

Advanced Bladder Cancer Treatment Pathway – A Patient Guide

Key Points:

- This framework is a guide to assist patients understand what treatment pathway(s) are available dependent on their diagnosis. **It is meant as a guide only.** The medical team will determine the treatment regime most appropriate for a patient based on their individual circumstances.
- This framework captures new treatment options as they gain TGA approval; PBAC approval and ultimately become available on PBS.
- Patient should always ask their medical oncologist whether they are eligible for any clinical trials which may provide additional treatment options.
- Ensure that the doctor has referred the patient to supportive care services when battling advanced bladder cancer.
- Patients with advanced bladder cancer will be very closely monitored to review progress. Typically via CT/MRI/PET scans.

Notes:

- (1) Palliative radiation therapy can be given before, after, or during systemic chemotherapy; or used in patients who are unfit for or choose not to have systemic chemotherapy. Can be used for local symptoms (eg: pain), or to sites of metastatic disease for symptom control.
- (2) Potential future 1st line treatment with excellent clinical trial results. Not yet TGA or PBAC approved in Australia as a combination therapy, although both drugs are PBS approved as individual monotherapies. Speak to medical oncologist to discuss.
- (3) If initially received neoadjuvant chemotherapy prior to radical cystectomy (RC) and then disease progressed to advanced bladder cancer, then do not need to repeat chemotherapy and can progress straight to immunotherapy. Otherwise require systemic chemotherapy as 1st line treatment.
- (4) Patient should work with medical oncologist to determine appropriate chemotherapy/immunotherapy regime.
- (5) Patients should speak to their medical oncologist to see if eligible for any appropriate clinical trials. Alternatively, there are other systemic chemotherapy treatments available.
- (6) Patients may choose not to have further treatment and continue with best supportive care.

