





Bladder Cancer Support Group Inaugural Meeting

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Why a Support Group?

- Brings people with similar experience together
- Creates a sense of belonging
 - Reduces feelings of isolation
- Can empower individuals—regain back control
 - Improves coping and adjustment
- Enhances understanding of what to expect
 - Gain practical advice + medical information

Creates a Community:

Together we are Stronger

Outline

- 1. Current bladder cancer statistics
 - The numbers and who is at risk
- 2. New FDA approved therapeutics & diagnostics
 - Non-muscle invasive + Muscle invasive disease
- 1. New frontier—clinical trials
 - Non-muscle invasive + Muscle invasive disease

Bladder Cancer Statish

Over 600,000 cases diagnosed worldwide

In 2023...

Over **82,200** people in the U.S. were diagnosed with **bladder cancer**



~225 people per day heard the words "You have **bladder cancer**"

16,700 deaths attributed to bladder cancer

Bladder Cancer Statistics

Currently...

Over **700,000** people in the U.S. are living with **bladder cancer**



More people than the population of Wyoming



Bladder Cancer Statistics

In Colorado....1,220 new cases in 2023



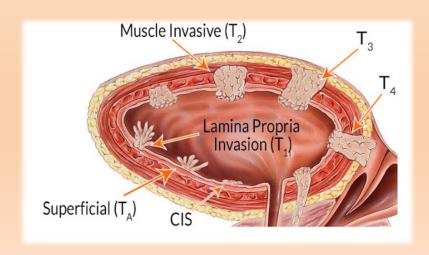
Why...Bladder Cancer?

Bladder cancer cases are rising...

Estimated increase of %1.35 over 2022

With the aging U.S. population \rightarrow

Projected 68% increase by 2030



Bladder Cancer = 6th Most Common Cancer

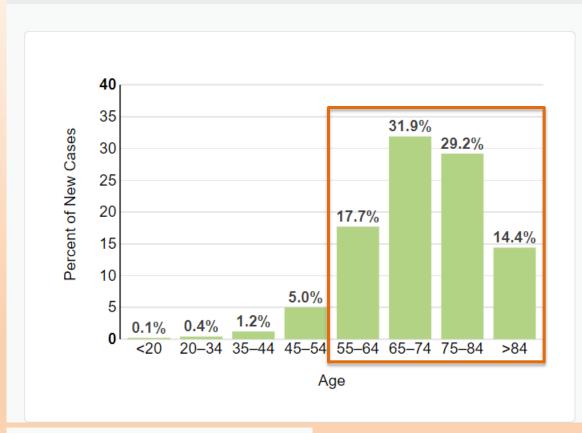
	Common Types of Cancer	Estimated New Cases 2023	Estimated Deaths 2023
1.	Breast Cancer (Female)	297,790	43,170
2.	Prostate Cancer	288,300	34,700
3.	Lung and Bronchus Cancer	238,340	127,070
4.	Colorectal Cancer	153,020	52,550
5.	Melanoma of the Skin	97,610	7,990
6.	Bladder Cancer	82,290	16,710
7.	Kidney and Renal Pelvis Cancer	81,800	14,890
8.	Non-Hodgkin Lymphoma	80,550	20,180
9.	Uterine Cancer	66,200	13,030
10.	Pancreatic Cancer	64,050	50,550

Bladder cancer represents 4.2% of all new cancer cases in the U.S. 4.2% 4th most common cancer in men

SEER Cancer Statistics 2023

Most Common at Ages: 65-74 yrs

Percent of New Cases by Age Group: Bladder Cancer



Bladder cancer is most frequently diagnosed among people aged 65–74.

