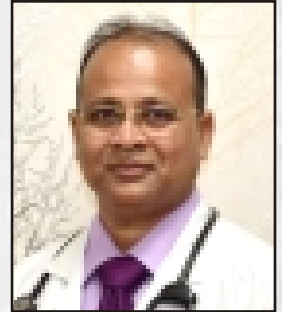


From the Desk of Editor



Dear colleagues ,

Greetings!!!!

Unprecedented events which we all witnessed recently because of draconian and controversial bill passed by government of Rajasthan and subsequent agitation and strike led to so many consequences on all of us including our patients.

Due to covid pandemic all our educational activities remained on virtual mode for long and my regular Onco News bulletin also faced temporary but long halt!

I'm happy that I'm able to restart it.

In this issue I'm presenting updates of urothelial cancer from aetiology to current concepts in treatment in simplified way. Your feedback and suggestions are most welcome!

With regards,

Dr. Naresh Somani, M.D., D.M.

Senior Medical Oncologist

Introduction:-

Urothelial carcinoma (also called transitional cell carcinoma) is cancer that begins in the urothelial cells, which line the urethra, bladder, ureters, renal pelvis, and some other organs. Almost all bladder cancers are urothelial carcinomas.

Urothelial cancer can happen in the kidneys and ureters too, but it's much more common in the urinary bladder.

Tests and Procedures used to diagnosis and stage bladder cancer

| | |
|----------------|---|
| Bladder Cancer | <ul style="list-style-type: none">• Cystoscopy• Biopsy• Urine cytology• CT Scan/PET Scan• Molecular Studies |
|----------------|---|

Factors that may increase bladder cancer risk include:-

- 1 Smoking
- 2 Increasing age
- 3 Exposure to certain chemicals
- 4 Previous cancer treatment
- 5 Chronic bladder inflammation
- 6 Being male

Treatment:-

Treatment options for bladder cancer depends on a number of factors, including-

- 1.) Type of cancer
- 2.) Grade of cancer
- 3.) Stage of cancer

The treatments mainly depend on the stage of bladder cancer . Treatment for urothelial cancer in the renal pelvis and/or ureter follows the same treatment plans based on the stage of the disease.

❖ **Noninvasive and non-muscle-invasive bladder cancer (stages 0a, 0is, and I):-**

People with low-grade non-invasive bladder cancer (stage 0a) are treated with transurethral resection of bladder tumor (TURBT) first. To reduce the risk of future tumors developing, people may receive intravesical chemotherapy after TURBT. Most commonly, people with high-grade non-invasive (stage Ta), carcinoma in situ (stage Tis), or non-muscle-invasive (stage T1) bladder cancer are treated with TURBT, followed by local intravesical BCG.

❖ **Muscle-invasive bladder cancer (stage II and stage III):-**

Neo-adjuvant chemotherapy followed by surgery or upfront surgery is often among the first treatments, and the standard surgery is a radical cystectomy. For some people, immunotherapy with nivolumab may be given after radical cystectomy with the goal of lowering the risk of recurrence. The combination of 2 chemotherapy drugs, cisplatin/carboplatin and gemcitabine, is also considered a standard regimen for neoadjuvant therapy in muscle-invasive disease.

❖ **Bladder preservation:-**

An approach using chemotherapy with radiation therapy after TURBT may provide the same benefits as removing the bladder in select patients.

❖ **Metastatic urothelial cancer (stage IV)**

❖ **Chemotherapy:-**

Currently, the standard first-line treatment options include chemotherapy regimens that contain cisplatin or carboplatin. These regimens include MVAC (rarely), dose-dense MVAC, and gemcitabine-cisplatin.

❖ **Immunotherapy:-**

Systemic immunotherapy has changed how metastatic urothelial cancer is managed. For example, pembrolizumab can be given as initial treatment in patients who may not be able tolerate chemotherapy. . If platinum-based chemotherapy has stopped the cancer from growing, switch maintenance therapy with avelumab has been shown to help people live longer and reduce the risk of the cancer worsening. Pembrolizumab was shown to help people live longer if cancer grew again (worsened) after platinum-based chemotherapy.

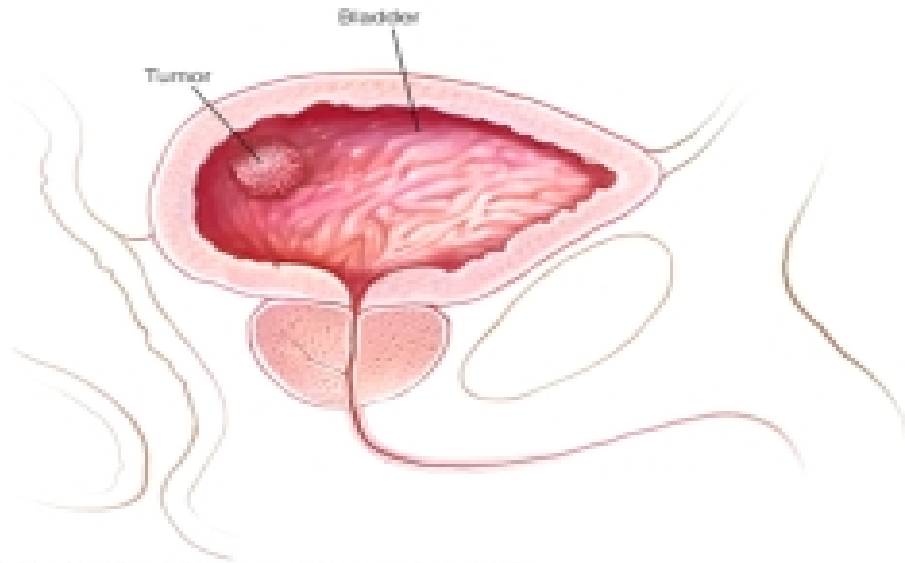
❖ **Targeted therapy:-**

Erdafitinib is a targeted therapy aimed at the DNA changes in the FGFR2 or FGFR3 genes. Enfortumab vedotin, an antibody-drug conjugate, is also approved to treat locally advanced (unresectable) or metastatic urothelial carcinoma in people who have also received a PD-1 or PD-L1 immune checkpoint inhibitor and platinum-based chemotherapy.

