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 gemcitabine
- 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 (inset Foley)
- Empty bladder completely at time of catheterization

Intra-operative (single-dose):

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>BC Cancer Administration Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>gemcitabine</td>
<td>2000 mg</td>
<td>Intravesically diluted with normal saline up to 90 mL *</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supply dose divided into two syringes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Administer instillation into bladder via catheter (dwell time of 1-2 hours)</td>
</tr>
</tbody>
</table>

*This is a single dose given in operating room.*
Induction:

<table>
<thead>
<tr>
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<th>Dose</th>
<th>BC Cancer Administration Guideline</th>
</tr>
</thead>
</table>
| gemcitabine | 2000 mg | Intravesically diluted with normal saline up to 90 mL  
| | | Supply dose divided into two syringes  
| | | Administer instillation into bladder via catheter (dwell time of 1-2 hours) |

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

Maintenance:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>BC Cancer Administration Guideline</th>
</tr>
</thead>
</table>
| gemcitabine | 2000 mg | Intravesically diluted with normal saline up to 90 mL  
| | | Supply dose divided into two syringes  
| | | Administer instillation into bladder via catheter (dwell time of 1-2 hours) |

- **Maintenance**: monthly for 10 doses, starting 6 weeks after end of induction (i.e. at 3 months)
- After 1 hour unclamp the catheter and allow the urine and gemcitabine 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. Patient 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).

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

Reference: