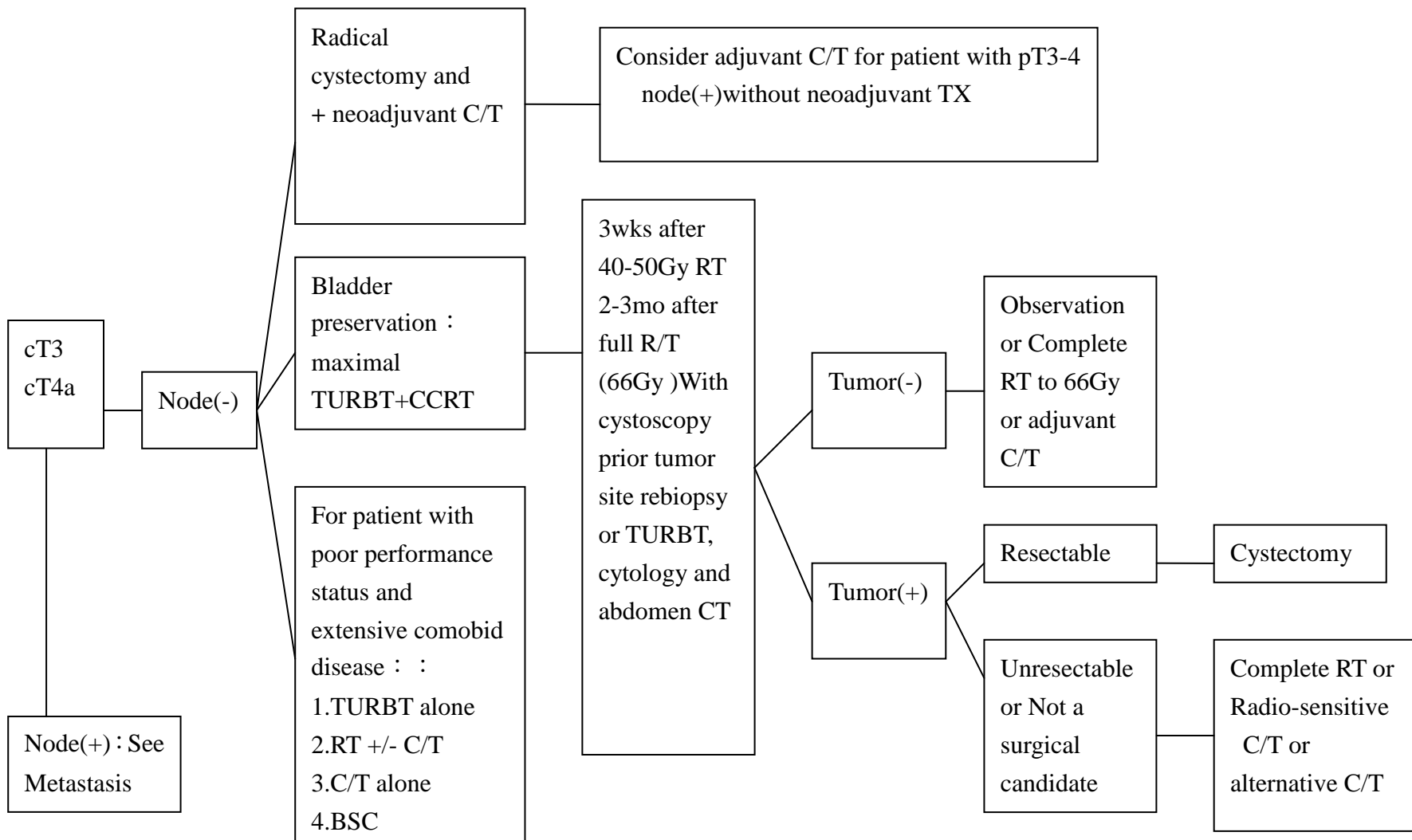
Non-invasive Bladder Tumor

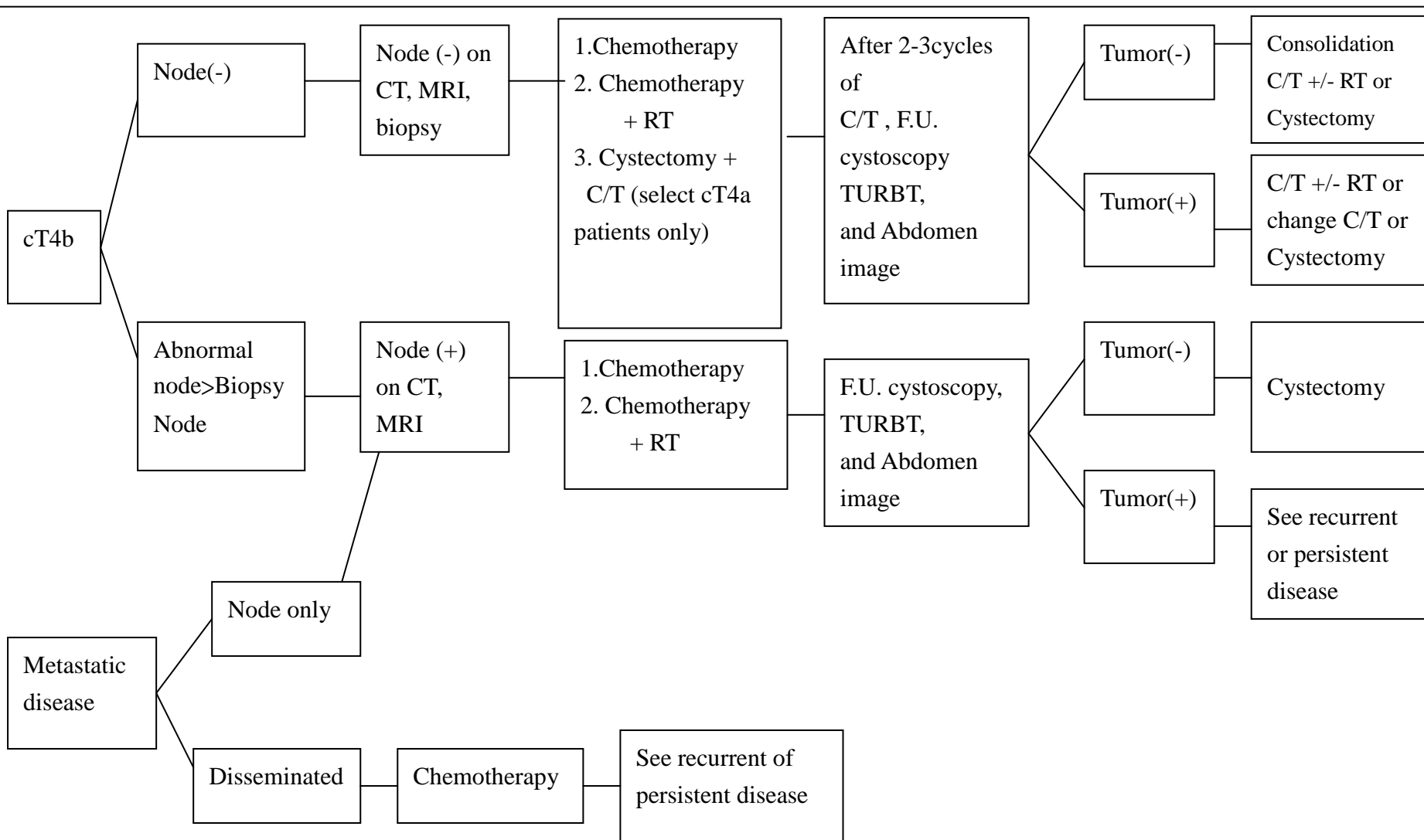


