



## Bladder Cancer Video Series 2019

### Muscle Invasive Bladder Cancer in the Elderly - Part 1

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Hosted by Dr. Ramy Sedhom, MD John Hopkins, Baltimore, MD

**Dr. Ramy Sedhom:** Hi, my name is Ramy Sedhom and welcome to GRACE Bladder Cancer Series Webinar. We are delighted to have Dr. Elizabeth Kessler medical oncologist at the University of Colorado School of Medicine. Join us today to discuss our next series, which will be considerations of muscle invasive bladder cancer in older adults. Dr. Kessler, thank you so much for your time.

**Dr. Elizabeth Kessler:** Thank you.

**Dr. Ramy Sedhom:** So, can you tell us a little bit about the epidemiology of bladder cancer things like what is the mean age of diagnosis and why is this important for us to consider?

**Dr. Elizabeth Kessler:** Sure, you know, bladder cancer is surprisingly common. I think many people aren't as aware of how many persons in the US are affected by bladder cancer. It's one of the six leading causes of cancer in the US and it mainly affects people in their older years. So the median age at diagnosis is about 73 and most people who have a diagnosis of bladder cancer fall into the age group between 65 to 74. And interestingly, instead of being kind of a bell shaped curve on there, it just seems to continue to increase or push forward where almost 40% of patients might be 75 years and older, that are facing a diagnosis of bladder cancer. We think that the most common risk factors associated with development of bladder cancer are in fact advancing age. So just the process of getting older might put you at higher risk of developing this condition, and then it is a tobacco related malignancy. So exposure to tobacco products or smoking likely puts people at higher risk of developing bladder cancer as well.

**Dr. Ramy Sedhom:** Okay. And thank you for sharing that. And given that this is a disease that's prevalent in older adults what are some considerations when first evaluating a patient in clinic with muscle invasive bladder cancer?

**Dr. Elizabeth Kessler:** Yeah. You know, I think that this is a chance to highlight the fact that people who are diagnosed with bladder cancer tend to belong to an older age group. And that is likely a



very heterogeneous group or population of people and patients. They may be facing other health conditions that are just as much or more of a priority for them as well as pretty complex lifestyles. So we really look primarily at trying to assess who is this person in front of us, what's their, not just their chronologic age or the stage of their cancer, but other aspects of their overall health. We know that as people get older, we have a little bit less reserve or a little less bounce in the spring that gets compressed whenever it's stressed out. And so we want to make sure that we understand what bladder cancer treatment might do to the overall balance of that person's independence, their ability to function independently.

There are other health conditions. It tends to be a condition that occurs for people who have multiple other illnesses that might also be impacting urinary function, kidney function. Certainly if we think of it as a tobacco related malignancy, we know that other organs can be affected by tobacco exposure, such as the vascular system and lungs. So we're often times really trying to put that together. And as they talk about it, it sounds like a lot of things to think through, but there are some approaches that we can take to kind of guide that consideration. And the first would be to really get to know the person in front of us, understand what their day to day is like to help assess their independence and function, as well as their ability to engage in these discussions about treatment planning. Do they have any cognitive changes? Because we know that as folks get older memory glitches occur, maybe harder to focus on things.

So really making sure that they can be a part of that conversation or that the people that they would want to be a part of that conversation or are in the room with us. And then we also like to understand the values and priorities that that person might hold so that we can make sure that when we're talking about the risks and benefits or burdens of treatment, that we really are aligning that with other areas that are important to the patient. And then we can embark on a geriatric screen, which is basically a test or a tool that can help us very easily try to identify or uncover things that just may not be obvious, that might be really important to that person's treatment plan. So they're questions about physical independence, how many medicines someone takes, how stable their weight has been, what their social support looks like, all of what their organ function is like, like are their kidneys functioning okay, or liver? And all of these things are then put together to try to help us identify, is this person very fit.

Maybe even kind of younger than somebody who has an earlier birth date than them, where we wouldn't have to adjust the plan at all? Are they somewhat vulnerable to where we might need to tweak or alter some aspects of their health? You know, maybe a dietary consultation would be helpful or making sure that we have somebody to manage their medications so that there's no confusion there, or are they basically just getting by and a pretty good balance to where treatment might really disrupt that and



cause more harm than good or irreversible harm. So we have this geriatric screening that could lead to a larger assessment to help us guide the treatment plan that we put forward.

**Dr. Ramy Sedhom:** Wonderful. So it sounds that a very important approach in the treatment of bladder cancer is one where it's person centered one that is tailored and one that truly takes a team. And especially in the case with older adults and in our previous video on muscle invasive bladder cancer, Dr. Grievous had mentioned that cisplatin based therapy is a backbone of treatment. How does this consideration play into an older adult population?

**Dr. Elizabeth Kessler:** Yeah, that's a great question. So as you've pointed out, it really is a team effort. So bladder cancer, if it is able to go into that deeper muscle layer poses, a risk for trying to spread to other areas in the body as well. And so the primary treatment would either be surgery or radiation to try to eradicate those tumor cells within that main organ that's affected the bladder. And chemotherapy is often given as something to enhance the effectiveness of either of those treatments. Cisplatin is the backbone. And we know that cisplatin has known side effects, regardless of the age of the person that's getting the treatment. Cisplatin can really affect kidney function. It can cause irreversible damage to nerve function. It can cause irreversible changes in hearing. It also can be quite hard on the vascular cardiovascular system.

And so, we have to assess all of those things initially to make sure that again, the patient is safe to be treated with cisplatin. So they need to have adequate kidney function, adequate nerve function without a lot of peripheral neuropathy, cardiovascular health needs to be good. You know, someone who has a hearing deficit is likely to have continued complications with cisplatin, and all those are fairly well defined. There's another nebulous criteria, which is really dependent on how overall functional or fit somebody is. Are they able to be up and about most of their day? And that probably is assessed via a combination of provider gestalt, patient input, and hopefully better information from that geriatric screen to say, you're well enough and functional enough to be able to tolerate the side effects of cisplatin.

**Dr. Ramy Sedhom:** Wonderful.

