

UNDERSTANDING NON MUSCLE-INVASIVE (SUPERFICIAL) BLADDER CANCER (NMIBC)

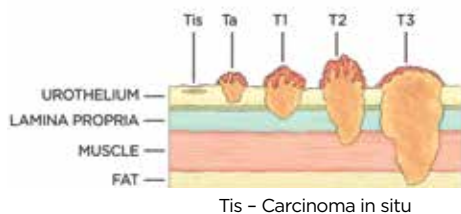
YOUR DIAGNOSIS

You have **Non Muscle-Invasive** bladder cancer. This means that your tumours have not invaded the muscle of the bladder.

TESTS ORDERED (NOT ALL MAY APPLY)

- Urine cytology
- Cystoscopy
- TURBT (Transurethral resection of the bladder tumour)
- CT or MRI scans
- Ultrasound
- Other: _____

BLADDER CANCER STAGES



TUMOUR STAGING

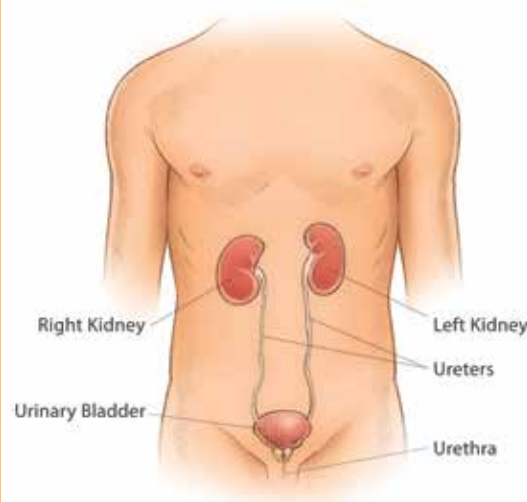
Staging describes how far the cancer has spread. Your care and prognosis depend, to a large extent, on the cancer's stage. The TMN system describes three key pieces of information:

- T** Depth of the main tumour.
- N** Degree of spread to nearby lymph nodes (collections of immune system cells). If abnormally enlarged, lymph nodes may be infiltrated with tumour cells.
- M** Whether cancer spread to other parts of the body.

Numbers or letters appearing after T, N and M provide more details about each of these factors. The numbers 0 through 4 indicate increasing severity. The letter X means "cannot be assessed".

Once the TNM categories have been determined, this information is combined to assign an overall stage.

URINARY TRACT ANATOMY



NOTES

NON MUSCLE-INVASIVE TREATMENT OPTIONS

- Follow up cystoscopy**
- Intravesical BCG Treatment:** BCG is a weakened bacteria that stimulates immune responses against cancer cells.
- Intravesical Chemotherapy Treatment:** Mitomycin C, which you may have received after the TURBT, will be continued. Similar drug treatments include epirubicin and gemcitabine.
- Additional TURBT Procedures:** Follow-up cystoscopy may discover new tumours growing within the bladder. Additional TURBT and drug instillations in the bladder may be done if these tumours continue to recur.
- Maintenance Intravesical BCG or Chemotherapy:** May be required after additional treatment.
- Clinical Trials:** Research studies that test how well new medical approaches work. Discuss with your medical team about these options.
- Other Treatments:**

Please refer to Bladder Cancer Canada's Guidebook on Non Muscle-Invasive Bladder Cancer for more information.

PHYSICIAN CONTACT INFO

Contact us for more information.
 🌐 www.bladdercancerCanada.org
 ✉ info@bladdercancerCanada.org
 ☎ 1-866-674-8889

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UNDERSTANDING MUSCLE-INVASIVE BLADDER CANCER (MIBC)

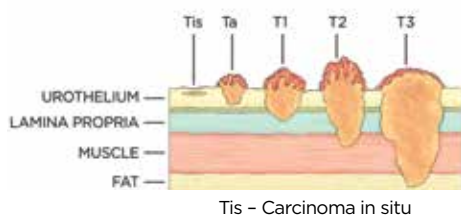
YOUR DIAGNOSIS

You have **Muscle-Invasive** bladder cancer. This means that your tumours have grown into or through your bladder muscle.

TESTS ORDERED (NOT ALL MAY APPLY)

- Urine cytology
- Cystoscopy
- TURBT (Transurethral resection of the bladder tumour)
- CT or MRI scans
- Ultrasound
- Other: _____

BLADDER CANCER STAGES



MUSCLE-INVASIVE TREATMENT OPTIONS

- Radical Cystectomy:** Standard treatment to remove the diseased bladder and construct a new urinary diversion.
- Neoadjuvant Chemotherapy:** Intravenously administered before undergoing radical cystectomy (or trimodal therapy).
- Adjuvant Chemotherapy:** Intravenously administered after undergoing radical cystectomy.
- Trimodal Therapy:** Bladder preservation, combining radiation therapy, chemotherapy and complete TURBT in selected patients.
- Metastatic Disease:** If your cancer has spread to other areas, you may require other treatment options to best handle your disease.
- Clinical Trials:** Research studies that test how well new medical approaches work. Discuss with your medical team about these options.
- Other Treatments:**

TUMOUR STAGING

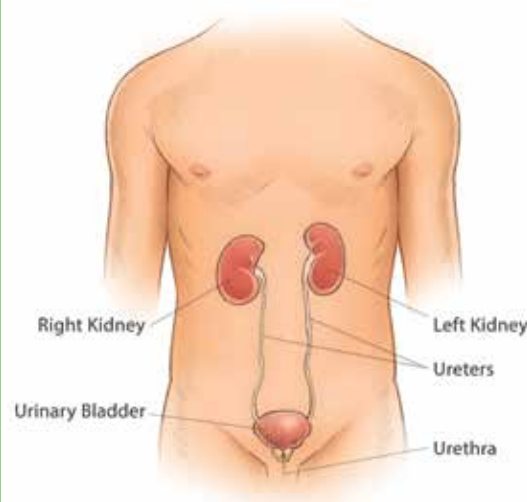
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URINARY TRACT ANATOMY



DIVERSION TYPES

Once the bladder is removed through radical cystectomy, a new way for urine to drain from the kidneys to outside the body is necessary.

- ILEAL CONDUIT (OSTOMY)**
Short segment of ileum creates channel for urine to pass through.
- ORTHOTOPIC NEOBLADDER**
"New" bladder in same place made from a segment of small intestine.
- INDIANA POUCH**
Segment of large intestine and ileum to create internal pouch for urine.

NOTES

Refer to Bladder Cancer Canada's Guidebooks on Radical Cystectomy, Bladder Preservation or Metastatic Disease for more information.

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