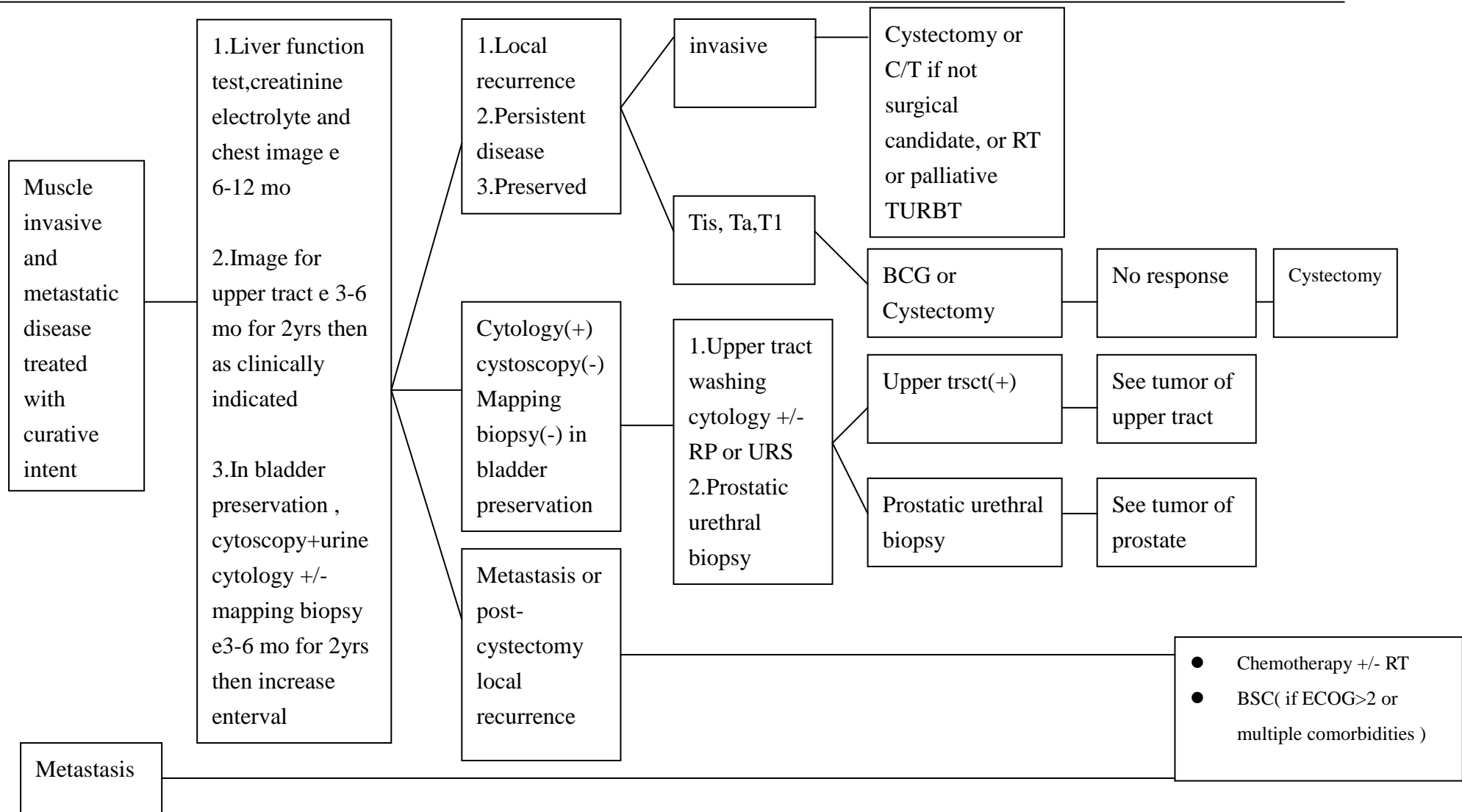
Non-invasive Bladder Tumor











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 wasfound in bladder and prostatic urethra

