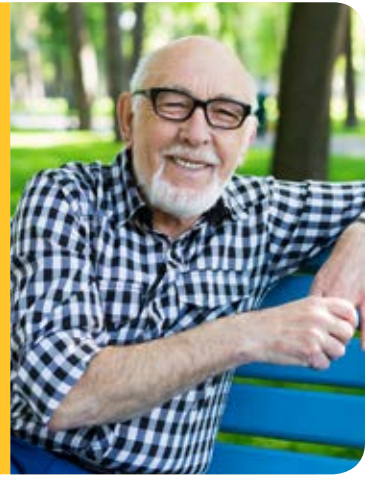


Bladder Cancer

Urothelial Carcinoma



This NCCN QUICK GUIDE™ sheet summarizes key points from the complete [NCCN Guidelines for Patients®: Bladder Cancer](#). These guidelines explain which tests and treatments are recommended by experts in cancer. To view and download the guidelines, visit [NCCN.org/patients](#) or, to order printed copies, visit [Amazon.com](#)

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What is bladder cancer?



- Bladder cancer is the 6th most common cancer in the U.S. It is more common in men than women. Most people are diagnosed in their 70s.
- The most common type of bladder cancer is called **urothelial carcinoma** because it starts in urothelial cells that line the inside of the bladder.
- There is a thick layer of muscle in the bladder wall called the detrusor muscle. If the tumor reaches and invades this layer, it is called muscle-invasive bladder cancer.
- Cancer cells can spread throughout the body to form new tumors. If this happens, it is metastatic bladder cancer.

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Which tests are used to diagnose bladder cancer?

Testing for suspected bladder cancer includes:

- **Cystoscopy** is a procedure to see inside the bladder and other organs of the urinary tract using a tool inserted through the urethra.
- **Urine cytology** involves examining a sample of urine under a microscope to look for cancer cells.
- **Imaging tests** of the abdomen and pelvis
- **Transurethral resection of the bladder tumor (TURBT)** is a procedure that allows tumors on the bladder wall to be removed through the urethra, without cutting through the abdominal/pelvic skin.
- **Bimanual examination of the bladder under anesthesia** allows your doctor to feel and examine your bladder and nearby organs with both hands from inside your body.

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How is bladder cancer staged?

- The most commonly used staging system for bladder cancer is the tumor, node, metastasis (TNM) system. There are 5 overall stages of bladder cancer: 0, 1, 2, 3, and 4. Stage 0 and 1 are non-muscle-invasive. Stages 2, 3, and early stage 4 are muscle-invasive.

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What are the most common treatments for bladder cancer?

Surgery	<ul style="list-style-type: none"> Radical cystectomy is the most effective and widely used surgery for muscle-invasive bladder cancer. It involves removing the bladder, nearby lymph nodes, and other nearby organs. 	24
	<ul style="list-style-type: none"> After removal of the bladder during a radical cystectomy, a new way of storing and draining urine from the body is needed. This is done using a surgical procedure called a urinary diversion. 	
Intravesical therapy	<ul style="list-style-type: none"> Intravesical therapy is the use of medicines put directly into the bladder. The two main intravesical therapies used to treat bladder cancer are intravesical Bacillus Calmette-Guérin (BCG) therapy and intravesical chemotherapy. 	26
Systemic therapy	<ul style="list-style-type: none"> A cancer treatment that affects the whole body is called systemic. The most common type of systemic therapy is chemotherapy. Targeted therapy and immunotherapy are newer types of systemic therapy that also affect the whole body but work differently than chemotherapy. 	28
Chemoradiation	<ul style="list-style-type: none"> Radiation therapy uses high-energy waves similar to x-rays to kill cancer cells. Chemoradiation is the use of systemic therapy and radiation therapy together to treat bladder cancer. When given together, both treatments work better than either does alone. 	29
Clinical trials	<ul style="list-style-type: none"> Joining a clinical trial is encouraged for <u>all</u> patients with bladder cancer, and is strongly recommended by NCCN experts for people with metastatic bladder cancer that has not responded to systemic therapy. 	29

How can you decide between options?

<ul style="list-style-type: none"> Don't be shy about asking your doctors questions. They are there to help. Get a second opinion. Even doctors get second opinions! Support groups can be helpful. You can learn a lot from others with bladder cancer. Compare the benefits and risks of each treatment option. 	65
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