

Gemcitabine treatment

This information sheet has been given to you to explain the use of gemcitabine to treat your non-muscle invasive bladder cancer. Sometimes this type of cancer is known as superficial bladder cancer.

This is an unlicensed use of this medicine. There are times when doctors advise patients to use a medicine in a way not specified by the manufacturer of the medicine because he/she thinks it may work well to treat a particular condition. More information can be found in the leaflet, Unlicensed medicines – a guide for patients. If you do not have a copy, please ask us for one.

If you have any questions or concerns after reading this leaflet, please feel free to speak to your nurse, who will be happy to help you – contact details are at the end of this information sheet.

Why do I need gemcitabine treatment?

You have, or have had, non-muscle invasive bladder cancer, which is the most common type of bladder cancer. When you have a cystoscopy (procedure to look into your bladder), non-muscle invasive tumours are usually visible, sitting on the innermost lining of the bladder.

You have already had a procedure (trans urethral resection of bladder tumour or TURBT) to remove the tumour(s) from your bladder. You will now have a regular cystoscopy to check for any tumour recurrence. After each cystoscopy, your doctor will tell you whether there has been a return of your tumour(s). Although non-muscle invasive bladder tumours can mostly be dealt with by surgery alone, your surgeon may want you to have an additional form of treatment.

Your doctor has recommended that you have intravesical (within the bladder) chemotherapy. This treatment involves putting a chemotherapy drug called gemcitabine directly into your bladder. Intravesical chemotherapy is used to prevent or reduce the recurrence of bladder tumours. If you decide to have this treatment, you will receive it as an outpatient, in a nurse-run clinic. This means you will not see a doctor on these visits but a doctor can be contacted, if needed.

What is gemcitabine?

It is a medicine available as a solution that attacks cancerous cells when put into the bladder, but it does little damage to your normal, healthy bladder lining. It is a chemotherapy drug, but because it is put straight into your bladder and not injected into your veins, it is unlikely that you will get the side effects people often associate with chemotherapy, such as hair loss, nausea and vomiting.

How is gemcitabine treatment given?

Gemcitabine is inserted directly into your bladder through a fine tube (catheter) to treat the entire lining of your bladder. This method is known as 'instilling'. The treatment usually involves coming to hospital once a week for six weeks as an outpatient. The drug itself stays in your bladder for **up to two hours** and is then taken out through the catheter, or drains from your bladder when you pass urine.

For your first treatment, please expect to stay in the Outpatient Department for two hours after treatment. On following visits, you may be able to go straight home after the drug has been instilled and disposed of (as instructed by your nurse).

What do I have to do before each treatment?

Before each treatment, you will be asked to pass urine to empty your bladder. You should try not to drink very much for four hours before you come to the hospital for your gemcitabine treatment – particularly if you tend to pass urine frequently. By restricting the amount you drink, your urine will be concentrated, preventing the gemcitabine being diluted while it is in your bladder. You are also more likely to be able to keep the drug in your bladder for the full treatment time if you have not had much to drink beforehand.

When you come in for your appointment, you will have to give a urine sample before your treatment. This is because you cannot be given gemcitabine if you have a urinary tract infection (UTI) or blood visible in your urine. You will need to have the UTI treated or wait until the bleeding has stopped before your gemcitabine treatment can be re-started.

You will also need to have a blood test at the hospital the same day as your treatment to check your platelet and white blood cell levels – this treatment can cause these levels to drop.

What happens at each treatment?

A catheter is inserted into your urethra (tube linked to the bladder that allows urine to exit the body) with a local anaesthetic gel, to reduce any discomfort. Any remaining urine is drained away from your bladder and about 50mls of gemcitabine solution is passed through the catheter and into your bladder. This catheter is then either removed from your bladder or left in place until the treatment is finished.

To keep the drug in contact with your bladder, you will be asked not to pass urine during treatment. If you need to pass urine before this time then please tell your nurse. You will need to pass urine safely into a designated toilet – this is so we can make sure the medicine is neutralised before flushing and help to prevent any spillages or accidents.

At the end of the treatment, the gemcitabine will be removed via the catheter if this is still in place or you will be asked to pass urine as normal into a toilet. Men will be asked to sit down to avoid the drug splashing onto the skin. Then 50mls of household bleach is put down the toilet and left to stand for 15 minutes before flushing. This neutralises the drug (bleach should never be applied to your skin or taken by mouth).

What should I do after each treatment?

It is important to avoid getting the gemcitabine in contact with your skin, so please wash your hands and genitalia (male/female reproductive organs) with soap and water immediately after passing the drug into the toilet. If the solution does get on your skin it may cause a slight rash if not washed off. If you wash it off immediately with warm, soapy water, it will not harm your skin.

What are the alternatives?

An alternative treatment is intravesical immunotherapy - this involves a similar procedure to gemcitabine. A substance called BCG (Bacillus Calmette Guerin) is put into your bladder. Your doctor or specialist nurse can discuss this with you in more detail.

