

Chemotherapy before or after surgery for high-risk bladder cancer improves survival, but is not routinely administered

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Contrary to treatment guidelines for high-risk bladder cancer, chemotherapy before or after surgery is not commonly used in routine clinical practice. The findings are published early online in *Cancer*, a peer-reviewed journal of the American Cancer Society.

Clinical trials have shown that survival is improved in patients with muscle-invasive [bladder cancer](#) who are given [chemotherapy](#) before surgery. There is less evidence about whether chemotherapy after surgery also improves survival. To investigate the use of peri-operative chemotherapy in this disease, Christopher Booth, MD, FRCPC, of the Queen's University Cancer Research Institute in Canada, examined records pertaining to all 2944 patients who had surgery for high-risk bladder cancer in Ontario between 1994 and 2008.

Use of chemotherapy before surgery remained stable (an average of 4 percent of patients) over the study period, which is surprising given the evidence that this is a standard of care that has been demonstrated to improve survival. The use of chemotherapy after surgery increased over time: 16 percent of [patients](#) in 1994 to 1998, 18 percent in 1999 to 2003, and 22 percent in 2004 to 2008. Study results showed that use of chemotherapy after surgery was associated with better survival.

"Results from our study demonstrate that chemotherapy given after surgery improves patient survival—probably on the same order of

magnitude as chemotherapy before surgery," said Dr. Booth. "Patients having surgery for bladder cancer should have chemotherapy, either before or after surgery. Efforts are needed to improve uptake of this treatment, which appears to be vastly underutilized."

More information: "Peri-operative chemotherapy for muscle-invasive bladder cancer: A population-based outcomes study." Christopher M. Booth, D. Robert Siemens, Gavin Li, Yingwei Peng PhD, Ian F. Tannock, Weidong Kong, David M. Berman, and William J. Mackillop. *Cancer*; Published Online: April 14, 2014 ([DOI: 10.1002/cncr.28510](https://doi.org/10.1002/cncr.28510)).

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