Median Age At Diagnosis

73

Over 90% of cases in age >55yrs

SEER 22 2016–2020, All Races, Both Sexes

Bladder cancer disproportionately affects older adults

- Among age >80 years
 - 179 new cases per 100,000
- High rates of multimorbidity
 - Median 8 chronic conditions
- Bladder cancer deaths are highest amongst age 85+



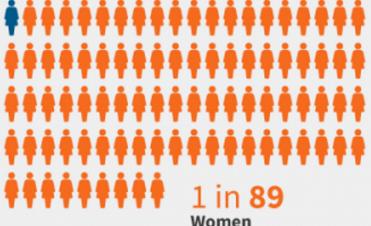
• 32% of deaths are in 85+



Gender Predilection

Chance of Developing Bladder Cancer By Gender



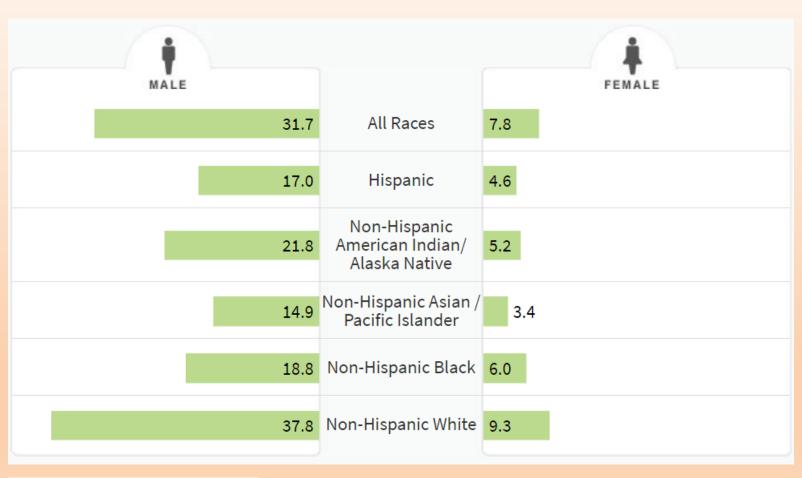


Men are 3-4 times more likely to be diagnosed than women



Women are more likely to have advanced forms

New Cases of Bladder Cancer by Gender/Race

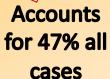


Bladder Cancer Risk Factors



Smoking

Is the most community likely to get bladder



o to four times more

Certain exposures

People, who are exposed to certain chemicals due to occupation, such as painters, hairdressers, mechanics, leather-workers etc. have an increased risk of bladder cancer.





Age

The risk of bladder cancer increases with age. About 9 out of 10 people with bladder cancer are older than 55.



People who have family members with bladder cancer are under increased risk of developing it themselves.





Race and ethnicity

Caucasian are about twice as likely to develop bladder cancer than other ethnicities.



Men have significantly higher rates of Bladder Cancer than women.

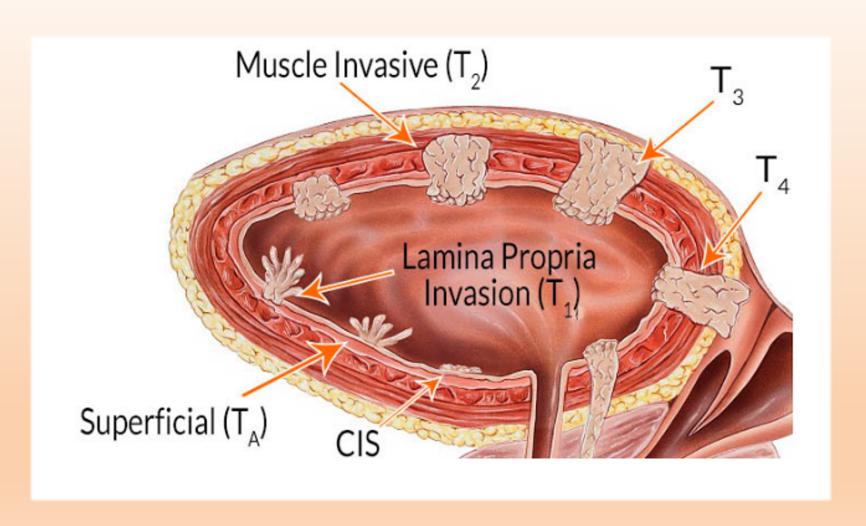




New FDA Approved Therapeutics & Diagnostics

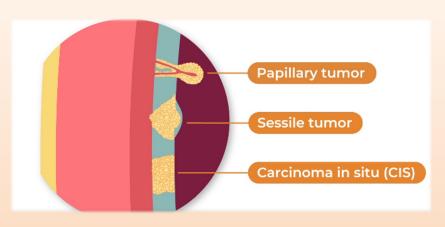
Non-Muscle Invasive & Muscle Invasive Bladder Cancer

