

May is Bladder Cancer Awareness Month

By CCMB Communications & Public Affairs

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Did you know the #1 cause of bladder cancer in Canada is smoking?

Dr. Gokulan Sivananthan, radiation oncologist at the Western Manitoba Cancer Centre in Brandon shares the risk factors for bladder cancer and what you can do to prevent it. Click [here \(https://youtu.be/Kba2eYxHmck\)](https://youtu.be/Kba2eYxHmck) to watch a short video from Dr. Sivananthan.

A number of promising new therapies are now available for the treatment of advanced bladder cancer.

Dr. Jeffrey Graham, medical oncologist at CancerCare Manitoba in Winnipeg provides an update on these new therapies.

Bladder Cancer: Past, Present, and Future

Bladder cancer is the most common type of tumor originating from the urinary tract. When identified early, local therapies such as surgery can lead to long-term remission and cure. Unfortunately, some patients will develop recurrence or spread of the cancer beyond the bladder. This is frequently referred to as metastatic or advanced bladder cancer. In this situation, treatments are often not curative, and instead are designed to help control the cancer. Ultimately, the hope is that these treatments will help patients live longer and lead to improvements in quality of life.

Traditionally, the treatment of advanced bladder cancer has involved using chemotherapy. These drugs work by killing rapidly dividing cancer cells. Chemotherapy has been shown to improve survival, but durable, long-lasting responses are rare. Over the last 5 years, there have been a number of new therapeutic options that have transformed the treatment landscape of bladder cancer. These can be divided into three groups: 1) immunotherapy drugs, 2) antibody-drug conjugates, and 3) targeted therapies.

Immunotherapy drugs, also called immune-checkpoint inhibitors, work by activating the body's own immune system to help find and destroy cancer cells. In Manitoba, we use this type of therapy if bladder cancer has progressed despite initial chemotherapy. There is emerging evidence that starting these immunotherapy drugs earlier is beneficial, including a so-called maintenance approach where an immune-checkpoint inhibitor is started immediately after chemotherapy is completed instead of at the time of progression.

Antibody-drug conjugates can be thought of as chemotherapy delivery devices that transport cancer killing drugs directly into tumor cells. This allows for more precise anti-tumor effects, while at the same time decreasing side-effects. In bladder cancer, these agents have demonstrated impressive results in clinical trials. In Manitoba, we are in the process of opening clinical trials exploring the use of these novel drugs.

Targeted therapies have revolutionized the treatment of various cancer types. These treatments target specific alterations in cancer cells. In bladder cancer, one such alteration is a protein called fibroblast growth factor receptor (FGFR), which is altered in approximately 20% of patients. At CancerCare Manitoba, we have a clinical trial open investigating the use of a drug that inhibits FGFR in patients with advanced bladder cancer.

In summary, a number of promising new therapies are now available for the treatment of advanced bladder cancer. We remain hopeful that the on-going development of these innovative treatments will continue to lead to improved outcomes for all Manitobans diagnosed with bladder cancer.