Another antibody-drug conjugate, sacituzumab govitecan, is approved to treat locally advanced or metastatic urothelial carcinoma.

❖ **In Summary:-**

A combination of treatment approaches may be recommended by your doctor depending on stage and general condition of patient.



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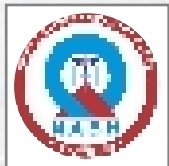
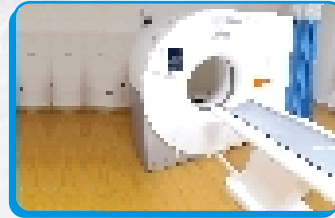
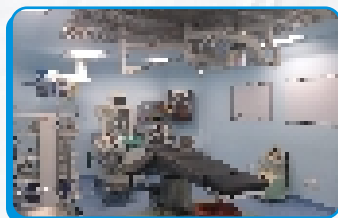
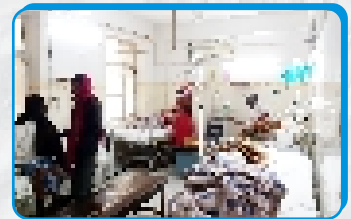
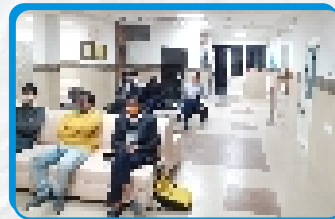
Facilities at Somani Hospital

- + 50 bedded ultra modern hospital with super deluxe/ deluxe/ day care.
- + ICU/ emergency/ modular OTs.
- + All medical and surgical facilities with multi specialities.
- + All type of major and minor operations including laparoscopy, gynae surgery, cancer surgery, modern C-Arm & operating microscope equipped operation theater.
- + Specialists in gynecology & surgical oncology, oncology, general medicine, surgery, orthopedics, pediatrics, skin & physiotherapy.
- + Expertise services in delivery, cesarean, menopause, high risk pregnancy, infertility, colposcopy and gynaecology.
- + CT Scan, Sonography, digital x-ray, ECG, ECHO, color doppler, bronchoscopy, biopsy, histopathology & immuno histo chemistry.
- + Interventional radiology - CT/ Sono guided FNAC/ biopsy, stenting etc available
- + All cancer surgery facility available.
- + All chemotherapy, immuno therapy & target therapy facility available.
- + Visiting specialists in cardiology, neurosurgery, surgery, orthopaedics, pediatrics, neurology, gastro-enterology, urology, plastic surgery, pediatric surgery, skin, physiotherapy.
- + Total air conditioned building as per NABH standards.
- + Master health check-up & comprehensive health packages.
- + Day care modern chemotherapy facilities under experienced team.
- + Subsidized treatment facilities available for curative cancer treatment for poor patients (as assessed by team of oncologists).
- + Stay facilities for care takers available.
- + Clinical trials and research facilities.
- + Pharmacy and 24 hours ambulance services.

SPECIALITIES

- MEDICAL & SURGICAL ONCOLOGY
- GYNAE & OBSTETRICS
- GENERAL MEDICINE
- GENERAL SURGERY
- PEDIATRICS
- ORTHOPEDICS
- RESPIRATORY MEDICINE
- PHYSIOTHERAPY

Somani Hospital at a glance



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 E-Mail: somanihealthcare@gmail.com | Website: www.somanihealthcare.com

Cancer Is Curable

Ongoing Clinical Trial -

1. Indication Blood Cancer/Chronic Myeloid Leukemia
Study Drug- Imatinib and New Drug
2. Indication- Unresectable and Locally Advanced or Metastatic Papillary Renal Cell Carcinoma (pRCC) / Liver Cancer
Study Drug- Savolitinib, Durvalumab and Sunitinib
3. Indication Metastatic Melanoma/Skin Cancer Stage-4
Study Drug- Pembrolizumab
4. Indication-Advanced or Metastatic Non-Small Cell Lung Cancer
After chemotherapy and IO, in combination as first line or sequential
Study Drug- CeralasertibPlusDurvalumab Versus Docetaxel.
5. Indication-Indication - advanced or metastatic KRAS G12C mutant non-small cell lung cancer.
Study Drug- Docetaxel and New Drug
 - Who have been previously treated with a platinum-based chemotherapy and immune checkpoint inhibitor therapy either in sequence or in combination

Contact Details-6376341881 / Email I'd : somanihospitaltrials@gmail.com

Upcoming Activities of SoMex

1. SoMex is organizing "Best of Clinical Oncology - virtual symposium" from 22nd and 23rd June 2023. (for more details visit www.somexresearch.com) Organizing Secretary - Dr. J. B. Sharma, New Delhi
2. SoMex is organizing meeting on "4th Neuro Critical Care Update" on 23rd and 24th September 2023. Venue - The Lalit, Jawahar Circle, Jaipur. (for more details visit www.somexresearch.com). Organizing Secretary- Dr. Sumit Shah , Jaipur

BOOK - POST

To, _____

If undelivered please return to:


Dr. Naresh Somani M.D., D.M, Editor, Newsletter

SoMex Research & Health Organization (A Clinical Research and Academic Organization)

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