

Radiation does not improve survival for rare, invasive bladder cancer

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In the largest study to date of a rare and deadly form of bladder cancer, researchers at Henry Ford Hospital in Detroit found radiation therapy may not improve a patient's chances for survival.

While overall survival for [adenocarcinoma](#) of the bladder was poor, the study revealed several factors that may improve a patient's prognosis, including being diagnosed at age 60 or younger, and having cystectomy, a procedure that either removes all or a portion of the bladder.

"While this [malignancy](#) afflicts just one to two percent of people diagnosed with [bladder cancer](#), chances of surviving it for five years are grim - only 18 percent - in part because it is usually detected at an advanced stage," says study lead author Naveen Pokala, M.D., an urologist at Henry Ford Hospital.

"By the time the primary cancer is found, it may already have penetrated all four walls of the bladder and spread to adjacent organs and beyond, including the peritoneum, [lymph nodes](#), and lungs."

The study will be presented June 2 at the 2010 American Urology Association's annual meeting in San Francisco.

In 2009, the National Cancer Institute estimated 70,980 new cases of bladder cancer were diagnosed in the U.S., while 14,330 died of the disease. According to the American Cancer Society, only about 1 percent of bladder cancers are adenocarcinomas. It invades the mucous

cells in the bladder lining, and is the result of chronic irritation and inflammation. Nearly all adenocarcinomas of the bladder are invasive.

For their study, researchers at Henry Ford Hospital studied more than 850 patients with adenocarcinoma of the bladder, all selected from the National SEER database.

Of the study group, 96 patients had had a partial cystectomy; 164 had a total cystectomy; 375 had an endoscopy procedure; and 202 had an unspecified surgery. Among this group, some patients were treated with radiation therapy.

The population-based study had a mean age of 66.9 years among 514 males and 338 women; 707 were white, 94 African American, and 51 other races.

Race, the year of diagnosis, and [radiation therapy](#) did not affect survival.

Their overall survival rate was poor. The factors found in better prognoses were age 60 or younger; a well-differentiated, localized tumor in the dome (top) of the bladder, or the urachus, a vestigial cord that once connected the fetal bladder and contributed to development of the umbilical cord; and a total or partial cystectomy.

Provided by Henry Ford Health System

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