

Bladder cancer recurrence and mortality could decline with better treatment compliance

June 5 2013, by Shaun Mason

(Medical Xpress)—Researchers at UCLA's Jonsson Comprehensive Cancer Center led by Dr. Karim Chamie have found that more intense surveillance and treatment of bladder cancer in the first two years after diagnosis could reduce the number of patients whose cancer returns after treatment and lower the disease's death rate. The study was published online ahead of press today in the journal *Cancer*.

Based on the team's previous research showing underutilization of care for patients with bladder cancer, this study is the first to examine the burden of the disease on the population. To date no one had examined the morbidity of [recurrence](#) of the disease in the U.S.

Chamie, assistant professor-in-residence in the UCLA department of urology, and his colleagues found that nearly three quarters of patients with high-grade, non-muscle-invasive bladder cancer suffered a return of the disease within 10 years. In 33 percent of patients, the cancer progressed to a more advanced form requiring removal of the bladder, [radiation therapy](#) or systemic chemotherapy. And in an additional 41 percent, the cancer recurred without further spread of the disease.

"Even though 80 percent of bladder cancer patients don't die of their disease within five years, most patients will either die of other causes or bladder cancer, require [aggressive treatment](#)—removal of the bladder, radiation and/or chemotherapy—or have a recurrence of the disease,"

Chamie said. "This study highlights the need to comply with treatment guidelines to prevent recurrences by instilling [anticancer agents](#) inside the bladder and following patients more closely within the first two years of diagnosis."

The study was based on a nationwide sample of [Medicare beneficiaries](#) who had high-grade, non–muscle-[invasive bladder cancer](#). "We have Level I evidence that demonstrates that a single instillation of chemotherapy into the bladder can minimize recurrences, and that six instillations can minimize recurrence and progression," Chamie said. "Efforts should be increased to offer patients intravesical therapy with the goal of minimizing the burden of this disease."

The researchers also found that the burden of bladder cancer on the population is very high, and that the elderly, women and African-American patients had a higher likelihood of dying of bladder cancer than younger patients, men and white patients, respectively.

Provided by University of California, Los Angeles

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