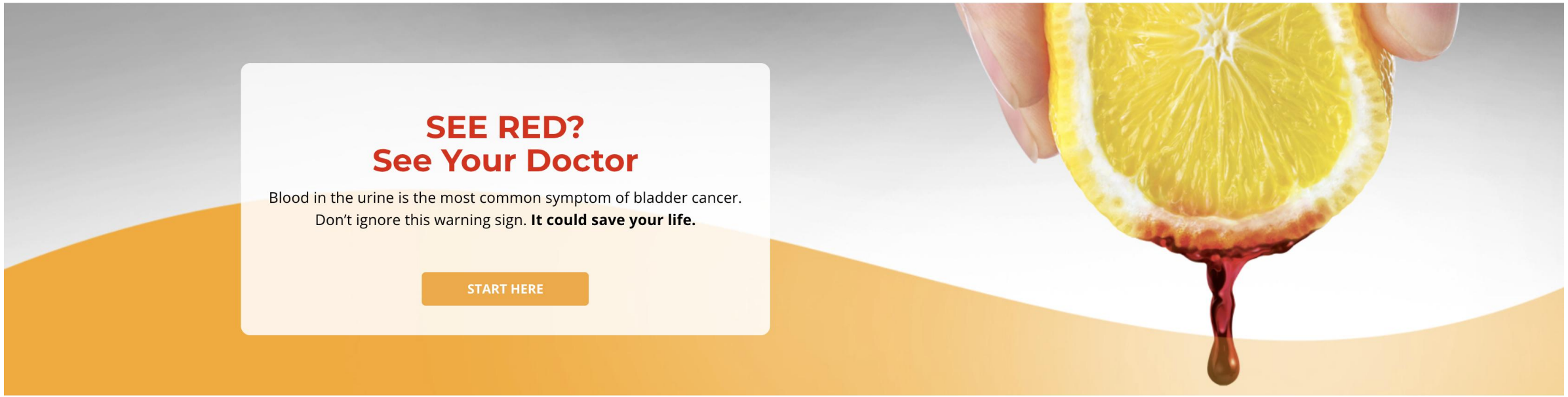



# Post Treatment Care for Urologic Cancer Patients

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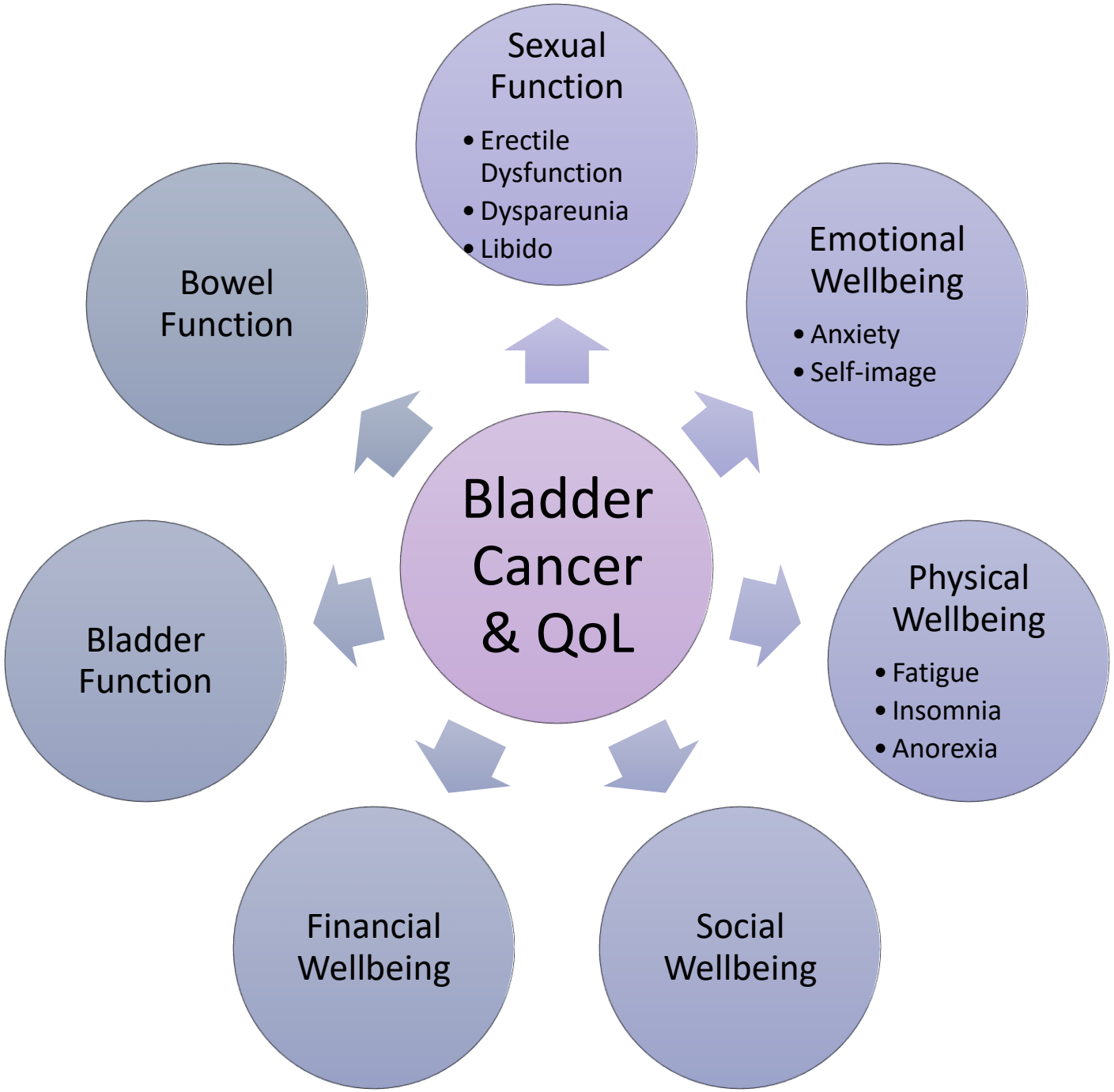
# Presenter Disclosures

