

Ready to start planning your care? Call us at [800-525-2225](tel:800-525-2225) to make an appointment.

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Memorial Sloan Kettering
Cancer Center

[Make an Appointment](#)
[Back](#)

[About MSK](#) [Cancer & Treatment](#)
[Bladder Cancer Treatment](#)
[Learn About Cancer & Treatment](#)

ABOUT US

[Our mission, vision & core values](#)

[Leadership](#)

[History](#)

[Inclusion & belonging](#)

[Annual report](#)

[Give to MSK](#)

FOR THE MEDIA



Medical oncologist Emily Feld is part of MSK's team of experts in chemotherapy for bladder cancer.

MSK's medical oncologists (cancer doctors) are experts in treating bladder cancer with [chemotherapy](#). This treatment uses a drug or combination of drugs to kill cancer cells anywhere in your body. You may have chemotherapy before or after surgery.

Request an Appointment

Call [800-525-2225](tel:800-525-2225)

We're available 24 hours a day, 7 days a week

[Make an appointment](#)

When is chemotherapy for bladder cancer recommended?

If you have bladder cancer that has spread, chemotherapy may be your main treatment when surgery is not an option. [Surgery for bladder cancer](#) is for cancer that has not spread.

MSK medical oncologists will choose the chemotherapy that is best for you, while maintaining your quality of life. They will recommend chemotherapy that causes fewer side effects.

Possible bladder cancer chemotherapy side effects

[Side effects of chemotherapy](#) include:

- Fatigue (feeling unusually tired).
- Nausea (feeling like you're going to throw up).
- Vomiting (throwing up).
- Constipation, or having fewer bowel movements (poop) than normal.
- Diarrhea, or loose or watery bowel movements.
- Mucositis (myoo-koh-SY-tis), which is redness, swelling, tenderness, or sores in your mouth, or on your tongue or lips.
- Weakened immune system caused by neutropenia (new-tro-PEE-nia).
- Increased risk of bleeding.
- Hair thinning or hair loss.
- Neuropathy (numbness or tingling in hands and feet).
- Skin and nail changes.
- Cold sensitivity.

How is chemotherapy for bladder cancer given?

- Intravesical chemotherapy is when the drugs go directly into your bladder through a tube placed in your urethra.
- Systemic chemotherapy is when the drugs are injected into your vein. They move through your body and kill cancer cells wherever they are. This chemotherapy is for later-stage bladder cancer.

Before you start chemotherapy, you will have a thorough evaluation of how well your body can handle treatment. Your care team will take into account the tumor, your age, and your general health. They will evaluate how well your kidney, heart, and liver work.

MSK is researching a promising treatment that may help people who can't have cisplatin-based chemotherapy. The new approach combines 2 drug classes, [antibody-drug conjugates \(ADCs\) and checkpoint inhibitors](#). The standard first treatment for people with metastatic bladder cancer is platinum-based chemotherapy.

This section explains the different types of chemotherapy for bladder cancer.

Intravesical Chemotherapy for Non-Muscle-Invasive Bladder Cancer

Intravesical (IN-truh-VEH-sih-kul) chemotherapy puts the drug directly into your bladder through a catheter (tube) placed in your urethra. The drug stays in your bladder for 1 to 2 hours. Then, it's drained out through the catheter or comes out in your urine (pee).

For early-stage, non-muscle-invasive bladder cancer, we may give intravesical chemotherapy after a transurethral resection (TRU). This lowers the risk that the cancer will come back. We often use the drug [mitomycin](#) (Mitosol®) for NMIBC. We also use [gemcitabine](#) (Gemzar®), [docetaxel](#), or both (called Gem/Doce treatment).

Chemotherapy Before Surgery for Muscle-Invasive Bladder Cancer

MSK doctors may recommend chemotherapy before surgery to treat muscle-invasive bladder cancer. This treatment is called neoadjuvant (NEE-oh-A-joo-vant) chemotherapy.

Research studies, also known as clinical trials, show neoadjuvant chemotherapy helps people with muscle-invasive bladder cancer. It helps cure people and gives them a better chance at long-term survival.

MSK often uses the drugs [gemcitabine \(Gemzar®\)](#) and [cisplatin](#) for neoadjuvant chemotherapy for muscle-invasive bladder cancer. Sometimes, we use a combination of 4 drugs (dose dense MVAC) instead.

Chemotherapy After Surgery for Muscle-Invasive Bladder Cancer

Some people may have surgery without neoadjuvant chemotherapy. Instead, they have adjuvant therapy (chemotherapy after surgery). This can kill any remaining cancer cells and lowers the chance they will form new tumors. Adjuvant chemotherapy uses the same drugs, [gemcitabine](#) and [cisplatin](#), as neoadjuvant chemotherapy for NMIBC.

Immunotherapy After Surgery for Muscle-Invasive Bladder Cancer

Another adjuvant therapy after surgery is [immunotherapy](#) with the drug nivolumab (Opdivo). Nivolumab can help people who:

- Already had neoadjuvant chemotherapy but who are at high risk for bladder cancer coming back.
- Cannot have platinum-based chemotherapy.

Chemotherapy for Advanced Bladder Cancer That Has Metastasized

The standard first treatments for bladder cancer that has metastasized (spread) is chemotherapy and immunotherapy. MSK also offers new methods that we're testing in our research studies, also known as [clinical trials](#).

Treatments are aimed at shrinking tumors and helping symptoms, while keeping your quality of life. MSK doctors test new chemotherapy combinations that give better results for the people we care for.

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