

## Bladder Cancer

In industrialized nations, 90% of urinary bladder cancer is transitional cell carcinoma. Other less common types include squamous cell carcinoma, adenocarcinoma, small cell carcinoma and sarcoma. Squamous cell carcinoma and adenocarcinomas have a poorer prognosis than transitional cell cancers. Men are affected more frequently than women, and it is rare in individuals who are younger than 40. Those demonstrating an increased risk are smokers and workers in the dye, chemical, and rubber industries. The tumors have a tendency to recur following removal and may become more invasive upon recurrence. The major prognostic features are the depth of invasion into the bladder wall (stage) and the degree of cellular differentiation of the tumor (grade). A deeper level of invasion means a higher tumor stage and a poorer prognosis. If the tumor is confined to the epithelial layer (superficial lining of the bladder), it can be removed through a cystoscope. The prognosis of survival following superficial tumor removal is good. Treatment of invasive bladder cancer may include chemotherapy (placed in the bladder), or the surgical removal of the bladder (cystectomy). If the tumor has gone through the bladder wall, 5 year survival is 45% with treatment. With metastatic disease, patients have a less than 2 year survival. Because the recurrence rate of bladder cancer is high, routine follow-up with cystoscopy and urine cytology is necessary. Patients with greatest risk for recurrence are those with large, high grade (II & III), or multiple tumors present on initial presentation. Bacillus Calmette-Guerin (BCG), a protein, may be placed in the bladder as chemotherapy for bladder cancer. The first course is weekly for six weeks. BCG may be given as three-week maintenance therapy every three to six months as part of the surveillance follow up for a three-year period.

**If your client has a history of bladder cancer, please answer the following:**

1. Please list date when first diagnosed: \_\_\_\_\_

2. How was the cancer treated? (check all that apply)

Endoscopic resection only \_\_\_\_\_

Endoscopic resection and chemotherapy placed in the bladder \_\_\_\_\_

Radical cystectomy (removal of the bladder) \_\_\_\_\_

Radiation therapy \_\_\_\_\_

Systemic chemotherapy \_\_\_\_\_

3. What stage was the cancer?

Tis \_\_\_\_\_

T3a \_\_\_\_\_

Ta \_\_\_\_\_

T3b \_\_\_\_\_

T1 \_\_\_\_\_

T4 \_\_\_\_\_

T2 \_\_\_\_\_

**4. Has there been any evidence of recurrence?**

If yes, please give details \_\_\_\_\_

**5. Please give the date and result of the most recent cystoscopy and urine cytology**

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**6. Is your client on any medications?**

If yes, please give details \_\_\_\_\_

**7. Has your client smoked cigarettes or any other tobacco in the last 5 years? If yes, please give details \_\_\_\_\_**

**8. Does your client have any other major health problems (ex: heart disease, etc.)?**

If yes (Please give details) \_\_\_\_\_