

Mitomycin —

HOW TO MANAGE YOUR MITOMYCIN THERAPY



 medac

DEAR PATIENT,

Your doctor has diagnosed a tumor in your bladder. To treat your tumor the doctor recommends initiating a treatment with mitomycin. Therefore, a liquid is repeatedly flushed into your bladder over a longer period of time to reduce the number of cancer cells.

Your symptoms may change during the treatment. It is therefore very important that you discuss your observations and symptoms with your doctor.

We want to help you to manage your treatment with this therapy pass so that you can keep track of your information at any time.

LET'S MANAGE MY THERAPY JOURNEY

My name is:.....

My birthday is:

In any emergency please contact:

.....

My general practitioner is:.....

.....

Address:

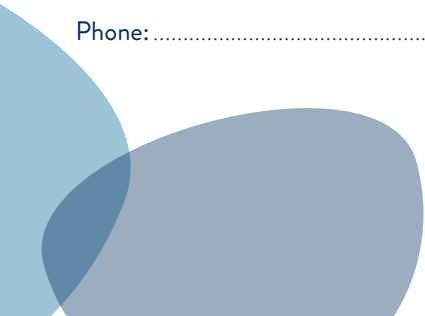
Phone:

My treating urologist is:

.....

Address:

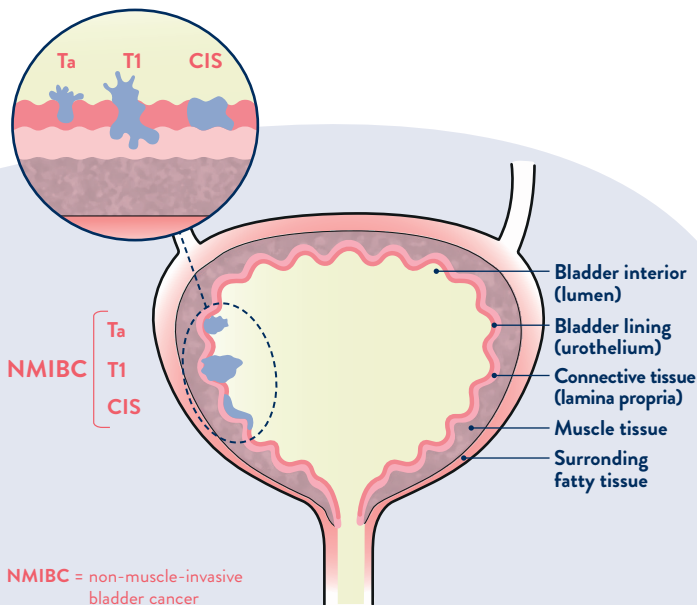
Phone:



BLADDER CANCER

Bladder cancer is one of the ten most common cancers worldwide. Most bladder cancers are called urothelial carcinomas. This type of cancer starts in the cells lining the inside of the bladder, called the urothelium.

If the cancer is found early, it usually stays in the lining of the bladder and is called non-muscle-invasive bladder cancer (NMIBC). These early stages are labeled CIS, Ta, and T1.



Ta tumors are confined to the bladder lining. T1 tumors have invaded the connective tissue under the bladder lining but have not grown into the muscle of the bladder wall.

CIS tumors (carcinoma in situ) are flat and confined to the bladder lining but have a potentially high risk to spread to the deeper layers of the bladder.

If the cancer grows into the muscle of the bladder, it's called muscle-invasive bladder cancer (MIBC), which is more serious and requires different treatment.

To prevent non-muscle-invasive bladder cancer from coming back or spreading into the muscle after the tumor is removed, doctors place medicine directly into the bladder. This treatment is called instillation or intravesical therapy.



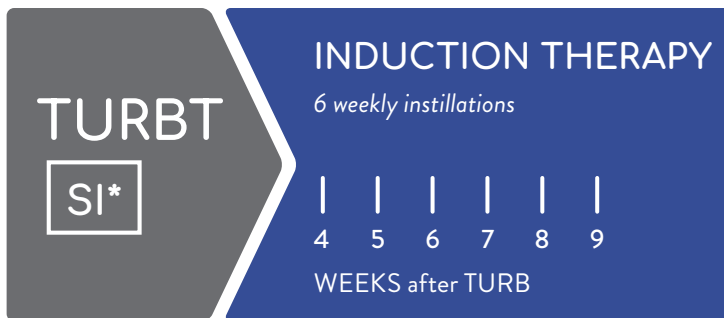
Additional information: Non-muscle-invasive bladder carcinoma, also known as superficial bladder cancer, only occurs in tissue that lines the inner surface of the bladder. In order to prevent a recurrence or progressive spread into the muscle tissue after the tumor has been removed, treatment is performed by instillation or intravesical therapy, during which a therapeutic agent is flushed into the bladder.

WHAT DOES MY MITOMYCIN TREATMENT PLAN LOOK LIKE?

One medicine that can be used to prevent the tumor from coming back is called mitomycin. Mitomycin is a drug that stops cancer cells from growing and spreading. This medicine is put into your bladder through a small tube (catheter). The first treatment with Mitomycin is usually the single immediate instillation directly after your bladder tumor is removed (called TURB = transurethral resection of the bladder).

After about four weeks, you will start getting further treatments - this phase is called induction therapy. During this time, you will get up to six more treatments, one each week.

Mitomycin treatment plan



*Single immediate instillation of 40mg Mitomycin C

After approximately three months, your treatment will switch to maintenance therapy, where you will get the medicine once a month. This helps prevent the cancer from returning or getting worse. Maintenance therapy with mitomycin usually lasts one year, depending on what your doctor recommends.

Throughout your treatment, you'll have regular check-ups to see if the cancer is coming back or spreading. This is done by looking inside the bladder with a special camera (this process is called cystoscopy) and testing your urine for cancer cells. If more tests are needed, like taking tissue samples, your doctor will discuss this matter with you.

MAINTENANCE THERAPY

11 monthly instillations



MONTHS after start of induction therapy

HOW IS BLADDER INSTILLATION PERFORMED?

Mitomycin is instilled via a thin catheter inserted into the bladder through the urethra. The catheter is removed afterwards. The solution containing mitomycin should then remain in the bladder for two hours.

Please note the following:



- Do not drink too much liquid four hours before the planned mitomycin treatment so that you do not have to go to the toilet for two hours after the solution has been introduced into the bladder.

Mitomycin is a hazardous substance. Therefore, avoid contact of Mitomycin containing urine with the skin. This applies especially to the first urination following mitomycin treatment. Out of this reason, please note:



- Urinate (preferably two hours after treatment) in a sitting position and avoid splashing any drops of urine.



- Wash your hands and genital area thoroughly after urinating.



- Drink plenty of fluids after urinating in order to flush out the bladder.

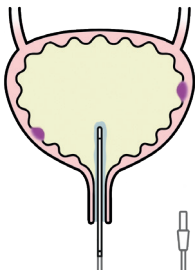


- As a sexually mature patient you must take contraceptive measures or practise sexual abstinence during therapy and for 6 months afterwards.

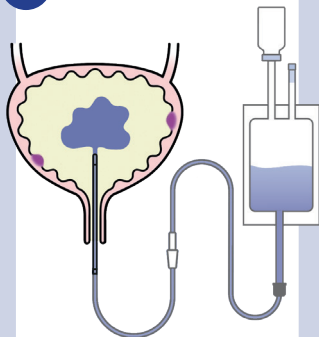
HOW DOES THE TREATMENT WITH MITOMYCIN WORK?

1

Your genital area will be disinfected and a thin catheter will be inserted through your urethra into the bladder while you are lying down. A lubricant is used to make the insertion easier.



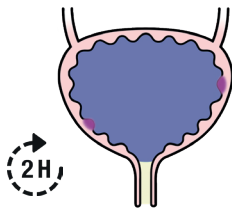
2



Approx. 40 ml of a liquid containing mitomycin is slowly flushed into your bladder through the catheter.

3

The catheter is removed. The liquid containing mitomycin should remain in the bladder for two hours if possible. The medication is then excreted with the urine.



MY TIMETABLE FOR THE MITOMYCIN INDUCTION THERAPY

In the next six weeks, you will have weekly instillation therapy. This will start approximately four weeks after the TURB.

