

Bladder Cancer

What is bladder cancer?

Bladder cancer begins when healthy cells in the bladder lining change and grow out of control, sometimes forming a mass called a tumor. Urothelial carcinoma is most common type of bladder cancer. Squamous cell carcinoma and adenocarcinoma are less common types. Urothelial carcinoma can also start in the ureters, which bring urine from the kidney to the bladder, and spread to the kidneys. Bladder cancer is also described as non-muscle-invasive or muscle-invasive, depending on whether it has grown into or through the muscle of the bladder wall.

What is the function of the bladder?

The bladder is an expandable, hollow organ in the pelvis that stores urine before it leaves the body. The bladder is part of the urinary tract, which is also made up of the kidneys, ureters, and urethra.

What do stage and grade mean?

The stage is a way of describing where the cancer is located, if or where it has spread, and whether it is affecting other parts of the body. There are 5 stages for bladder cancer: stage 0 (zero) and stages I through IV (1 through 4). The tumor may also be given a grade, which describes how much cancer cells look like healthy cells when viewed under a microscope. Find more information about these stages and grades at [adder](#).

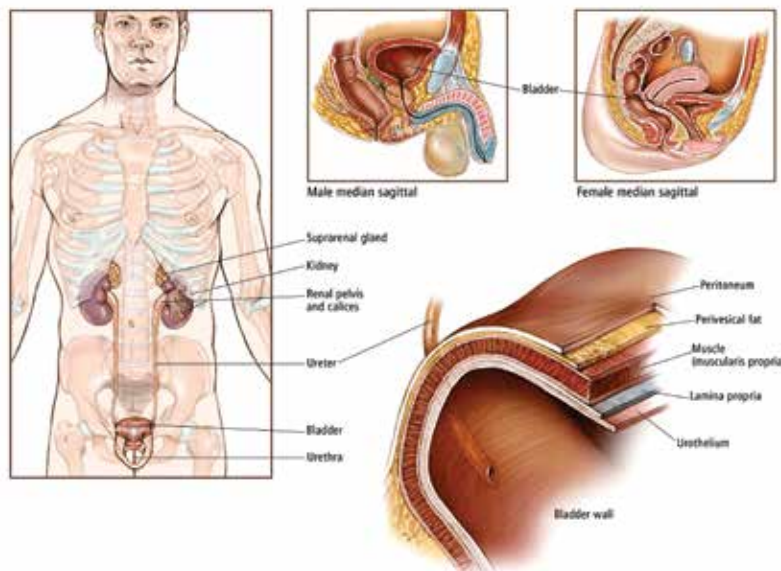
How is bladder cancer treated?

The treatment of bladder cancer depends on the type, stage, and grade of the tumor; possible side effects; and the patient's preferences and overall health. For people with non-muscle-invasive bladder cancer, the tumor is usually completely removed during a procedure called transurethral bladder tumor resection (TURBT). The doctor may recommend additional treatments to reduce the risk of a recurrence, such as chemotherapy delivered through a catheter or immunotherapy.

For people with muscle-invasive bladder cancer, surgery to remove the entire bladder and nearby lymph nodes is usually recommended. This is called cystectomy. The surgeon will also create a new way to pass urine out of the body, called urinary diversion. Chemotherapy before or after surgery is also common. An approach using chemotherapy with radiation therapy may provide the same benefits as bladder removal. This is called bladder preservation. When making treatment decisions, people may also consider a clinical trial. Talk with your doctor about all treatment options. The side effects of bladder cancer treatment can often be prevented or managed with the help of your health care team. This is called palliative care and is an important part of the overall treatment plan.

How can I cope with bladder cancer?

Absorbing the news of a cancer diagnosis and communicating with your health care team are key parts of the coping process. Seeking support, organizing your health information, making sure all of your questions are answered, and participating in the decision-making process are other steps. Talk with your health care team about any concerns. Understanding your emotions and those of people close to you can be helpful in managing the diagnosis, treatment, and healing process.



Questions to ask the health care team

Regular communication is important in making informed decisions about your health care. Consider asking your health care team the following questions:

- What type of bladder cancer do I have?
- Can you explain my pathology report (laboratory test results) to me?
- What stage and grade is the bladder cancer? What does this mean?
- Is the cancer invasive? If it is, has it spread to the muscle?
- Would you explain my treatment options?
- What clinical trials are available for me? Where are they located, and how do I find out more about them?
- What treatment plan do you recommend? Why?
- Who will be part of my treatment team, and what does each member do?
- What is the goal of each treatment? Is it to eliminate the cancer, help me feel better, or both?
- How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
- Could this treatment affect my sex life? If so, how and for how long?
- Will this treatment affect my ability to become pregnant or have children?
- What long-term side effects may be associated with my cancer treatment?
- If I'm worried about managing the costs of cancer care, who can help me?
- Where can I find emotional support for me and my family?
- Whom should I call with questions or problems?

Find more questions to ask the health care team at www.cancer.net/bladder. For a digital list of questions, download Cancer.Net's free mobile app at www.cancer.net/app.

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WORDS TO KNOW

Biopsy:

Removal of a tissue sample that is then examined under a microscope to check for cancer cells

Catheter:

A hollow, flexible tube that can be inserted through the urethra to drain fluid or deliver cancer treatment

Chemotherapy:

The use of drugs to destroy cancer cells

Cystoscopy:

Procedure in which a doctor places a cystoscope (a small, hollow viewing tube) through the urethra to look into the bladder

Immunotherapy:

The use of materials made either by the body or in a laboratory to improve, target, or restore immune system function

Metastasis:

The spread of cancer from where it began to another part of the body

Prognosis:

Chance of recovery

Radiation therapy:

The use of high-energy x-rays to destroy cancer cells

TURBT:

Procedure that removes the tumor with a small wire loop, a laser, or high-energy electricity

Urologic oncologist:

A doctor who specializes in treating cancers of the urinary tract

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