Stages of Bladder Cancer

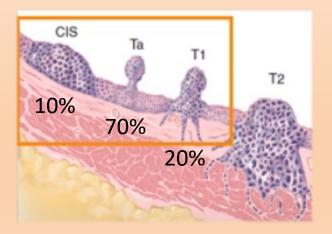


Superficial Bladder Cancer

(Non-Muscle Invasive Bladder Cancer)



 > 60% patients are diagnosed at this stage



Risk of recurrence

Up to 61% at 1 year and78% at 5 years

Risk of progression

Up to 17% at 1 year and45% at 5 years

Traditional Agents Treatment of Superficial Bladder Cancer

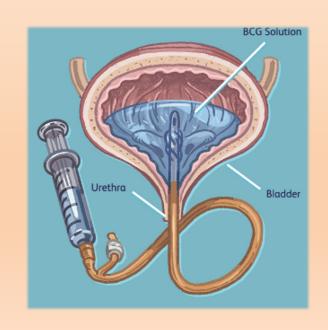
Intravesical Agents—mainstay of therapy

- Bacillus Calmette-Guerin (BCG)
 - Supply shortage continuing
 - CR up to 80%, but not durable
- Gemcitabine
- Gemcitabine/Docetaxel
 - 46% RFS at 2 years
- Mitomycin

BCG Unresponsive disease

Occurs in 50% of high risk patients





New FDA Approved Treatment of BCG Unresponsive NMBIC

- Nadofaragene firadenovec (Adstiladrin)—adenovirus vector gene based therapy (IF2b)
 - 53% CR at 3 months—durability ~10 months
 - Intravesical--given every 3 months x 4 years
- N-803 (Anktiva) +BCG –IL 15 superagonist (May/June approval)
 - 55% CR at 3 months—durability ~27 months
 - Intravesical--given like BCG (1x week/6 weeks)
- Pembrolizumab—PD-1 inhibitor
 - 41% CR at 3 months—durability ~24 months
 - IV therapy--every 3-6 weeks x 2 years

New Technology for Superficial Bladder Cancer

Blue light cystoscopy with Cysview (intravesical agent)



Advantages of Enhanced Cystoscopy

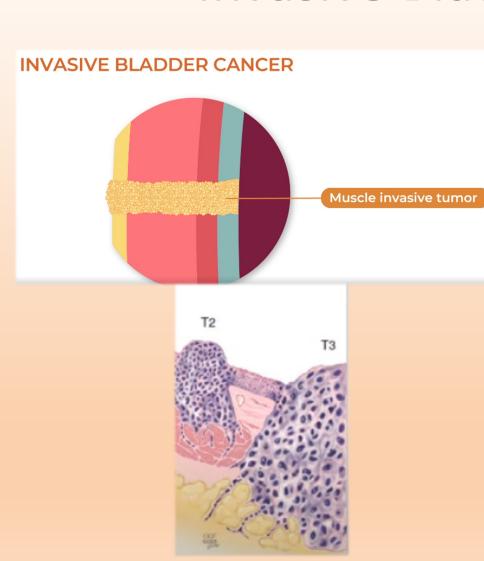


Narrow Band Imaging (NBI)



- Improves detection of tumors (~25%)
 - At diagnosis
 - During follow-up
- Decreases rate of recurrence (~11%)
- May decrease rate of progression