• 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

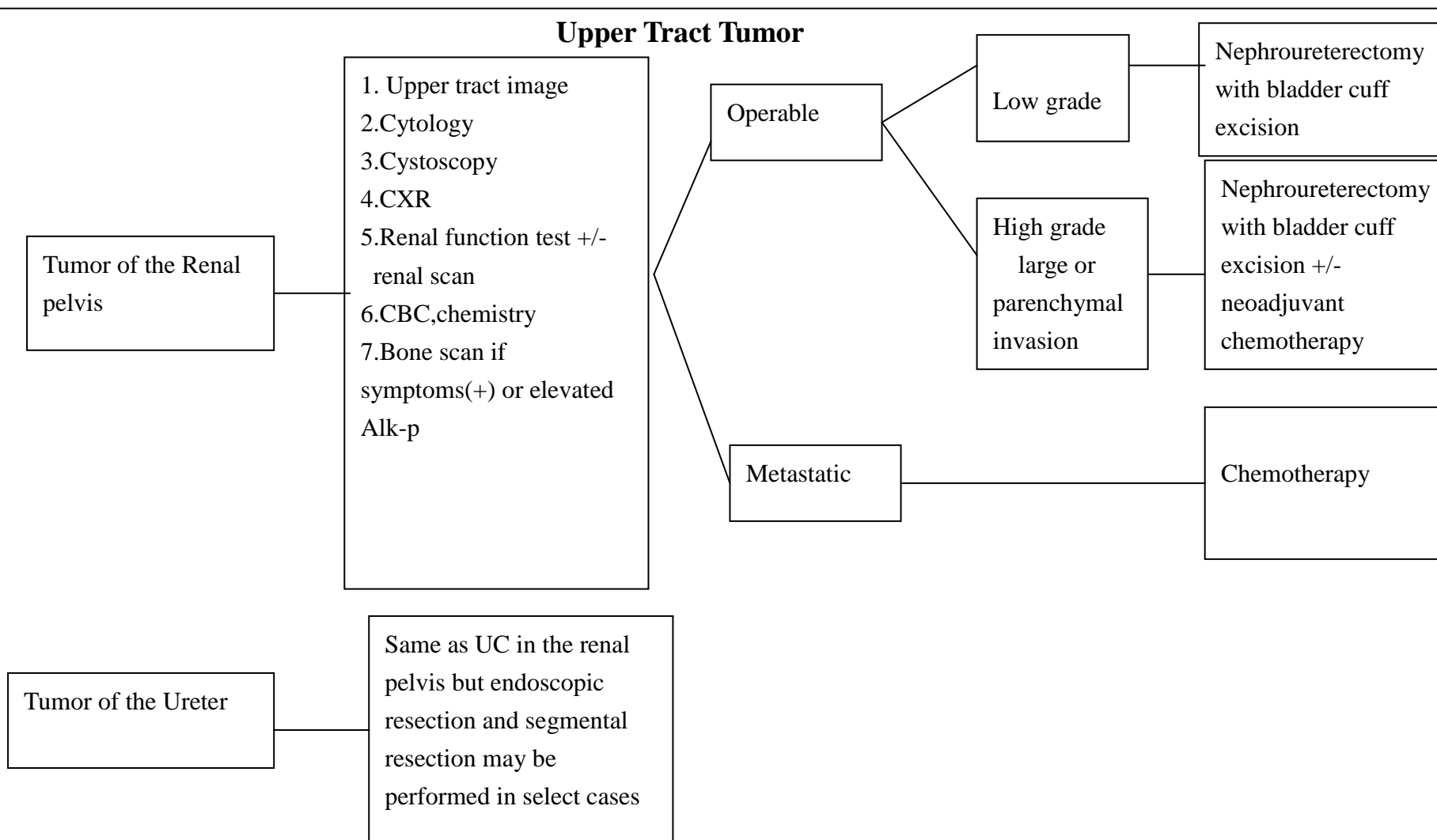
Principle of intravesical treatment

- **Mitomycin-C**

