

## BLADDER CANCER

### THREE DISEASES

1. Superficial low grade
2. Invasive high grade
3. Carcinoma-in-situ (CIS)

### CLINICAL STAGING

TO	Ta	Noninvasive low grade
	Tis	Ca-in-situ
T1		Invades submucosa only
T2		Invades <u>superficial</u> muscle
T3		Invades <u>deep</u> muscle or perivesical fat
T4		Invades contiguous organs

### SUPERFICIAL LOW GRADE

Symptoms:	Hematuria
Diagnosis:	Bladder biopsy. Typical appearance on cystoscopy Urine cytology highly unreliable
Treatment:	TURBT Laser ablation
Recurrence rate	60-70%
	Long term surveillance cystoscopies essential Tend to not progress in stage or grade
Topical therapy	BCG for multiple tumors or frequent recurrences

### INVASIVE HIGH GRADE

Symptoms:	Hematuria, bladder irritative symptoms, and sx of mets
Diagnosis:	TURBT (deep), with random biopsies for CIS
Staging:	Clinical + CT scan      Chest X-ray Bone scan if sx suggest or alk phos elevated
Treatment:	<b>T1:</b> TURB with <u>close</u> followup cystoscopies and cytology may suffice <b>T2&amp;3:</b> Radical cystectomy only treatment capable of cure Radiation Chemotherapy <b>T4:</b> Chemoradiation, ?? exenteration
	50% 5 year survival overall Death usually from mets, not local recurrence

### CARCINOMA IN SITU

Symptoms:	Hematuria (usually microscopic), bladder irritative symptoms
Diagnosis:	Cystoscopic appearance Bladder biopsies Urine cytology, FISH
Treatment:	Topical intravesical <b>BCG</b> Mitomycin Other: Thiotepa, doxorubicin, interferon Cystectomy for failures of topical Rx