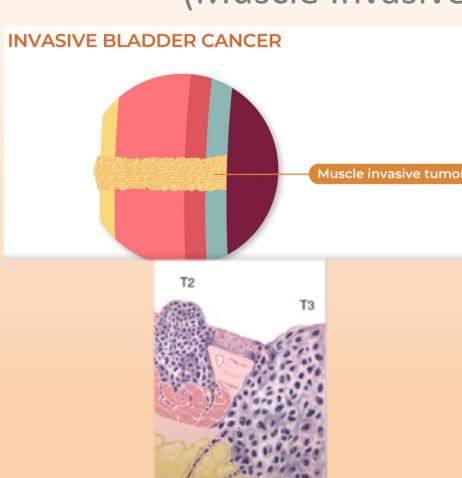
Invasive Bladder Cancer



 Tumor grows into muscle layer or beyond

 33% patients are diagnosed at this stage

Treatment of Invasive Bladder Cancer (Muscle Invasive Bladder Cancer)

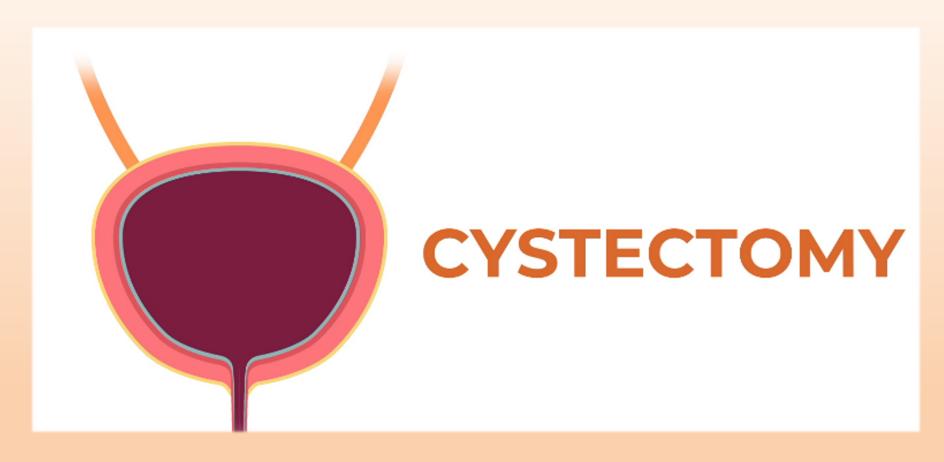


Multidisciplinary care

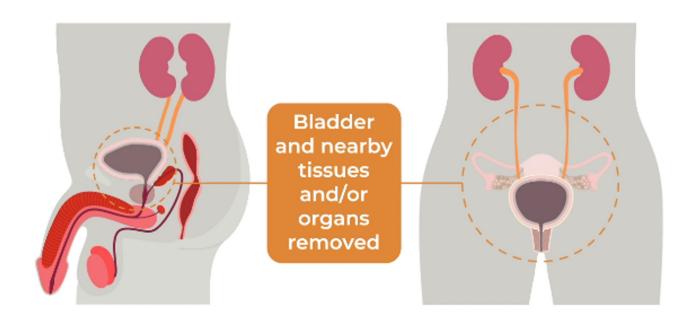
- Urologic Oncologist
- Medical Oncologist
- Radiation Oncologist

Options:

- Chemo + Surgery
 - Survival advantage
- Chemo + Radiation
- Clinical trials (bladder sparing)
 - Immunotherapy + Intravesical therapy