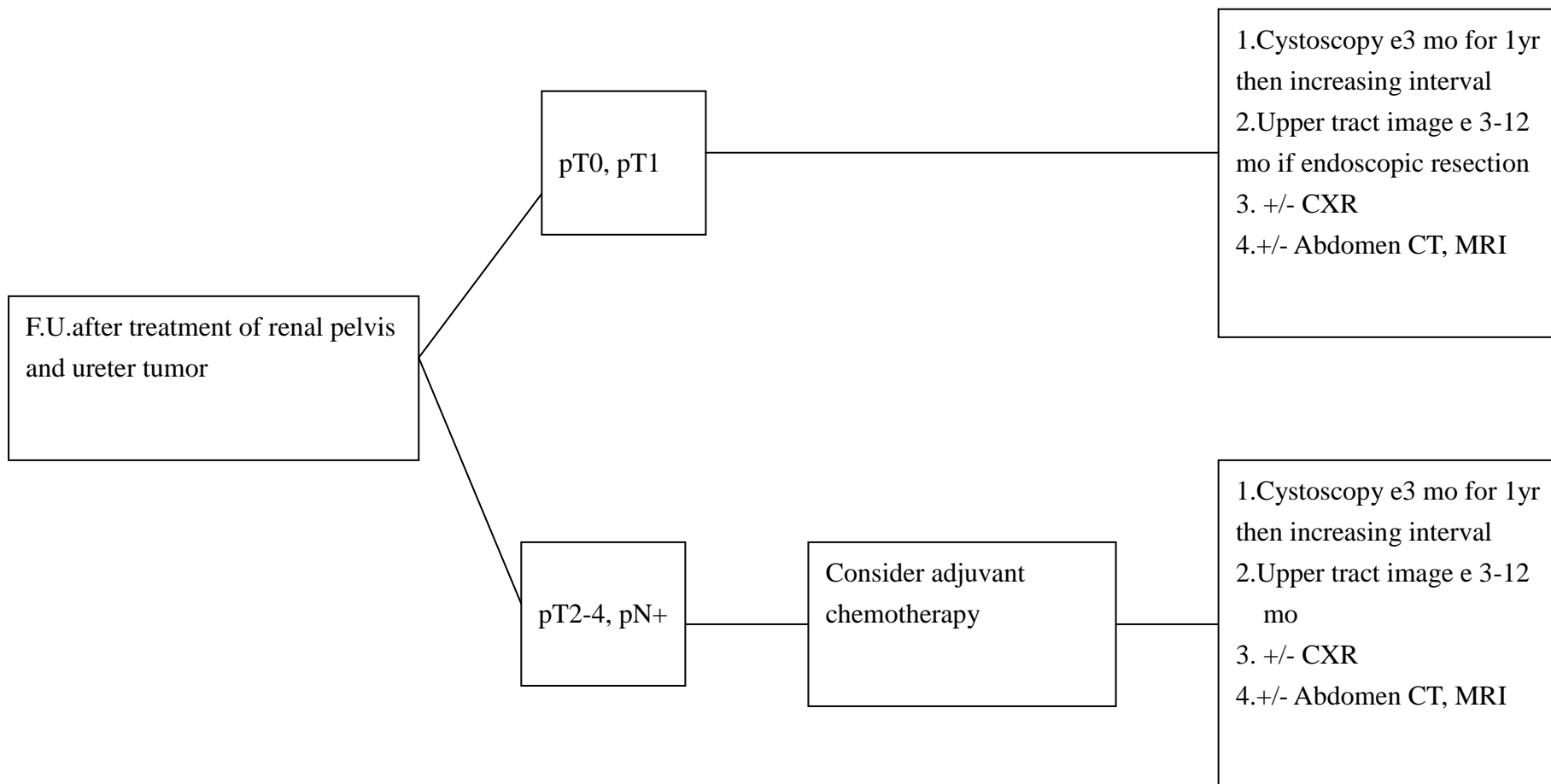
1. 30mg in 30-50ml N/S
2. Immediate treatment : 24 hours
3. Induction course : weekly for 4 wks
4. Maintenance course : monthly for 1 year