Asking for your consent

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead, you will be asked to verbally give your consent that you agree to have the procedure and understand what it involves.

If there is anything you don't understand or you need more time to think about it, please tell the staff caring for you.

Remember, it is your decision. You can change your mind at any time. Let staff know immediately if you change your mind. Your wishes will be respected at all times. If you would like to read our consent policy, please tell a member of staff.

What are the side effects?

Most patients do not experience any major problems with this treatment, but it may irritate your bladder. After each treatment you may notice you:

- have discomfort on passing urine
- need to pass urine often
- have blood in your urine
- develop a urinary tract infection
- experience fatigue
- have nausea and vomiting
- experience chills.

Less common side effects include the following:

Thrombocytopenia (low platelet count) – this causes bruising or bleeding. Gemcitabine can lower the body's production of platelets (which help blood to clot). Let your doctor know if you have any unexplained bruising or bleeding, such as nosebleeds, blood spots or rashes on the skin, and bleeding gums.

Neutropenia (low white blood cell count) – a low number of white blood cells in the blood means that the immune system is weakened and the body can't fight off infections as well as it should. This increases the chances of the body developing a serious infection such as neutropenic sepsis. Symptoms of neutropenic sepsis include fever and rigors (shivers). Check your temperature if you feel unwell. A normal temperature is between 36 and 37.2°C (96.8 and 99°F). If it is around 38°C (100.4 °F) check it again in one hour and contact the hospital if it is still raised. If it is 38.5°C (101°F) or above call the hospital straight away - contact details are at the end of this leaflet.

Some patients may not have these symptoms but just feel generally unwell. There may also be more specific symptoms related to the source of infection, such as diarrhoea, cough or discomfort when passing urine –please contact your nurse specialist if you have any concerns.

These problems will either get better within a few days or you may need treatment to clear them up. **If your symptoms do not improve after two to three days, contact your nurse specialist for advice.** To help prevent these problems, it is a good idea to increase your fluid intake after each treatment for a couple of days. This will help to flush any remaining drug from your bladder; although you may want to reduce the amount you drink after 8pm so you don't disturb your sleep.

If you notice that your urine is smelly or cloudy you should contact your GP. This could be a sign of a urine infection. You will need to give a urine sample and you may possibly need antibiotics. This is unlikely to be due to the gemcitabine, but can happen after catheterisation. **Please tell your specialist nurse of any side effects you have** at the time of your next visit or by telephone.

To prevent irritation for yourself or your partner, it is best not to have sexual intercourse for at least 24 hours after each treatment with gemcitabine. Please also use a condom throughout the course of your gemcitabine treatment and for one week after.

When will I find out the results of the treatment?

A cystoscopy is performed under general anaesthetic 6-12 weeks after completing the course of gemcitabine, to find out how successful the treatment has been. You will be sent an appointment for this in the post and your nurse will confirm this date on your last treatment visit. You will also need to give a urine sample to the Urology Department at Guy's Hospital four weeks after you finish your treatment.

It is important to remember that your tumour(s) may return. If this happens your doctor will discuss this with you in more detail and, talk to you about any alternative therapies that might be suitable for you.

Useful sources of information

Macmillan Cancer Support (all numbers freephone)

t: 0808 808 2020 (information on living with cancer)

t: 0808 800 1234 (information on types of cancer and treatments)

t: 0808 801 0304 (benefits enquiry line)

w: www.macmillan.org.uk

Cancer Research UK has a patient information website, with information on all types of cancer and treatment options.

w: www.cancerhelp.org.uk

Contact us

If you want any further information or any help, do not hesitate to contact the urology department. Ring **020 7188 7636** to speak to the bladder cancer clinical nurse specialist, Monday to Friday, 9am to 5pm. Alternatively, ring switchboard on **020 7188 7188** and ask the operator to bleep **2840 or 1227**.

Out of hours call Aston Key Ward on 020 7188 8860 or Florence Ward on 020 7188 8818.

Guy's and St Thomas' hospitals offer a range of cancer-related information leaflets for patients and carers, available at www.guysandstthomas.nhs.uk/cancer-leaflets. For information leaflets on other conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets



Dimbleby Cancer Care provides cancer support services for Guy's and St Thomas'. We have a drop-in information area staffed by specialist nurses and offer complementary therapies, psychological support and benefits advice for patients and carers.

Dimbleby Cancer Care is located in the Welcome Village of the Cancer Centre at Guy's. **t:** 020 7188 5918 **e:** DimblebyCancerCare@gstt.nhs.uk

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the clinical nurse specialist or other member of staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and Accessible Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch:

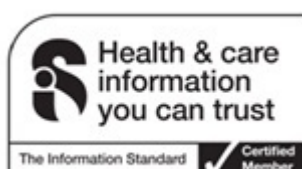
t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

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