- Relationship with financial support
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# Agenda

- Domains of Quality of Life in Bladder Cancer
- Assessing Quality of Life
- Challenges with the Research
- Quality of Life in Non-Muscle Invasive Cancer Patients
- Quality of Life in Muscle Invasive Cancer Patients

# Quality of Life Domains Affected by Bladder Cancer



# Assessing Quality of Life in Bladder Cancer Patients

## General Instruments

- Short Form Survey-36 (SF-36)
  - The most widely used instrument
  - 8 domains

## Disease Specific Instruments

- NMIBC: EORTC Quality of Life Questionnaire, Questionnaire of Quality of Life in Patients with NMIBC
- MIBC: EORTC QLQ-BLM30, Functional Assessment of Cancer Therapy – Bladder Cystectomy/FACT Vanderbilt Cystectomy Index, Ileal Orthotopic Neobladder-Pro Questionnaire
- Bladder Cancer Index

## Symptom/System Instruments

- International Prostate Symptom Score (IPSS)
- International Index of Erectile Function (IIEF)
- Female Sexual Function Index Questionnaire

# Challenges in Quality of Life Research in Bladder Cancer

Lots of contaminating factors: Comorbid conditions, age, treatment type

Even native bladders in the bladder cancer age group are plagued with problems

Orthotopic diversion patients = average younger & healthier

Different measures, not all validated

Different treatments = difficult to compare

Many different domains of quality of life

# Quality of Life in Patients Treated for Non-Muscle Invasive Bladder Cancer

## ↓ Physical (10 yr) & Mental (5 yr) functioning

- At 5 yr, worse than MIBC patients

## Physical function ↓ at 1st TURBT, up to 3

## Biggest magnitude: fatigue, social + role functioning

## Intravesical therapy

- BCG worsens urinary function > intravesical chemo
- 70% have bothersome urinary symptoms during induction → no impact to overall QOL
- Erectile Dysfunction with BCG (improves 1 month after last instillation)
- Barrier protection up to 6 weeks after last treatment
- Repeated instillation ↓ physical function, symptoms > single agent

## Sexual Health

- Erectile dysfunction: 60%
- Vaginal dryness: 62.5%
- Worse for female patients, early radical cystectomy patients

# Muscle Invasive Bladder Cancer

# Quality of Life in Patients Treated for Muscle Invasive Blader Cancer

↓ Physical + Mental Component Scores

Improves 6 mo post-treatment

Differs by treatment

# Quality of Life After Radical Cystectomy + Urinary Diversion

- Generally high quality of life after recovery
- Associated with high emotional wellbeing
- Despite assumptions, continent diversion not associated with ↑ QoL
  - Difficult to compare --> Neobladder patients healthier on average
  - NeoB → higher potential for later complications (leakage, retention)
- Sexual Dysfunction
  - Men: Only 8-13% maintain erectile function
  - Women: ↓ or inability to achieve orgasm, ↓ lubrication, ↓ libido, dyspareunia
  - Female sexual function impacted by body perception + personal image; male sexual function impacted by erectile/ejaculatory function
  - Nerve sparging, genital sparing, tubular vaginal reconstruction associated with improved outcomes
    - Avoid anterolateral vaginal wall

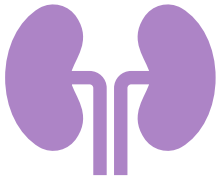
# Quality of Life After Radiation/Bladder Sparing Therapies

- Most common adverse effects = bowel (urgency, frequency, incontinence, discomfort)
- Bladder: ~1/4 ↓ compliance (only 1/3 symptomatic)
- Greater maintenance of sexual function (in males in particular)
  - 25-38% maintain erections, compared with 8-13% of RC patients
- Fatigue & Discomfort
- Global measures of physical, role, cognitive, social + emotional functioning remain high + stable after treatment

# Metastatic Disease

- Less research overall
- Generally improved or stable quality of life during systemic treatment
- Quality of life ↑ in survivors > 6 months after therapy

# Maintaining, Improving & Treating Quality of Life Issues Post Bladder Cancer Treatment



| Symptom Set | Evaluate | When Reversible Etiologies are Ruled Out, Treat with | When to Refer + Why |
|---|---|---|---|
| Urinary | Urinalysis<br>Culture | Lifestyle = ↓ caffeine, EtOH, prevent constipation<br>Bladder retraining<br>Pelvic floor physiotherapy<br>Uro-selective anticholinergics (Tolterodine, Solifenacin) | Not responding to standard first line medical therapy (rule out recurrence with cystoscopy) |
| Erectile Dysfunction | History + Physical<br>*Serum AM Testosterone if other s/sx* | Rule out situational (sudden onset ED, separated from therapy)<br>PDE5 inhibitor therapy | Failed PDE5 inhibitor therapy, for ICI teaching<br>Situational → refer to sex therapist |
| Fatigue | History + Physical + Basic Labs (CBC, lytes, Cr, TSH, B12, Serum AM T if other s/sx) | Exercise!! All kinds → associated with improvement in overall quality of life + fatigue<br>Exercise has greater improvement on cancer related fatigue than pharmaceutical intervention | |
| Vaginal Dryness | History + Physical | Over the counter vaginal lubrication<br>Oral hydration | Post-menopausal vaginal bleeding, exam abnormality → rule out recurrence/new primary |

# Thank you for your time and attention!

Questions?