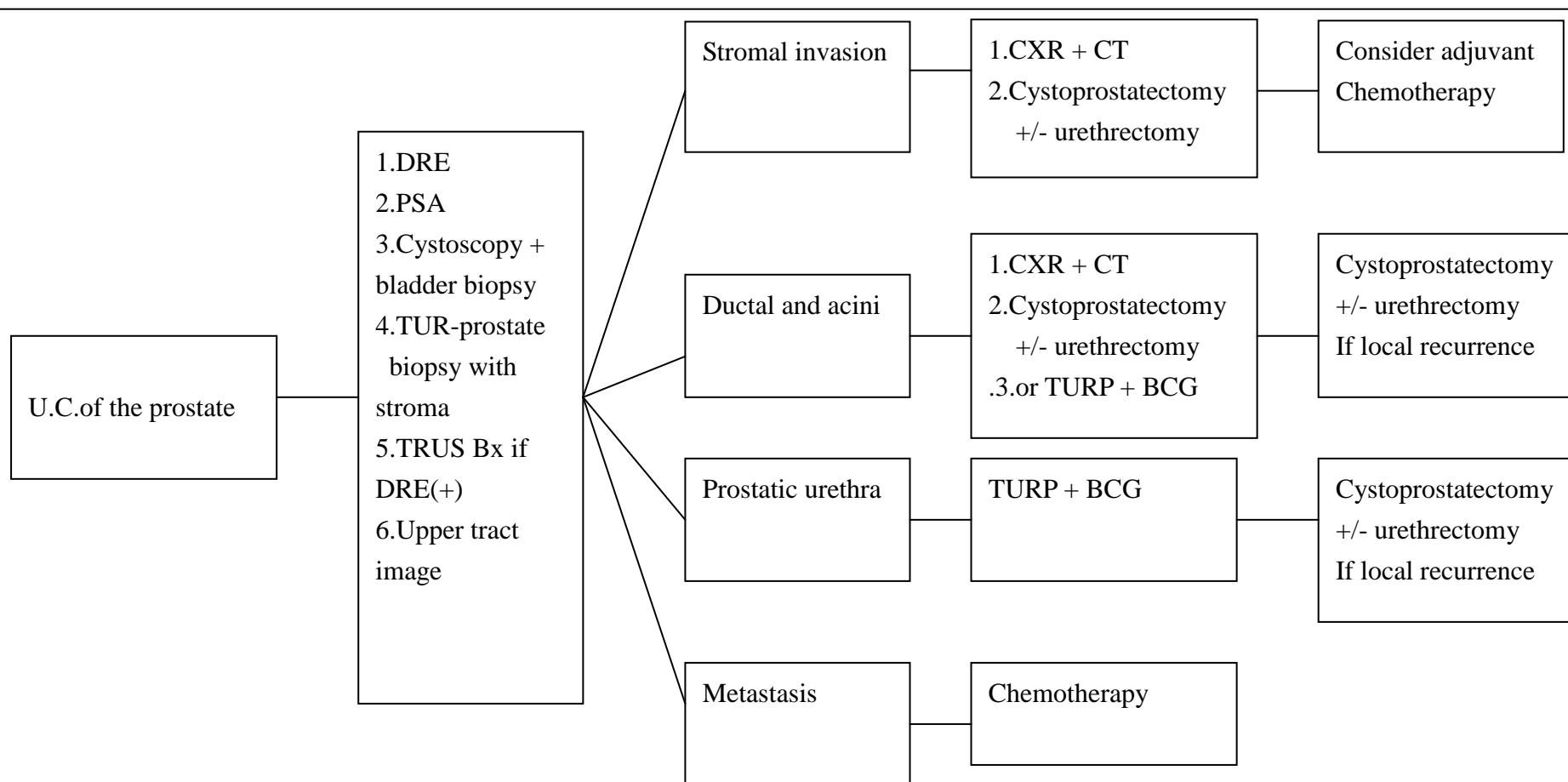
- **BCG**

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

If CCr<60 in 1st line:consider self-pay immunotherapy

1. Atezolizumab 1200mg Q3W(自費)1Mvigor 210 trial
2. Nivolumab 3mg/kg Q2W(自費)Check Mate275
3. Pembrolizumab 200mg Q3W(自費)Keymoie 052

•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

1. Atezolizumab(自費)
2. Nivolumab(自費)
3. Pembrolizumab(自費)

No standard therapy,single-agent; taxane(自費),gemcitabine, cisplatin, caboplatin(自費), doxorubicin, 5-FU, ifosamide, pemetrexed(自費), methotrexate, vinblastine.

•Radiosensitizing C/T

Cisplatin +/- 5-fluorouracil, Mitomycin C +5-fluorouracil

Taxane (docetaxel or paclitaxel)(自費),Gemcitabine(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	Urothelial carcinoma in situ: “flat tumor”
T1	Tumor invades lamona propria(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 soft tissue
pT3a	microscopically
pT3b	macroscopically (extravesical mass)
T4	Extravesical tumor invades any of the following: prostatic stroma, seminal vesicles, uterus,vagina, pelvic wall, abdominal wall
T4a	Extravesical tumor invades prostatic stroma, uterus, vagina
T4b	Extravesical tumor invades pelvic wall, abdominal wall

REGIONAL LYMPH NODES (N)	
NX	Lymph nodes cannot be assessed
N0	No lymph node metastasis
N1	Single regional lymph node metastasis in the true pelvis (perivesical, obturator, internal and external iliac, or sacral lymph node)
N2	Multiple regional lymph node metastasis in the true pelvis (perivesical, obturator, internal and external iliac, or sacral 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
M1a	Distant metastasis limited to lymph nodes beyond the common iliacs
M1b	Non-lymph-node distant metastasis

ANATOMIC STAGE • PROGNOSTIC GROUPS			
CLINICAL			
Stage GROUP	T	N	M
0a	Ta	N0	M0
0is	Tis	N0	M0
I	T1	N0	M0
II	T2a	N0	M0
	T2b	N0	M0
IIIA	T3a	N0	M0
	T3b	N0	M0
	T4a	N0	M0
	T1-T4a	N1	M0
IIIB	T1-T4a	N2,N3	M0
IVA	T4b	N0	M0
	Any T	Any N	M1a
IVB	Any T	Any N	M1b

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 into the renal parenchyma 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 in greatest dimension
N2	Metastasis in a single lymph node >2 cm ; or multiple lymph nodes

STAGE CATEGORY DEFINITIONS	
DISTANT METASTASIS (M)	
M0	No distant metastasis
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	T2	N0	M0
III	T3	N0	M0
IV	T4	N0	M0
	Any T	N1	M0
	Any T	N2	M0
	Any T	Any N	M1