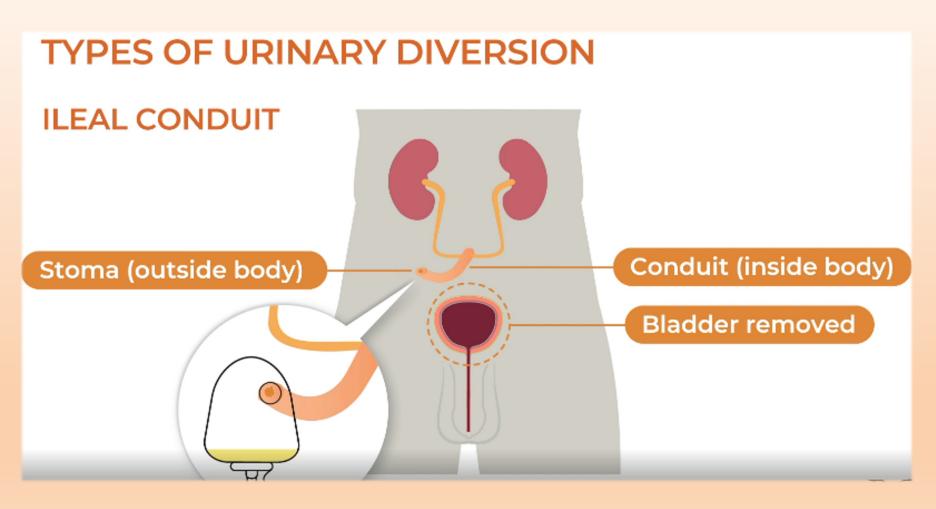


RADICAL CYSTECTOMY



Quality of life improvements:

- Men → nerve sparing to preserve erectile function
- Females → Vaginal sparing and ovary sparing (premenopausal)



TYPES OF URINARY DIVERSION **NEOBLADDER** Intestinal neobladder

New FDA Approved

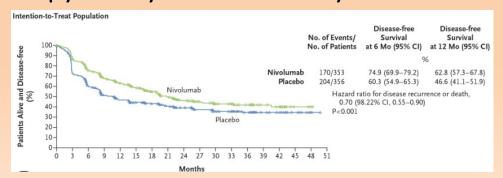
Treatment of Persistent Invasive Disease After Surgery

For patients after cystectomy with:

- pT2 or worse disease (with neoadjuvant chemo)
 OR
- pT3 or worse disease (without neoadjuvant chemo)

Nivolumab (Opdivo)—PD-1 inhibitor

- 30% risk reduction of BC recurrence/death (HZ 0.7, 95% CI 0.57-0.86)
- IV therapy--every 2-4 weeks x 1 year



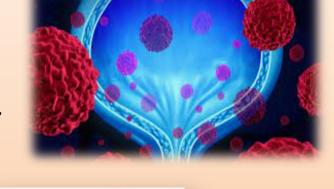


New Frontier: Clinical Trials

Critical component when standard of care treatments are not viable

Non-Muscle Invasive Bladder Cancer

- SunRISe 1 –BCG unresponsive high risk CIS +/pTa disease
 - TAR-200 (intravesical slow release Gemcitabine) + Cetrelimab
- SunRISe 3 –BCG naïve high risk disease
 - TAR-200/Cetrelimab vs. BCG alone
- Keynote 676 –BCG naïve or persistent disease
 - BCG +/- Pembrolizumab





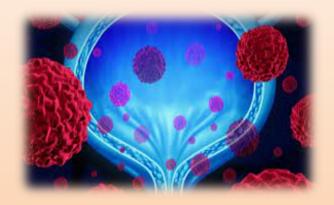


New Frontier: Clinical Trials

Critical component when standard of care treatments are not viable

Muscle Invasive Bladder Cancer

- SunRISe 2 –unfit or unwilling for cystectomy
 - TAR-200 + Cetrelimab vs.
 Chemotherapy/Radiation
- SunRISe 4 –ineligible for Cisplatin based chemotherapy
 - Cetrelimab +/- TAR-200 prior to cystectomy







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Thank you!



Bladder Cancer Support Group

Colorado Urology

- Semi-annual to quarterly meetings
- Share your email
 - Continue the community support throughout the year!
- Meeting topics
 - What do you want to learn about?
 - Upcoming clinical trials and therapeutics
 - Ostomy tips/tricks
 - Pelvic floor physical therapy
 - Ways to mitigate side effects of intravesical therapy
 - · Novel treatments for metastatic bladder cancer

BLADDER CANCER AWARENESS



