

Bladder cancer: TOO MANY LATE DIAGNOSES

On the occasion of Bladder Month, the French Association of Urology warned of the damaging delays in the treatment of this cancer. Detected at an early stage, it may require simple monitoring.

It strikes 13,000 to 20,000 French people each year.

Too often, bladder cancer is discovered at an advanced stage, which is more complicated to treat, while 90% of these cancers

originate in the urothelial cells lining the inside of the bladder and are easier to treat at a non-infiltrative stage.

On the occasion of Bladder Month, which has just ended, the French Association of Urology has set two ambitious objectives: improve early detection of this cancer and accelerate patient access to therapeutic innovations.

Warning signs

The presence of visible blood in the urine – macroscopic hematuria – is the first warning signal. *“Just because you bleed doesn't mean you have a tumor; However, we should not trivialize this presence of blood in the urine, even if ongoing treatment, an anticoagulant for example, can explain it,”* warns the Dr. Olivier Alenda, urologist, president of the UroPACA meetings. Hematuria may be accompanied by other irritative urinary signs such as frequent urge to urinate. The non-specific nature of these symptoms, which are found associated with benign pathologies, often delays the first consultation.

“We still too often detects tumors that immediately infiltrate the muscle, which have already penetrated the urothelial wall and which are more difficult to treat”, regrets the Dr. Alenda.

What results?

To confirm – or not – the diagnosis, the assessment includes urinary cytology, in other words the search for abnormalities in the cells present in the urine, which could point to a tumor with a high aggressive potential. Another key examination, cystoscopy which allows you to visualize the inside of the bladder. *“The uroscan is almost systematic, it makes it possible to check the entire urinary tree, even if it is rare for two tumors to be associated, in the kidneys and the bladder. completes the urologist.”*

Finally, bladder resection involves scraping and recovering the tumor cells which will be analyzed to qualify the tumour and assess the stage of the disease. *“In 80% of*

case, the tumor is superficial. Different prognostic factors make it possible to assess the risk of recurrence and the capacity of the cancer to progress, to determine what additional treatments are necessary. specifies the doctor.



**“In 80%
In some cases, the
tumor is superficial. »**

Dr. Olivier Alenda, urologist

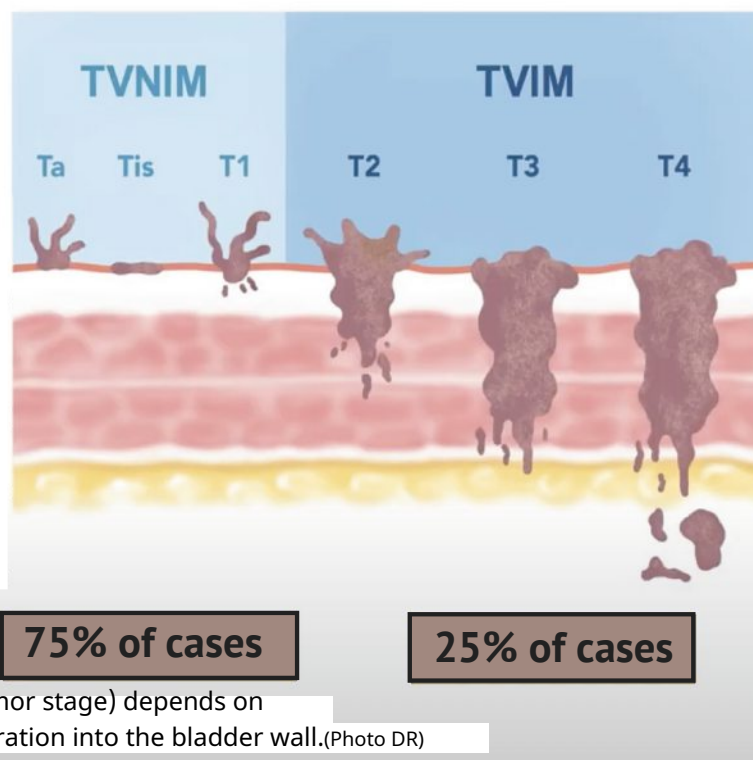
Superficial tumors: several options

In the case of these superficial tumors, when the prognosis is good, simple monitoring can suffice. In the event of an uncertain prognosis, it may be

given local chemotherapy with endovesical

instillations (via the urethra) of mitomycin C. For tumors of high risk, the oncologist can propose a BCG therapy, which acts like an immunotherapy, by stimulating

immune cells responsible for recognizing and destroying tumor cells. In certain exceptional and very specific cases, with very high risk, cystectomy – removal of the bladder – may be immediately suggested.