My TURB took place/My Re-TURB took place:*

...../.....

INSTILLATION

at weekly intervals

DATE

- 1st Instillation (week 4)
- 2nd Instillation (week 5)
- 3rd Instillation (week 6)
- 4th Instillation (week 7)
- 5th Instillation (week 8)
- 6th Instillation (week 9)
- Check up**

*re-TURB 2-6 weeks after first TUR, if needed.

MITOMYCIN MAINTENANCE THERAPY

During the first year of your maintenance therapy, starting approximately three months after your TURB, you will receive a mitomycin treatment in your bladder once a month.

You will also have check-ups every three months.

3rd MONTH after the
start of induction therapy

DATE

Instillation

4th MONTH

DATE

Instillation

5th MONTH

DATE

Check up

Instillation

6th MONTH

DATE

Instillation

7th MONTH

DATE

Instillation

8th MONTH

DATE

Check up

Instillation

9th MONTH

DATE

Instillation

10th MONTH

DATE

Instillation

11th MONTH

DATE

Check up

Instillation

12th MONTH

DATE

Instillation

13th MONTH

DATE

Instillation

REGULAR CHECK UPS OF MITOMYCIN THERAPY

After any kind of cancer treatment follow-up is essential to minimise complications and to detect and treat recurrences early.

It is important that you go to your treatments and check-ups regularly because following the treatment plan is necessary for mitomycin therapy to work well.

DATE

- Check up
- Check up
- Check up
- Check up
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- Check up

WHAT SIDE EFFECTS COULD OCCUR?

Mitomycin treatment is usually well tolerated because it only stays in the bladder. Sometimes it can cause the bladder to become inflamed (this is called cystitis).

This can make you feel like you have to pee a lot, cause pain in your bladder, or give you a burning sensation when you pee.

These symptoms usually disappear on their own in a few days if you drink plenty of water. If they don't go away, ask your doctor for help.

You may also have a skin reaction if you are allergic to mitomycin or any of the other ingredients of this medicine. If you have this or any other problem, don't hesitate to tell your doctor right away.



When should treatment with mitomycin be avoided?

Among other things, treatment with mitomycin is not an option if

- 1) you are pregnant or breastfeeding.
- 2) you have already had an adverse reaction to mitomycin in the past (e.g. allergic skin reactions).
- 3) you are suffering from an inflammation of the bladder. In this case, the instillation should be postponed.

WHAT CAN I DO AS A PATIENT?



- It's very important that you go to your treatments and check-ups regularly because following the treatment plan is necessary for mitomycin therapy to work well.



- Plan your treatments ahead and let your doctor know if you have any holidays or trips coming up.



- Always bring your therapy pass with you to your doctor's appointments.



- Smoking is the biggest risk factor for bladder tumors, both in developing and treating them. Do your best to avoid smoking.



- Make sure you drink enough fluids every day.



- Support your immune system by living a healthy lifestyle. Eating well and getting regular exercise help keep your immune system strong.





IMPORTANT CONTACTS

FOR YOU AND YOUR FAMILY DURING MITOMYCIN TREATMENT

Urologist:

Address:

Phone:

General Practitioner:

Address:

Phone:

Hospital or clinic:

Address:

Phone:

Other:

.....

To ensure that you and your family always have an overview of the most important emergency contacts, enter them here, cut out the page and hang it up as a reminder somewhere that it can easily be seen.



WHERE CAN I GET MORE INFORMATION?

The possibility to talk to other bladder cancer patients can provide you with support during and after treatment.

Patient organisations can represent a valuable opportunity for networking and getting further information.

World Bladder Cancer Patient Coalition
established by patient advocates from 6 continents:
www.worldbladdercancer.org/

Portal for patient information by the
European Association of Urology (EAU),
individual languages can be selected:
www.patients.uroweb.org

medac is a privately owned international pharmaceutical company specialising in the treatment of diseases in the fields of oncology, haematology, autoimmune diseases, and urology. medac has built up its urological expertise in the field of NMIBC over more than 40 years.

medac is committed to providing high-quality treatments that have a positive impact on patients' lives.