

What you need to know about bladder cancer

26 July 2016, by Allison Perry

Bladder cancer accounts for 5 percent of all new cancer diagnoses in the U.S. with nearly 77,000 new cases annually; 1,100 people died of bladder cancer in Kentucky between 2010 and 2014.

The bladder is composed of an inner lining called the urothelium and an outer muscle that contracts to empty [urine](#). Cancer cells that grow into tumors normally start within the urothelium. Generally speaking, these tumors are classified as low- or high-grade. Low-grade tumors may recur but have a lower chance of invading the [bladder wall](#) while high-grade tumors can behave much more aggressively, invading the muscle wall and potentially spreading to the lymph nodes and throughout the body.

Risk factors: Cigarette smoking is one of the greatest risk factors that can contribute to the development of [bladder cancer](#). Tobacco use in Kentucky is considerably higher than the national average. Because of this, Kentucky is disproportionately affected by a large number of people who develop bladder cancer. Other [risk factors](#) include exposure to certain industrial chemicals, and bladder cancer has been associated with people of certain professions including mechanics, painters, miners, hair dressers, and truck drivers.

Caucasians are about twice as likely to develop bladder cancer when compared to African-Americans and Hispanics. Bladder cancer is also more common in men, and the risk for bladder cancer increases with age.

Symptoms: One of the most common symptoms is blood in the urine. Often, patients do not have any pain so they delay seeking evaluation from a doctor. Also, this blood may not be visible to the patient and can sometimes only be detected through specialized tests of the urine. Other symptoms such as urinary burning and frequency can mimic a [urinary tract infection](#).

Screening/Evaluation: Currently, there are no formal bladder cancer screening recommendations; however, patients at higher risk for developing bladder cancer may benefit from tests that check for blood in the urine.

If you have symptoms or blood in the urine and are at risk for bladder cancer, your doctor may recommend a procedure called a cystoscopy. During this procedure, a small scope is inserted through the urethra into the bladder, allowing the doctor to evaluate the inside of the bladder for tumors.

Treatment: The optimal treatment for bladder cancer is patient-dependent and can be influenced by the grade and stage of the original [tumor](#), evidence of spread of cancer as seen on radiology studies such as CT scans, and certain patient specific factors. Low-grade tumors are often treated by a combination of endoscopic surgery and intravesical therapy (instilling medication into the bladder via a catheter). High-grade, invasive tumors often require a combination of chemotherapy and surgery. Radiation treatment may be an option in select situations.

People diagnosed with bladder cancer often require life-long surveillance through imaging tests and cystoscopies due to the risk of recurrence of these tumors.

Provided by University of Kentucky

APA citation: What you need to know about bladder cancer (2016, July 26) retrieved 10 April 2021 from <https://medicalxpress.com/news/2016-07-bladder-cancer.html>

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