tumor severity (tumor stage) depends on its degree of penetration into the bladder wall. (Photo DR)

Infiltrating tumors: the drastic means

This operation is the standard treatment in cases of tumor infiltrating the muscle and is accompanied by the resection of neighboring organs. *“For mens, details the Dr. Alenda, the prostate is also removed. For women, part of the vagina and the uterus are generally removed; in certain cases, the preservation of these genitals may be considered, after discussion.”*

It is therefore a surgery with serious consequences but which has a double interest, underlines the Dr. Alenda: *“Healing, and real staging of the disease.”* This cystectomy can be accompanied by neoadjuvant chemotherapy (before the operation) with cisplatin, *“a fairly heavy treatment in terms of impact, but which is important if the patient can tolerate it, because it increases*

patient survival by 8%⁽¹⁾. »

New therapies and promising trials (*read elsewhere*) will certainly allow these reference treatments to evolve in the coming years.

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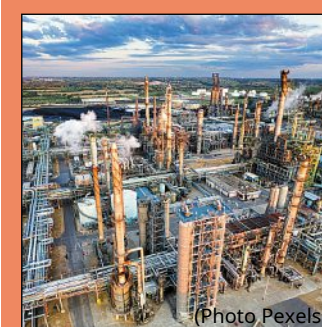
1. The 5-year survival rate is 75% for non-invasive cancers, less than 50% for infiltrative tumors.

Tobacco and professional exposure

Although it affects more men than women today, bladder cancer incidence is increasing for women because of

smoking. The tobacco indeed multiplies by three the risk of bladder cancer. Other clearly identified risk factors:

professional exposure. Workers in contact with tar or polycyclic aromatic hydrocarbons and metallurgy employees are at greater risk.



(Photo Pexels)

Update on research and new treatments

Infiltrating tumors: to avoid cystectomy

In case of infiltrating tumors, in some particular cases, cystectomy can be avoided, with conservative treatments. *“This trimodal*

treatment combines resection of lesions – not possible if the tumor is extensive –, radiotherapy and chemotherapy, details the Dr. Alenda. *It involves very close monitoring and repeated resections. »*

- Biomarkers to facilitate the monitoring of superficial tumors

An ongoing study of

the French Association of Urology (AFU) compares the urinary parameters and cystoscopy in the context of monitoring non-muscle infiltrating bladder tumors. *“The aim is to find biomarkers which will make it possible to limit endoscopic monitoring, which, for the moment, must be repeated regularly and for life. »*

- Alternatives to BCG therapy

In the absence of good response to BCG therapy on non-infiltrative cancers, to avoid cystectomy, which remains the recommended treatment in many

suddenly, several protocols are being tested: immunotherapy, slow bladder diffusion chemotherapy (THOR trial).

- Immunotherapy in adjuvant or maintenance treatments

On top of adjuvant chemotherapy and surgery, *“we can now offer nivolumab in immunotherapy, as adjuvant treatment”. “When a patient responds well to chemotherapy, maintenance immunotherapy increases their survival,”*

continues the urologist.

- For metastatic cancers, first-line treatment in early access

Treatment of metastatic cancer has until now been limited to chemotherapy. A targeted therapy study showed the effectiveness of the antibodies enfortumab and vedotin combined with immunotherapy with pembrolizumab. *“The action is incredible,”* comments the Dr. Alenda. The response rate to chemotherapy is 17%. With antibodies, it goes to 40%! This exceptional result motivated early access to prescription. »