



Diagnosing & Treating Muscle-Invasive Bladder Cancer

Urology Care
FOUNDATION™

*The Official Foundation of the
American Urological Association*

WHAT IS MUSCLE INVASIVE BLADDER CANCER (MIBC)?

Muscle invasive bladder cancer (MIBC) is a cancer that starts in the inside layer of the bladder. Over time, it spreads into the thick muscle deep in the bladder wall. The cancer may then spread to tissue and organs beside the bladder and later to other parts of the body. MIBC is a more harmful kind of bladder cancer than non-muscle invasive bladder cancer. It should be treated without delay.

HOW IS MIBC DIAGNOSED?

Many people do not have symptoms when they have bladder cancer. They are often diagnosed at a routine exam. Blood in the urine is the most common symptom of bladder cancer. If you can see blood in your urine, you should contact your doctor right away. Frequent urination and pain when you pass urine are less common symptoms. If you have these symptoms, you should also contact your doctor.

If your doctor believes you may have MIBC, he/she may send you to see a urologist. A urologist is a doctor who specializes in diseases of the urinary tract. The doctor may likely order these tests:

- **Urinalysis** – to test for blood in your urine and to look for cancer cells
- **Comprehensive metabolic panel (CMP)** – to see if your blood work is normal
- **X-rays, CT scan or MRI** – imaging tests to help with a diagnosis
- **Retrograde Pyelogram** – an x-ray to look at your bladder, ureters and kidneys

- **Cystoscopy** – this very common test lets your doctor see inside your bladder using a thin tube that has a light and camera
- **PET-scan** – (positron emission tomography) a scan that lets your doctor to better see where and how much the cancer is growing
- **TURBT** – (transurethral resection of bladder tumor) may be done during cystoscopy as part of your diagnosis

Your doctor will grade and stage your cancer. A tumor grade tells how aggressive the cancer cells are. A tumor stage tells how much the cancer has spread. Stages are from T1 (lowest) to T4 (highest). MIBC is a high-grade tumor. Doctors can tell the stage of bladder cancer by taking a small piece of the tumor and looking at it under a microscope.

TREATMENT FOR MIBC

Your best chance for healing from MIBC is early diagnosis and early care. Your care will depend on the stage and how far your cancer has grown. Treatment also depends on your health and age. Your team of healthcare providers will be your urologist, and also may include an oncologist (cancer specialist), radiologist, dietician and counselors.

You will likely have a choice of two types of ways to treat your MIBC:

- Cystectomy (bladder removal) with or without chemotherapy
- Chemotherapy with radiation

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Cystectomy

There are two types of cystectomy, radical cystectomy and partial cystectomy.

For partial cystectomy, the doctor removes only part of your bladder. For MIBC, partial cystectomy is less likely because the cancer may have grown too far into the bladder.

A radical cystectomy is when your whole bladder is removed. Radical cystectomy is believed the best care for MIBC. Bladder removal with chemotherapy raises survival rates for MIBC patients. The doctor will remove:

- The whole bladder
- Nearby lymph nodes
- Part of the urethra
- The prostate (in men)
- The uterus, ovaries, fallopian tubes and part of the vagina (in women). Other nearby tissues may also be removed.

When the whole bladder is removed, the surgeon makes some other way for urine to be gathered from the kidneys and stored before you pass it out of your body. Ask your urologist about urinary diversion.

Before removing your bladder, your doctor will likely offer neoadjuvant chemotherapy. Adjuvant means, "added to." About 6-8 weeks after chemotherapy, you will have your bladder surgery. If you choose not to have chemotherapy before surgery, then you may need it after surgery based on the tumor stage. This is adjuvant chemotherapy. If you have poor kidney function, hearing loss, heart problems and some other health issues, your doctor may not suggest chemotherapy for you.

Chemotherapy with Radiation

Radiation alone is not given for MIBC. It is often done along with chemotherapy. Before starting chemotherapy and radiation, your surgeon will resect (cut away) the tumor during a trans urethral resection of bladder tumor (TURBT). This is done to try to remove all of the cancer cells. If you get this treatment, you must followup with your doctor. You will need to have ongoing cystoscopy exams, imaging tests (e.g. CT scan) and other methods to check the tumor.

ABOUT THE UROLOGY CARE FOUNDATION

The Urology Care Foundation is the world's leading urologic foundation – and the official foundation of the American Urological Association. We provide information for those actively managing their urologic health and those ready to make health changes. Our information is based on the American Urological Association resources and is reviewed by medical experts.

To learn more, visit the Urology Care Foundation's website, **UrologyHealth.org/UrologicConditions** or go to **UrologyHealth.org/FindAUrologist** to find a doctor near you.

DISCLAIMER:

This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please talk to your urologists or healthcare provider about your health concerns. Always consult a health care provider before you start or stop any treatments, including medications.

For copies of printed materials about Muscle Invasive Bladder Cancer and other urologic conditions, visit **UrologyHealth.org/Order** or call 800-828-7866.

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