

# BC Cancer Protocol Summary for Intravesical Therapy for Non-Muscle Invasive Bladder Cancer using Mitomycin

**Protocol Code**

GUBMITO

**Tumour Group**

Genitourinary

**Contact Physician**

Dr. Peter Black

## ELIGIBILITY:

- Intermediate-risk non-muscle invasive bladder cancer
- BCG-ineligible or -intolerant high-risk non-muscle invasive bladder cancer
- BCG-unresponsive high-risk non-muscle invasive bladder cancer
- Post-transurethral bladder tumour resection (single peri-operative dose)

## EXCLUSIONS:

- Known hypersensitivity reaction to mitomycin
- Presence of gross hematuria
- Presence of untreated urinary tract infection
- Suspected bladder perforation

## TESTS:

- No routine lab tests before each treatment

## TREATMENT:

- Insert urinary catheter (insert Foley)
- Empty bladder completely at time of catheterization

## Intra-operative (single-dose):

Drug	Dose	BC Cancer Administration Guideline
mitomycin	40 mg	Intravesically in 20 mL sterile water for injection* Administer instillation into bladder via catheter (dwell time of 1 to 2 hours)

\*This is a single dose given in operating room or within 24 hours of transurethral bladder tumour resection.

## Induction:

Drug	Dose	BC Cancer Administration Guideline
mitomycin	40 mg	Intravesically in 20 mL sterile water for injection Administer instillation into bladder via catheter (dwell time of 1 to 2 hours)

- **Induction:** weekly for 6 doses
- After 1 to 2 hours unclamp the catheter and allow the urine and mitomycin to drain into the drainage bag
- After one additional hour of diuresis, remove catheter

## Maintenance:

Drug	Dose	BC Cancer Administration Guideline
mitomycin	40 mg	Intravesically in 20 mL sterile water for injection Administer instillation into bladder via catheter (dwell time of 1 to 2 hours)

- **Maintenance:** monthly for 10 doses, starting 6 weeks after end of induction (i.e., at 3 months)
- After 1 to 2 hours unclamp the catheter and allow the urine and mitomycin to drain into the drainage bag
- After additional hour of diuresis, remove catheter

## PRECAUTIONS:

1. Patients should be advised to minimise oral fluids (especially those containing caffeine) for 6-8 hours before each treatment to minimise dilution of drug in the bladder.
2. Patients may experience some bladder irritation, with more frequent or painful urination, urination at night and some blood or tissue in the urine.
3. Cystoscopy will be performed by the urologist every three months during treatment (after induction and every third maintenance dose). It is important not to delay cystoscopy appointments, since this leads to delays in booking and administration of intravesical therapy.

**Call tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.**

## Reference:

1. Au JL-S, Badalament, RA, Wientjes MJ, et al. Methods to improve efficacy of intravesical mitomycin: results of a randomized phase III trial. *J Natl Cancer Inst* 2001; 93:597-604.
2. Hall MC, Chang SS, Dalbagni G, et al. Guideline for the management of nonmuscle invasive bladder cancer (stages Ta, T1 and Tis): 2007 update. *J Urol* 2007; 178(6):2314-30
3. O'Brien T, Ray E, Chatterton K, et al. Prospective randomized trial of TURBT plus single-shot intravesical mitomycin C vs conventional white-light TURBT plus mitomycin in newly presenting non-muscle-invasive bladder cancer. *BJU Int* 2013; 112(8): 1096-104